Roberttown Care Home Limited

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Inspection report

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Date of inspection visit: 26 February 2015
Date of publication: 15/05/2015

Ratings

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

Overall summary

This was an unannounced inspection carried out on the 26 February 2015. At the last inspection in September 2014 we found the provider had breached one regulation associated with the Health and Social Care Act 2008. We found people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained or stored correctly. The provider told us they would have met the regulations by the end of October 2014.

Roberttown Care Home Limited provides personal and nursing care for up to 29 people. The home is in the Liversedge area and is close to the high street. The home has three floors with lift access. There is a garden area to the rear and parking to the front of the home.

At the time of this inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines safely.

The service did not always assess risks for people's safety and welfare.

Staff records showed staff were not receiving appropriate training, support or completed induction. The provider could not be sure all staff understood how to deliver care safely and to an appropriate standard.

The registered manager had not made applications to the local authority for assessments under the Deprivation of Liberty Safeguards procedures appropriately. Where there had been such an application, there was no formal recording of this in the care plans we looked at. There were, in some people's care plans references to people 'lacking the mental capacity to make decisions' but these were not decision specific as required by the Mental Capacity Act 2005.

We found care plans did not contain sufficient, relevant and personalised information to indicate that people were protected against the risks of receiving care that was inappropriate to meet their needs or compromised their safety.

There were not always effective systems in place to manage, monitor and improve the quality of the service provided. The management team had failed to protect people from inappropriate or unsafe care and treatment as effective analysis of accidents, incidents, complaints and audits had not been actioned.

There were enough qualified, skilled and experienced staff to meet people's needs. However, it was not clear on the day of our inspection how the staffing compliment was reached and the registered manager and the operations manager told us they would review the staffing numbers immediately.

There was a programme of activity for people to join in with; however, there was limited stimulation and meaningful activity for people living with dementia.

We saw there were systems and processes in place to protect people from the risk of harm.

Suitable arrangements were in place and people were provided with a choice of suitable healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed. Staff knew how to respect people's privacy and dignity.

People we spoke with did not raise any complaints or concerns about living at the home.

We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which has since been replaced by Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

People were not protected against the risks associated with the unsafe management of medicines. The service did not always assess risks for people's safety and welfare.

There were enough qualified, skilled and experienced staff to meet people's needs. However, it was not clear on the day of our inspection how the staffing compliment was reached and the registered manager and the operations manager told us they would review the staffing numbers. We saw the recruitment process for staff was robust to make sure staff were safe to work with vulnerable people.

People said they felt safe and the staff we spoke with knew what to do if abuse or harm happened or if they witnessed it.

Is the service effective?

Inadequate

The service was not effective in meeting people's needs.

Staff told us they had not completed Mental Capacity Act 2005 or Deprivation of Liberty Safeguards (DoLS) training. It was not clear from the care plans if people had received appropriate mental capacity assessments. Further work was needed by the management team to meet the requirements of the DoLS.

Staff did not complete a comprehensive induction when they started work and staff training and supervision provided did not equip staff with the knowledge and skills to support people safely.

People's nutritional needs were being met. People were supported to eat and drink enough to maintain their health. People had regular access to healthcare professionals, such as GPs, community nurses and dentists.

Is the service caring?

Good

The service was caring.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. We saw staff involved people and supported them at their own pace so they were not rushed. People told us they were happy with the care they received and their needs had been met.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not consistently responsive to people needs.

We found care plans did not contain sufficient, relevant and personalised information to indicate that people were protected against the risks of receiving care that was inappropriate to meet their needs or compromised their safety.

People we spoke with did not raise any complaints or concerns about living at the home.

There was a programme of activity for people to join in with; however, there was limited stimulation for people living with Dementia.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was no effective accident, incident and complaint analysis carried out and therefore, people were not protected from unsafe care.

There were some effective systems for monitoring quality of the service in place. However, some actions from audits had not been acted upon.

We saw staff, resident and relatives meeting were held and people who used the service and staff spoke very positively about the registered manager.

Roberttown Care Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 26 February 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor in Dementia and an expert by experience in people living with Dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 23 people living in the home. During our visit we spoke with nine people living at the home, eight relatives, five members of staff, the registered manager and the operations manager. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people living in the home. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at five people's care plans.

Before our inspection, we reviewed all the information we held about the home. We had not asked the provider to complete a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Inadequate

Is the service safe?

Our findings

We looked at the systems in place for managing medicines in the home and found that appropriate arrangements for the safe handling of medicines were not in place. It was not possible to account for all medicines, as staff had not always accurately recorded when medicines had been administered. We looked at one person's stock of co-beneldopa and fludrocortisone and noted this did not correspond with the amount of medicines that had been signed for on the medication administration records (MARs). The quantity recorded on the MAR stated 28 tablets, the MAR indicated 25 tablets had been administered but there were four tablets left in the bottle. We also noted the instruction for administration stated 'take as directed each day' was recorded both on the bottle and on the MAR sheet. We looked at the person's medication profile in their care plan and noted co-beneldopa instructions stated 'OD' with no further instruction for staff and fludrocortisone was not recorded on the profile.

We looked at one person's stock of nicroandil and noted this did not correspond with the amount of medicines that had been signed for on the MAR. The quantity recorded on the MAR stated 60 tablets, the MAR indicated 49 tablets had been administered but there were 12 tablets left. Failing to administer medicines safely and in a way that meets individual needs placed the health and wellbeing of people living in the home at serious risk of harm.

We saw from people's care and support plans that creams were applied. However, there was no instruction for staff as to how, where and when the cream should be applied. We looked at the staff training records at the time of the inspection which showed staff members had completed medication and safe handling training in 2013. However, following the inspection the training matrix had been updated to show staff members had completed this training in 2014. We saw one staff member had completed advanced medication training.

We found the controlled drugs administered and recorded at the time of our inspection were correct.

The arrangements in place for the storage of medicines were satisfactory. However, the room in which the medicines were stored was a little cluttered and untidy and the lighting was dull. We saw the fridge temperatures were checked twice daily.

We observed staff watching people whilst they took their medication. One person said "I don't know why you stand there all the time." The staff member said, "Well, I know you, [name], if I didn't, later today I'd find your tablets all over the shop." The person laughed and agreed that would be the case.

We found that people using the service were not safe because they were not protected against the risks associated with use and management of medicines. This is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at care plans and saw some risk assessments had been carried out to cover activities and health and safety issues. However, we saw some risk assessments had not been completed. For example, we saw in one person's care plan the medication risk assessment was blank. Also in the same care plan there was no risk assessment for the risk of them leaving the home without staff.

There were several environmental risk assessments carried out, however, we noted the exit downstairs from the first floor was opened from the inside by pressing a green release button. The staircase led into an open foyer area with an unlocked door into the car park. In many places around the home there were wet floor notices blue tacked to the wall, even when the floor was not wet. In one of the upstairs toilets we noted the hot tap gave a large spurt of very hot water followed by a small trickle. The cold tap didn't work at all. We reported these to the registered manager they were aware of the issues and were in the process of rectifying them. They told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly.

We saw the home's fire risk assessment and records which showed fire safety equipment was tested and fire evacuation procedures were practiced. However, we noted the fire system and fire doors weekly check were last completed on 18 December 2014. Following our inspection the home provided a fire system check sheet which included fire control panels, fire alarm sounders and door releases. This was dated 30 February 2015. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

Inadequate

Is the service safe?

The welfare and safety of individual people was not met. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe in the home and did not have any concerns.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff we spoke with told us they had not received safeguarding training recently. The staff training records we saw at the time of the inspection confirmed safeguarding training was not completed annually. However, an updated training matrix was submitted following the inspection which showed staff had completed safeguarding training in 2014.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice.

Through our observations and discussions with people, we found they did not think there were enough staff overnight. One person told us, “Especially if someone is off sick or on holiday. Then you can wait a while after you've rung the bell. If there are three or four people who need to go to the loo at the same time, you can wait for quite a while.” Another person told us, “Sometimes there is not enough staff on if someone's off sick. On a night you need two people to help someone. The staff are all good, but someone like me needs two people to help me get to the loo.”

The staff we spoke with told us there were generally enough staff to meet people’s needs. One staff member said, “There are always enough staff to look after people well.” Another staff member told us, “There are generally enough staff but sometimes we do not get cover when people are off sick.”

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. The registered manager told us staffing levels were assessed depending on people's need and occupancy levels in the home. We did see that people’s dependency levels were checked for January and February 2015, but rather than a score for the level of dependency which the document suggested a low, medium or high was noted for January 2015. For February 2015 only two people had received a score whilst the others were blank. We noted it was not clear how the scores were calculated or how they fed into the delivery of care people received. Following our inspection the home provided a dependency tool for February 2015 which showed the number of people living at the home and how many people had a high, medium or low dependency level. The registered manager told us 16 people required two to one care when moving around the home or with personal care. The registered manager and the operations manager agreed to review the staffing levels.

We looked at the recruitment records for six staff members. We found these included application forms, interview notes, reference checks and subsequent offers of employment. We could see staff had a Disclosure and Barring Service (DBS) check in place. However, we noted that one member of nursing staff did not have evidence of a valid Personal Identification Number (PIN) registration and we found another member of staff did not have evidence of a DBS check. The registered manager told us they would look into these issues immediately. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

Inadequate

Is the service effective?

Our findings

We reviewed the staff training records and the associated training files; we found the training records were not updated regularly and were inaccurate. For example, 11 members of staff had attended equality and diversity training on 23 May 2014; however, the training records only showed six members of staff had received training. We noted only two members of staff had current safeguarding training. Only seven of the 24 staff had received behaviours that challenge training. Following our inspection we received an updated training matrix. However, this still reflected some staff had not completed training for example, behaviours that challenge, equality and diversity and MCA and DoLS had not changed significantly from the training matrix provided at the time of the inspection. We were not able to see knowledge or competency checks that had been completed for the training that staff had completed. One member of staff told us they had received a one day induction which included getting to know the people who used the service and what was expected. They said they had not received any training during the induction day. Another member of staff told us their induction was carried out over two days and included fire regulations, induction to residents and training in moving and handling and dignity in the work place.

Staff we spoke with told us they had received some training. For example, one staff member told us they had completed Dementia awareness training at the end of last year and had completed dignity and pride. However, these training courses were not recorded on the managers training records. One member of staff told us they had not had any training since starting at the home in October 2014.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. One member of staff told us, “My supervision is due now.” Another member of staff told us, “I have supervision every three months.” The provider’s supervision policy stated that each member of staff should receive supervision four times per year. We reviewed the supervision and appraisal file which showed that 13 members of staff had received supervision once, one person had received supervision twice in 2014. We noted however, the supervision was not person specific as the form was prepopulated and contained generic information which each member of staff had signed. We found no staff members had received a yearly appraisal.

Staff did not complete a comprehensive induction when they started work and staff training provided did not equip staff with the knowledge and skills to support people safely. There was no evidence staff knowledge and implementation was checked following completion of specific training courses. Staff were not given the opportunity to attend regular supervision meetings. This is a breach of Regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with understood their obligations with respect to people’s choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person’s relatives or friend to get information about their preferences. One member of staff told us, “It is about giving people the choice and I ask them what they want.” However, another member of staff was unable to tell us anything about the Mental Capacity Act (2005) (MCA). The staff we spoke with told us they had not completed training in the MCA (2005). The records we looked at confirmed MCA (2005) training was not up to date and we noted only 14 members of staff had received training in MCA (2005) or Deprivation of Liberty Safeguards. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards, (DoLS) which provide legal protection for vulnerable people if there are restrictions on their freedom and liberty.

The care plans we looked at contained a template which was completed by ticking boxes indicating if the person was able to understand, retain, weigh and communicate information relevant to a decision. However, the care plans did not contain information relating to people’s mental capacity and their ability to make specific decisions. The completed templates did not describe any decisions that were to be made.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services

Is the service effective?

by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was one person living in the home who needed an authorisation in place and they had obtained this. However, we noted there was a lack of recording of the best interest meeting or DoLS assessment in their care plan. The care plan stated 'I often express the wish to leave the house and go shopping and I do not understand the risk involved in this.' This was dated 6 April 2014. There was no reference within the care plan that a request had been made for a DoLS authorisation.

The registered manager was not aware of the latest judgement issued by the Supreme Court in March 2014 in respect of DoLS. This judgement widened and clarified the definition of deprivation of liberty and therefore had implications for all adult health and social care providers. One member of staff told us, "I don't think there is anyone on a DoLS." Another member of staff was unaware of what DoLS were.

It was not clear from the care plans we looked at that people had received appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. The applications for the Deprivation of Liberty Safeguards had not been carried out and it was not clear if people were at risk of having their liberty deprived. This is a breach of Regulation 18 (Consent to care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's nutritional needs were assessed during the care and support planning process and we saw people's likes, dislikes and any allergies had been recorded in their care plan.

We observed the lunch time meal in both dining rooms and saw this was not rushed and we noted pleasant exchanges between people living in the home that they clearly enjoyed. The atmosphere was calm and relaxed. People could also choose to eat in their bedroom or the lounge area.

We saw there was a choice of meal and people were shown the plated options for them to choose from. However, this practice was only observed in the ground floor dining room. The second floor dining room the options were written down for people to choose their option. A range of drinks were available which included orange or blackcurrant squash, tea and coffee.

The food was well presented and looked and smelled good. Portions were quite generous. One visitor who came to see their relative each day was offered a meal and other visitors were offered drinks when they arrived. Staff offered people assistance with cutting up their meal. Some people in dining chairs nodded off to sleep during the meal, and the member of staff assisting one person turned to call them by name and encouraged them to eat their food and said, "While it's still warm." One person stated they were not that hungry. They said, "I don't fancy anything, I don't feel right good. My tummy's not right. I don't want to eat ought." She was encouraged by a passing member of staff to eat, but refused. The member of staff then offered her some toast. She refused this also.

People living at the home told us they enjoyed the food. One person told us, "The food's alright." Another person said, "The food's improved since there's been a new person in the kitchen. Now they tickle it up with herbs and that. I like that; it makes it feel a bit special. We did have a few disasters in the past (laughing), but it's quite a lot better now." One person said, "It's too sloppy. I don't like lots of gravy. They always do casseroles and stuff." One relative told us, "They do alright. I try to help out, that's why I come at meal times. Sometimes there could be more staff on. I come and help my [name of relative] with meals and some of the other residents too, when they want salt or something."

Staff we spoke with told us the food was good. One staff member said, "The chef is top class. It is really good quality food. There is a set menu but people can have what they want." Another member of staff said, "The food is fantastic."

We found drinks were available for people throughout the day and we observed staff encouraging people to drink to reduce the risk of dehydration. There was a small basket of fruit on the sideboard for people to help themselves if they so wished.

Inadequate

Is the service effective?

There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare which included health professionals, GP communication records and hospital appointments.

Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. This helped ensure staff made the appropriate referrals when people's needs changed. We observed the GP had been called to attend to one person who was not feeling well. We also noted the community nurse visited one person on the day of our inspection. One member of staff told us, "We are listened to and information is acted on if we need a GP" and "I take one person to the dentist." Another member of staff told us, "The diabetic nurse comes in to see people."

We saw the provider involved other professionals where appropriate and in a timely manner, for example, GPs and community nurses.

Good

Is the service caring?

Our findings

People living in the home were given appropriate information and support regarding their care or support. We looked at care plans for five people living at the home. There was documented evidence in the care plans we looked at that the person and/or their relative had contributed to the development of their care and supports needs. Relatives we spoke with told us they had been, or in the case of new residents, were going to be involved in the care planning meeting.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The premises were spacious and allowed people to spend time on their own if they wished.

We observed interaction between staff and people living in the home on the day of our visit and people were relaxed with staff and confident to approach them throughout the day. Staff clearly demonstrated they knew people's likes and dislikes and they had good relationships with people. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. Staff we spoke with were confident people received good care. One staff member told us, "Everyone is looked after and I have time to sit and have a cup a tea and a chat with people."

People we spoke with said they were very happy with the staff and felt they were competent and caring. One relative said, "The staff are very good. We feel confident that he's well looked after. We have been included in conversations about his care. We had wanted him to go to a place in Huddersfield. However, he's here, and we're happy with it. Believe me, he'd tell us if something wasn't right."

During our inspection we noted two staff members were supporting one person to move from one chair to another in the living room by using a stand aid. During the manoeuvre, the person slid to the floor and became distressed. The care staff responded in a kind manner; they reassured the person and used a hoist to move and repositioned the person. Following the incident we spoke with the nurse on duty who told us they had completed the accident form and contacted the GP for advice.

We saw there was a noticeboard dedicated to promoting 'Dignity in Care' in the entrance to the home. This included respect and privacy, courtesy, how to make choices and zero tolerance of abuse.

We observed staff attending to people's needs in a discreet way which maintained their dignity and staff knocked on people's bedroom doors before entering. Staff were patient and respectful and addressed people by name.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff said, "People tell you how they would like to be supported when they go to the toilet and if they would like the light on or off during the night." However, on one occasion we heard a staff member say to one person who used the service when they were in a corridor of the home, "You need the toilet, don't you? Do you need a poo?" This was not sensitive or discreet.

We observed relatives and visitors arriving throughout the day and saw they were able to maintain relationships with family and friends without restrictions.

Requires Improvement

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care. Relatives and people who used the service we spoke with said they felt included in discussions about their care and future plans. One relative told us their family member had recently arrived, but they were getting to know all the staff and they were attending a care planning meeting the following Friday.

However, we saw care plans did not always reflect the needs and support people required. We were unable to see clear documentation of reviews in any of the care plans we looked at which reflected a change in people's care needs. The reviews stated, 'care plan remains the same', which did not indicate personalised care was being delivered. For example, one person's list of his personal belongings and possessions included a walking stick; however, a review dated 17 January 2015 stated they used a hoist and a wheelchair. They was no recording of a change in mobility evident in their care plan.

We saw another example, where one person's psychological needs assessment stated they had 'very limited short term memory'. However, this was not consistent with the statement in their mental capacity assessment which stated they could understand information relevant to decisions. Specific decision making was not recorded.

In another example, one person's care plan stated a review had taken place on the 9 February 2015; however, there was no reference to the people who attended the review or any record of the discussions or outcome.

There was a risk of people's needs not being met due to gaps and omissions in the care plans This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. One person said, "The care plans tell you how to look after people. They are quite detailed and they tell you what people's needs are."

We observed one person became unwell and a member of staff called for the assistance from other staff members. The response from other staff members was immediate and medical attention was requested for the person.

We saw the complaints policy was displayed in the entrance to the home with contacts for the manager, provider area office and Care Quality Commission. The registered manager told us people were given support to make a comment or complaint where they needed assistance.

Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. This showed people's concerns were listened to and taken seriously.

People who used the service and relatives we spoke with told us they had no complaints. They said they would speak with staff or the manager if they had any concerns and they didn't have any problem doing that. They said they felt confident that the manager would listen, respond in a positive and decisive manner and act on their concern. One relative told us they had raised concerns with the manager regarding their relative's cleanliness and toileting. They said they had been listened to and the issue was being dealt with effectively. Another person told us, "I'm quite happy to talk to [name of manager] about any issues. They make sure things are sorted." One person said, "I know the manager. I'd feel ok to tell her if I was worried about anything. I don't think you'd have trouble getting any of them to listen to you. I have one to one workers. They're alright. I wouldn't suffer them otherwise. They know what to do. I feel comfortable with them."

One relative we spoke with told us, they had experienced difficulties, but when they had raised the issues, they said they had been involved in a meeting with the manager and the situation had improved. They said, "[Name of person] had been soaking wet in bed and didn't have enough clean

Requires Improvement

Is the service responsive?

clothes for the staff to change him. Also, he wasn't getting cleaned up or breakfasted till 10:30am or 11:00am. That seems to be sorted now. Let's just say that they're doing better than they were. It's improving."

The registered manager told us there was an activities coordinator and we saw a two week programme of activities in the entrance to the home and the dining room which included armchair aerobics, ball games, greenhouse project and singing. On the day of our inspection some people attended a local pub for lunch, which they said they enjoyed. People took turns to go on this outing which happened once a week. However, the activities were not very stimulating or meaningful for people living with dementia. Some people who used the service told us there was nothing to do. The mornings consisted mostly of 'newspapers'. We saw one member of staff was painting one person's nails and another staff member was chatting to individual people. One person told us, "We have a sing song sometimes. We can't go out, and there are no shops. It's like being in a prison. I'm not fond of television. I'd rather be in Dewsbury." One member of staff told us that dementia specific activities should take place. The operations manager told us they were developing a Dementia strategy which included one to one training for the activity co-ordinators.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

People who used the service we spoke with said, "I feel I can talk to the manager. They deal with things." Both people who used the service and their relatives were aware of the relatives and residents bi-monthly meetings. They told us they would not hesitate to speak with the manager or other member of staff about any concerns and they had been included in discussion about their care and care planning. We saw displayed in the entrance to the home a schedule of residents and relatives meetings for 2015. However, the last resident and relative satisfaction survey last took place 12 September 2013. The registered manager told us they had not carried out a recent survey.

Staff spoke positively about the registered manager; they were happy working at the home and were clear about their role and responsibilities. One member of staff said, "It is lovely working here. The manager is fab, really approachable. If I have any concerns I can bob into the office and speak with her" and "The management listen to your views." Another member of staff told us, "The manager will try her best to make you happy at work and the residents happy. There is not a carer I don't like. Their hearts are in it."

Staff spoken with said they knew the policies and procedures about raising concerns, and said they were comfortable with this. Staff were generally aware of the whistle blowing procedures should they wish to raise any concerns about the organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

There was a system of audits which were completed weekly and monthly which included infection control, care plans, medications, pressure care, and catering. We found these audits were robust and noted the registered manager often made comments regarding the standard of the area that had been audited. We saw the registered manager had carried out a night visit audit on the 17 January 2015. However, there was no evidence to suggest that systems were in place so the audit findings could be actioned or signed by staff to state they had seen the document or a process for the registered manager to ensure the actions had been completed. For example, we saw the medication audit for January 2015 stated 'all service user cards to have up to date photos (six monthly). Photos to be dated'. We saw one person's file did not have a current photograph. We also found some audits had not been completed. For example, monthly weights audit was blank and personnel file audit had not been completed.

A member of staff told us they undertook audits which fed into the registered managers overall quality assurance. We were told mattress audits took place monthly together with weights of people who used the service. We found the mattress audit had not been completed since November 2014, furthermore we found weekly weights were not completed weekly. For example, one person who was weighed weekly had dates noted as 9 and 15 January 2015, 3 and 7 February 2015. Another person had dates recorded as 15 December 2014 and 7 February 2015.

Following our inspection we received information from the provider that monthly compliance visits were carried out by the operations manager. The provider's audit was in line with the Care Quality Commissions five key questions inspection methodology. We noted 'quality audits – the audit file is generally up to date but all outstanding actions need to be included within the service improvement plan with clear timescales for completion and review'. We saw the service improvement plan stated 'ensure where a shortfall is identified that there is an action plan and evidence of follow up and review in place'. We were not able to see evidence of follow up and review of the action plans on the day of our inspection.

We saw staff meetings had taken place on 26 January 2015 with care staff and a separate meeting with nursing staff. We could see this was used to feedback various issues. We saw staff meetings had also taken place in September 2014. One staff member told us, "We have a team meeting every last Friday in the month."

We reviewed the accident analysis file 2015; this showed that five incidents had taken place during 2015; this included one fall, three acts of violence and one incident. We also noted that two incidents had resulted in residents attending accident and emergency. Upon review of the file

Requires Improvement

Is the service well-led?

we found only one corresponding incident form, which referred to a resident receiving a cut to the head. We also saw that the service's monthly accident statistics record had not been completed.

When we looked at the complaints file this showed the home had received two recent complaints on the 5 and 8 December 2014. We saw that one complaint had been dealt with and the person complaining had received a formal response from the home. The second complaint dated 8 December 2015 had not received a formal response. However, following the inspection the provider told us an email response was sent. We were not able to see a copy of the email on the day of our inspection. We saw the audit of complaints had not been completed by the service. We also were made aware of a further complaint that had been made by a relative of a resident. We found no trace of this complaint within the complaints file.

The management team had failed to protect people from inappropriate or unsafe care and treatment by not effectively conducting quality monitoring of the service. This is a breach Regulation 10 (Assessing and monitoring the quality of service provision); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that people using the service were not safe because they were not protected against the risks associated with use and management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing There were not suitable arrangements in place to ensure staff are appropriately supported in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent It was not clear in the care plans we looked at if the rights of people who lacked the mental capacity to make decisions were respected.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person did not take proper steps to ensure each service user received care that was appropriate by means of planning and delivery of care in such a way to meet the service user's individual needs and ensure the welfare of each service user.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There were not always effective systems in place to manage, monitor and improve the quality of the service provided. The management team had failed to protect people from inappropriate or unsafe care and treatment as effective analysis of accidents, incidents and audits had not been carried out.**
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Applications for the Deprivation of Liberty Safeguards had not been considered for people whose liberty may be deprived.