Comfy Care Homes Limited

Norwood House

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

Norwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Norwood House can accommodate up to 20 people and is registered to provide care and accommodation for older people, some of whom may be living with dementia. It does not provide nursing care. During our inspection 12 people were using the service most of whom had some degree of cognitive impairment, such as dementia.

This inspection took place on 11 January, 1 February and 26 February 2018. The inspection was due but was prompted, in part, by the death of a person who used the service who had fallen from a window. The first day of inspection was unannounced; the second and third days were announced. At the time of our inspection, a registered manager was in post but was taking a period of leave. 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. As a result of the absence of the registered manager the service was being overseen by an interim manager.

At the last inspection undertaken on 22 December 2015, we rated the service as Good.

At this inspection, the overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Robust systems and process were not in place to ensure the safety of people who used the service in the event of a fire. Regular testing of fire-fighting equipment and safety checks of the environment had not taken place. Fire drills had not been completed with all staff to ensure the procedure would work at different times of the day. This was promptly rectified with all staff attending drills and evacuation practises.

The registered manager and provider had not assessed or properly managed environmental risks. Environmental risk assessments had not been completed and deficits within the service had not been identified and rectified by the provider. For example, we found that combustible materials were stored in a fuse box and wheelchair and bedrail risk assessments were not completed. This put people at risk of avoidable harm. Many of the windows at the service were sealed shut and others opened too widely. Single glazed windows were not adequately protected.

Recruitment procedures were not established and operated effectively to ensure that new staff were of good character. Appropriate checks had not been completed.

Staff were knowledgeable about the people who lived at the service, however, the provider had not ensured staff training was appropriately facilitated and up-to-date. The person delivering training was not qualified to do so, therefore training was invalid.

There was a sufficient number of staff on duty. The deployment of staff was adequate for the number of people who used the service. Staff responded to people's needs in a timely manner.

People were not supported to have maximum choice and control of their lives and the policies and systems in the service did not support this practice. The registered manager and the provider failed to adhere to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We found people were unlawfully deprived of their liberty as DoLS assessments hadn't been requested when required.

Medicines were managed in a safe manner However, the provider had not ensured competency checks were completed on a regular basis to monitor staff's practice.

Safeguarding procedures and policies were in place but staff did not follow these procedures. There were no records of safeguarding meeting minutes and no record of outcomes resulting from the safeguarding process.

Staff respected and protected people's dignity and privacy, staff knocked on doors before entry. People said staff knew them well and treated them with kindness and compassion. However, shortfalls in the environment and standards of housekeeping and maintenance meant that people's dignity and well-being were compromised.

Staff supported people to access healthcare services when they required them. Staff had good working relationships with local doctor's surgeries and the local hospice. They followed health professionals' guidance regarding people's specific needs. People's preferences around food and drink were respected and support was in place for people with specialist dietary requirements.

At this inspection, we found the provider was in breach of six regulations: safe care and treatment, safeguarding service users from abuse and improper treatment, premises and equipment, good governance, staffing and fit and proper persons employed. You can see what action we told the provider to take at the back of the full version of the report.

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.

The provider failed to complete environmental risk assessments which placed people at risk of avoidable harm.

Topical medicines were not managed safely and staff competencies were not regularly assessed.

Safeguarding processes were not followed to ensure people were protected from potential abuse.

Robust recruitment checks were not completed before staff were employed at the service.

Is the service effective?

Inadequate

The service was not effective.

Staff were not trained to an acceptable standard to enable them to perform their duties effectively.

The provider failed to adhere to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were unlawfully deprived of their liberty as DoLS assessments had not been requested where required.

The building and the environment was not 'dementia-friendly', there were no signs to orientate people to areas of the home such as the toilet.

People were offered a choice of menu and appeared to enjoy the food. However, the meal time experience was task orientated and not a social event.

Is the service caring?

Requires Improvement

The service was not always caring.

Shortfalls in safety and the quality of the environment in which people were living compromised their dignity and wellbeing

The staff treated people were treated with kindness and compassion and good explanations were given when offering care.

Staff respected people's privacy and treated people with dignity and respect.

Staff knew people well and were able to provide care that was based upon the persons individual needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care planning documentation was not fully up to date and reflective of personal need and preference.

There was a lack of documentation, such as body maps and re-positioning charts. This meant that care interventions were not always recorded when completed.

Activities were on offer within the service and an activities coordinator was employed to facilitate sessions.

Relatives of people who used the service told us they were fully involved in the planning and review of their loved ones care.

Is the service well-led?

Inadequate

The service was not well-led.

Systems to ensure the safe operation of the service were not in place or had not been applied.

The registered manager and provider failed to complete quality and audit checks of the service.

The registered manager and provider failed to demonstrate the competence, skills and experience to manage the carrying on of the regulated activity service as they had not identified any of the issues we raised at inspection.

People we spoke with were very positive about the new management structure at the service and provided good feedback.

Norwood House

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.

In addition, this inspection was partly prompted by an incident where a person had died after falling from a window. This indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, which may be subject to criminal investigation, we did look at associated risks and gathered some relevant information.

We are working with the police and assisting the Coroner with this matter. The local authority is also involved and they are conducting their own investigations under their safeguarding procedures.

This inspection took place on 11 January, 1 February and 26 February 2018. The first day of inspection was unannounced and the following two days of inspection were announced.

The inspection team on day one consisted of one adult social care inspector a specialist advisor in building safety and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience supported this inspection by speaking with people who used the service and their relatives to help us understand their experiences and views on the service provided. The inspection team on day two consisted of one adult social care inspector and an inspection manager. On day three the inspection team consisted of two adult social care inspectors.

As part of planning our inspection, we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. The provider also completed a provider information return (PIR). This is a

form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

At the time of our inspection visit there were 12 people who used the service. We spoke with four of their relatives. We had a tour of the service including communal areas and, with permission, looked in people's bedrooms. We observed interactions between staff and people who used the service including at lunchtime and during activities. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us.

During the inspection, we reviewed a range of records. These included five people's care records containing care planning documentation and daily records. We looked at four staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection, we spoke with six members of staff including the interim and deputy manager.

Inadequate

Is the service safe?

Our findings

The service was not safe. We found that environmental risks had not been appropriately identified, assessed and managed. The windows in the property were single glazed, sash windows the majority of which had no strengthening covering film fitted. Three windows that were accessible to people using the service had cracks in the main pane of glass. Only three bedroom windows had secondary Perspex screening fitted.

Window restrictors were fitted however, windows opened further than the recommended 100mm. The provider had not assessed the risk associated with window safety and had not considered the window glazing a risk to people who used the service. The building was housed over four floors. The premises primarily supported people who had dementia, some of whom had reduced ability to assess risks to themselves and were prone to falls.

The registered manager and provider had not managed the risks to people who used the service; we found risk assessments were not always completed when these were required. For example, people did not always have risk assessments in place for areas such as moving and handling, catheter care, skin integrity, risk to their nutritional intake or the use of bed-rails. This meant that staff were not provided with sufficient information to enable them to manage risk and support people appropriately. There was a lack of monitoring documentation with regards to the re-positioning of people who were at risk of pressure damage.

The registered manager and provider did not complete regular health and safety risk assessments of the premises (including the grounds) and equipment. Areas such as Legionella risk assessments; wheelchair and bedrails risk assessments were not completed.

When we reviewed maintenance certificates we raised concern over the electrical installation certificate which was due for renewal in May 2018. The existing report from May 2013 listed a number of observations and recommendations which the assessor had stated needed to be actioned immediately. For example, the fuse box at the front of the building contained combustible materials which created a fire risk and inner electrical wiring was exposed on a call bell pendant.

We found these concerns had not been actioned and there were no plans in place to do so. This put people at increased risk of harm from using potentially unsafe or defective equipment and at increased risk of harm through fire. When we asked the providers about these findings they were unable to provide any explanations and appeared unclear on their responsibilities.

When we examined how the provider managed the risk of fire within the service we found there was no fire risk assessment in place to ensure appropriate control measures to manage and minimise the risk of a fire occurring. Regular fire drills had not been completed to ensure staff had the skills and confidence to act appropriately in the event of an emergency. The interim manager told us it was not possible to ascertain exactly who had done what fire training or when fire drill practices had taken place. Personal emergency evacuation plans (PEEPs) were not in place for any of the people using the service. A PEEP is a bespoke

escape plan for individuals who may not be able to reach a place of safety unaided, or within a satisfactory period of time, in the event of any emergency such as a fire.

Evidence to show that fire engineering systems such as the break glass units, fire doors, fire blankets and fire extinguishers were routinely checked was not available and the interim manager told us she could not locate this information. Labels on fire extinguishers situated within the service stated they were due a check in November 2017. However, we identified with the interim manager that these maintenance checks had not been performed. We found that the fire log book, issued in August 2017 was blank and had no recorded fire safety checks documented within it. We concluded the provider had not considered the fire safety risks to people within the service and how to manage those risks should a fire occur.

We examined all areas of the premises and found many areas that were inadequately ventilated due to windows that were sealed and could not be opened. While most people at the service were living with dementia we found that no-one had access to a call bell lead within their bedrooms. The interim manager undertook to urgently review this and advised that the call bell system had 'never been checked'.

Failure to ensure the safety of the premises and the equipment within it, and failure to assess and mitigate individual risks and to review identified risks was a breach of Regulation 12 (Safe care and treatment) and Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We communicated our concerns regarding fire safety to the local fire safety team who visited the service. During the inspection process the provider arranged for a full fire safety review by an external contractor under the supervision of the interim manager. Action plans were implemented to ensure the service was compliant with current legislation and best practice.

Overall we found that the service was adequately clean and odour free. Where we found items, such as a stacking unit in one of the bathrooms that was dirty and soiled, the interim manager took immediate steps to remove or clean these items.

The provider had a recruitment policy in place which stated, "All offers of employment….are made on the condition that satisfactory references are obtained in respect of the applicant…All offers of employment are made on the condition that a satisfactory Disclosure and Barring Service and Protection of Vulnerable Adults Register check is obtained." The provider employed 18 members of staff and we selected five staff recruitment files at random. We saw from the records that safe recruitment procedures had not been followed and the provider's own recruitment policy had not been followed.

A Disclosure and Barring Service (DBS) check had not always been sought prior to staff starting employment at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults.

One care worker had commenced in December 2017. However, a DBS check had not been obtained prior to their employment starting; this was obtained by the interim manager after the first day of inspection where serious concerns were found. The interim manager took action and in-creased supervisions and observations were put in place.

Out of the 18 members of staff employed the provider did not have the evidence to confirm that DBS checks had been completed.

Of the four staff files we looked at three did not contain references from past employers. There was no evidence of an interview taking place for one member of staff and health declarations had not been completed to ensure newly recruited staff were fit to work in the care sector.

When we discussed the lack of staff recruitment checks with the interim manager they confirmed that robust recruitment procedures had not been followed. When we asked the provider about these findings they stated they had not completed checks to ensure that robust recruitment practices were in place to ensure suitable staff were employed within the service.

Failure to establish and effectively operate recruitment procedures was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulation 2014).

Although we identified that a staffing dependency tool was not in place, or an assessment completed, to determine staffing levels, we found that overall deployment of staff was adequate for the number of people who used the service.

The provider had a safeguarding policy in place to guide staff on how to identify and respond to safeguarding concerns. Staff we spoke with demonstrated they understood their responsibility to identify safeguarding concerns and report these to the manager. We looked at three notifications submitted to the Care Quality Commission (CQC) between March and September 2017. We identified that there were no overview of safeguarding incidents recorded and no minutes on record which detailed safeguarding discussions, outcomes and safeguarding action plans which would support people who used the service to remain safe. When we asked the provider about this they told us they had no oversight of the service and they delegated this responsibility to the registered manager.

Failure to follow local safeguarding arrangements to make sure that allegations were investigated was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

The provider supported people to take prescribed medicines and a medication policy was in place. The dispensing system used at the service was supplied by the chemist. Medicines were stored in individually prepared dispensing boxes. We looked at medicine administration records (MARs) for three people who were receiving support with medication and found no issues. However, where people were receiving topical medication and skin preparations we found that these were stored in people's rooms, and a number of these medications were out of date. Body maps to detail where the topical medication had last been administered were not in place in all cases.

Although we found no impact to the people who used the service the interim manager agreed that this level of recording was necessary to ensure prescribing procedures, such as alternation of administration site, were followed. Following discussion, the interim manager devised an action plan to ensure that topical medicine management was completed in a safe manner.

Further to our observations we spoke with relatives of people who used the service none of who raised any concerns. Comments included, "People with dementia will never be totally safe and things can and do happen but we know that our family member is as safe as possible", "I have no doubt that my relative is safe and comfortable during their stay" and "I trusted the staff and they were guardians of our relatives as it were."

Inadequate

Is the service effective?

Our findings

The registered manager and provider failed to ensure that staff received appropriate training and development as necessary to enable them to carry out their duties. The person who had delivered the training to staff in areas such as medicine management and manual handling did not have a training qualification or any accreditation. Therefore the training facilitated by this person was not accredited and very likely invalid. When asked, the provider was unable to provide a list of training that the staff within the service had completed. This meant they had no oversight or way of monitoring what training their staff had completed. They were also unable to identify when refresher training was due.

Staff at the service were expected to complete the Care Certificate as part of their mandatory training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. We looked at three Care Certificate workbooks which had been signed off as completed by the person whose training competency was unclear. We found gaps in all of the workbooks where staff had not completed sections. Where external assessments were listed as required we found that these had not been completed. The interim manager took remedial action to review the status of the existing Care Certificate qualifications.

We established that competencies of individual staff member's ability to perform different aspects of their role had not been assessed. This included care workers and ancillary staff such as domestic and catering staff. These checks are required to ensure that staff are performing their role at an acceptable and safe standard.

When we talked with staff about their training provision they told us they had done the care certificate but were having to do it all again as it was invalid. Staff we spoke with told us this was a good opportunity for them to refresh their knowledge.

When we asked the provider about these findings they stated they had no oversight over the training of the staff and they delegated this role to the registered manager.

Failure to provide appropriate support and training to enable staff to carry out their duties is a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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).

We checked whether the service was working within the principles of the MCA and found consent and

decision making was not considered in line with legislation or best practice. For example, where people were unable to consent to their care, appropriate assessments of their capacity and best interest decisions had not been carried out. During the inspection, we did see staff offering explanations to people before providing direct care and this was done in an empathetic and supportive manner.

DoLS authorisations had not been submitted for assessment by the local authority when required. The home primarily supports people with dementia and operates a locked door policy with a key code to exit the building. People who could not consent to this were subject to a restriction of their liberty and an application to assess for DoLS was required. Out of 12 people living at the service it was confirmed during the inspection, that 11 lacked capacity to agree to their care and treatment and the locked door policy. We found six people who required an assessment for DoLS had not had an urgent authorisation submitted to the local authority. Therefore we established that they were being unlawfully deprived of their liberty.

To support independence and safety, we saw that sensor mats were in place in some people's bed rooms. These mats alerted staff to people raising and leaving their beds during the night. We saw no documentation held at the service, which informed us that capacity assessments and best interest decisions had been made to implement the sensor mats.

When we asked the provider about these findings they demonstrated little understanding of the Mental Capacity Act and informed us they delegated this role to the registered manager.

Failure to follow a best interest process in accordance with the Mental Capacity Act 2005, including the use of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards, was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

Following discussions with the interim manager about our concerns they agreed that DoLS assessments were required for people at the service. They therefore submitted applications to the local authority for DoLS assessments to be completed.

The home was housed over several floors which were reached via a small lift. Signage was in place in some areas of the service but this was seriously lacking in most areas and did not create a dementia friendly environment. This meant that people could not independently orientate themselves to, for example, the location of the toilet facilities or their own bedroom. Although dated, décor throughout the service had been chosen specifically to create a 'dementia-friendly' environment however the physical environment of the building was not specifically designed to support the needs of people living with a cognitive impairment.

We found that staff were supported through regular supervision and annual appraisals. The supervisions were scheduled to take place every six to eight weeks. Supervision covered topics such as how staff were feeling, if they had any issues and what support staff felt they needed. We spoke to staff about their supervision and were told, in general, staff felt well supported. One staff member told us, "I feel a lot more supported now. The current management team are great and things have really improved. They have an open door policy and if I have any issues they are very good."

A cook was employed to make the main meal of the day and they had a good knowledge of people's preferences and dietary requirements. Menus were not on display but we saw people were offered a choice of what they would like to eat and alternatives were available. Food and fluid charts were not in place to record the intake of people who were deemed to be nutritionally at risk. Although we found no impact to people who use the service it was a concern to us. We highlighted this during the inspection and the interim

manager took steps to implement the correct paperwork.

We observed the lunch time experience and felt this could be improved. The meals were served in the three lounges, where people were sat during the day. Tables were not set with napkins or serviettes and there were no dementia friendly plates, bowls or cutlery provided. There was no sense of anticipation or occasion to the meal time experience and we observed mealtimes to be routine and task focussed. Although the meal itself looked appetising we observed large portions were offered which over faced some people. We spoke to relatives of people who used the service about the food served and were told, "The food is very homely and nothing you wouldn't eat yourself" and "The food is tasty and well cooked."

The individual care plans which were in place detailed the involvement of relevant professionals to support current need, for example the involvement of district nursing staff for wound care. Full contact details for professionals involved in people's care and support were listed on their care plans. A visiting health professional told us, "We have really good communication with the staff here at Norwood. They have a list of jobs for me when I arrive. They are all very knowledgeable about the residents and very approachable, if I need anything they are there."

Requires Improvement

Is the service caring?

Our findings

We found that shortfalls in the premises relating to safety and risk and the overall quality of the environment that people using the service were living in compromised their dignity and quality of care. We identified a very poor and unacceptable standard and quality of bedding and bed making throughout the service which we showed to the interim manager. This included the fact that everyone had only one pillow and duvets that were thin and poor quality. Bedding was mis-matched and poorly laundered. We discussed this with the interim manager on day of the inspection. When we returned on day three new bedding has been purchased.

Standards of housekeeping and tidiness of people's bedrooms was poor. Large quantities of medical sundries such as catheter bags and continence products were housed on the floor and on top of wardrobes. Out of date medicines and items belonging to previous occupants were visible and accessible and general maintenance and running repairs had not been carried out.

In conjunction with the shortfalls in safety that we identified it was apparent that the provider was not promoting a caring and dignified service for people who were vulnerable and unable to express themselves. Staff and housekeeping practices were not being overseen or directed.

The interim manager agreed with our observations and shared our concerns. She gave early assurances that she would fully review the environment and quality issues within people's own rooms as a matter of priority.

We spoke with relatives of people who used the service and they were complimentary about the caring nature of the staff employed at the service. Comments included, "We pop in at odd times and often someone is sitting and holding our [relative's] hand and singing or stroking their hands and face, just like we would if they were at home", "I cannot say how reassured my family felt about the degree of excellent care that our loved one received. The staff understood our relative much more than we did" and "It was clear to see that staff knew exactly how to interact with dementia residents. Their patience and understanding is amazing."

People who lived at the service primarily had a diagnosis of dementia and this affected our ability to support them to express their opinions about their experience of the service. We therefore made observations to capture the experiences of people who use services who may not be able to express this for themselves.

We observed direct care was delivered with patience and understanding. Staff showed genuine empathy and compassion towards the people who used the service and they were gentle and caring in their approach. Where people were disorientated or distressed, we observed staff gave people the time and explanations required to reduce their anxiety. For example, we observed one person who was upset and did not want to take their lunch time medication. The staff member administering the medication got down to the person's level and offered empathetic and tactile support. They took the person's hand, stroked it and talked to them in a kind and gentle manner. This approach offered calm to the distressed person and a very touching interaction was witnessed.

Visitors were encouraged and welcomed by the staff and people could visit their relatives in the privacy of their room or in the communal areas of the home. During the inspection we observed a number of visitors being made welcome into the service. One relative told us, "Staff are kind and compassionate. I couldn't ask for more. Staff are very approachable and they make me feel very welcome. Another relative said, "We stayed by the side of our relative for four days at the end and we were cared for with the same level of dignity and concern as they were."

It was evident that staff knew the people who lived at the service really well and had clearly developed meaningful caring relationships. We saw that staff talked to people in language which was tailored to their communication abilities and levels of understanding. We observed very positive interactions between staff and the people they supported. For example, one care interaction we witnessed was a person who liked to mobilise independently around the ground floor of the building. They became disorientated to their environment and were becoming anxious due to their situation. A staff member intervened immediately to re-orientate the person and re-directed them to the lounge where an activity they enjoyed was taking place.

People were treated with dignity and their privacy was maintained. Staff demonstrated this by knocking on people's doors before entering their bedrooms. We also observed staff made sure that sensitive conversations were not overheard by others who used the service. We observed staff were genuinely caring, and treated people with respect.

Requires Improvement

Is the service responsive?

Our findings

During the inspection we looked at a total of seven care files relating to people who used the service. The care files were in the process of being updated by the interim manager. These were not completed in full during our inspection visits.

The older care files contained information which would enable care workers to meet people's basic needs, such as personal care or communication. However, these care plans did not contain sufficient detail to support the care workers to meet the complex needs of the people who used the service. Where people had support needs in areas such as catheter care, behavioural challenge or end of life care, we found that specialised care plans in relation to these needs were not always in place.

We found the care plans were not sufficiently detailed, individualised or person-centred and were task focussed in nature. People's preferences in relation to care routines were not considered or documented. For example, care plans did not detail individual's preferred routines and non-specific, general comments such as 'support with personal care' and 'assist to shower' had been used. During discussions with staff, it was apparent they knew people's individual needs well and, as a result, were able to provide personalised care.

There was a lack of documentation, such as body maps, detailing vulnerable pressure areas where people's skin integrity was at risk. When people required re-positioning due to skin integrity risks there was inconsistent evidence of repositioning charts in place. Where people were at risk nutritionally, food and fluid charts were not always in place to record and monitor people's intake.

When we asked the manager about the lack of information in care plans they agreed this information was poor and informed us they were in the process of updating the paperwork at the service. On the third day of inspection we saw improvement had been made and records that had been updated contained sufficient person centred information. Plans were in place for all care plans to be reviewed and updated to ensure they provided person-centred detail and, although there was still work to be done, we saw improvements had been made in this area.

The service employed an activities coordinator and there was a weekly activities schedule pinned to the notice board in the communal entrance. People who used the service were encouraged to follow their interests and take part in activities, both inside and outside the service. Activities on offer included: hand massage, aromatherapy, a visiting entertainer, singing for the brain and going to local coffee mornings. We found the service recognised and met people's spiritual and cultural needs. Access to local church services was arranged for people who wished to participate.

There was a complaints policy and procedure in place which explained the process of how to raise a complaint and the process that would be followed. We saw that no complaints had been raised since the last inspection. People told us they knew who to contact if they had a concern and that they were confident their concern would be dealt with appropriately. A relative said, "I have never had the mind to complain, but

I would feel confident to do so and I know that I would be respected and listened to. The main thing is that I have no concerns and I know that my [relative] is being very well looked after."

Relatives of people who used the service told us that staff were responsive to their loved ones needs. They felt included when their relative's needs were assessed, planned and reviewed. We saw that reviews of people's care were done monthly and relatives and people's representatives were consulted throughout the process. One relative told us, "Our chats about care plans with staff allow us to still feel included in our loved one's care and there is no attempt to force us to agree to something which we do not understand or want." We were also told, "Staff do sit and talk and get to know the resident 100%. They also become fond of the residents and become affected by their declines in health and when they pass away."

Although no one was in receipt of end of life care during the time we visited to inspect, we discussed this aspect of care planning with the interim manager. We were informed that the service does support people at the end stages of their life. Where end of life care is offered we were told that community health professionals become involved to support the planning of end of life packages of care. A relative of a person who used the service told us, "When my parent was on end of life care we spent five days sitting by their side. The staff also asked if they could join the vigil because they were losing a friend as well and they felt our pain. After our parent had passed, [staff name] asked if we would like to choose the outfit for burial and they would see to the rest. The funeral director said this is the only care home in the area that bathes and dresses their residents themselves, the last act of kindness."

Inadequate

Is the service well-led?

Our findings

The service had not been well-led. When we inspected the registered manager was undertaking a period of absence from their role and a deputy manager had taken charge. However, the deputy manager was very new in post and had little management experience and no management qualification. The service was now being overseen by an interim manager who was registered to another service operated by the provider.

We established that systems to effectively and safely operate the service were either not in place or had not been applied. We identified serious shortfalls, such as unsafe recruitment processes, which we had to point out to the provider and interim manager in order to prompt remedial action.

During the inspection process we found issues relating to the service which had been endemic prior to the period of absence of the registered manager. For example, in relation to building safety, unlawful deprivation of people's liberty, inadequate staff training and recruitment. We found the registered manager had failed to demonstrate the competence, skills and experience to manage the service as they had not identified any of the issues we raised at inspection.

The provider did not have a robust quality assurance system, which meant that expected standards had not been met and risks to people's safety had not been identified or addressed.

There were no audits in place and the provider had failed to complete checks of systems and processes throughout the service. This included failure to complete the relevant health and safety checks which were essential to ensure the safety of the people who use the service.

They had not identified the issues we found during the inspection process in relation to the safe and proper use of the premises despite the fact they were providing a service to people who were frail and extremely vulnerable due to their physical and mental health conditions.

Systems to ensure robust record keeping were lacking and we found multiple shortfalls in records in respect of staff, people using the service and the management and maintenance of the service.

The provider did not have appropriate processes in place to assess and check that the registered manager had the competence, skills and experience required to undertake their role. With regard to their workforce the provider had not identified serious shortfalls in employment records and procedure such as the provision of suitable references, DBS checks and notes from the interview. We found staff working at the service who may not be suitable and possibly posed a risk to people using the service.

The registered manager, and provider, had not completed staff competency checks in any area apart from initial checks on medicines administration. These checks are a way of identifying any aspects of poor practice and in turn identify the potential need for further training in the staff team. Although the provider was a visible presence, and available to people and staff within the service, their lack of awareness and robust governance of the day to day operation of the service had placed people at risk of harm.

Failure to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

When we discussed our findings and serious concerns with the provider and interim manager they agreed with our findings and told us that they would proactively work to make improvements. On day three of the inspection we found that the interim manager was devising action plans to ensure the safety of the service and suitable systems and processes were being implemented. The input, cooperation and response of the interim manager was notable throughout our visits. They provided capable leadership and direction to the staff team which was reassuring and a significant support to the provider.

The interim manager had held team meetings where staff were encouraged to share their views to support the improvements in the service. We viewed the minutes from those meetings where topics of discussion included, staffing, needs of people using the service and the recent renovation project.

Staff and relatives of people who used the service were positive about the current management structure. One staff member told us, "The new managers are great, so helpful and supportive and nothing is too much trouble. I feel really confident going to [interim manager's name]. They really listen to you and if they say they are going to do something they do it." Another staff member said, "The manager we have now really listens to you. I have mentioned stuff in my supervision and they are sorting things out, and it's nice because they always say thank you for things I do." A relative of a person who used the service told us, "The staff and manager and owner are all exceptional and make us, the family, feel so included in our relatives care."

Regular 'resident meetings' had taken place to enable people to feedback on what was important to them. We looked at the minutes from the last three meetings and found where people had requested things, these had, in the main, been actioned. For example, one person said that they would like to go out to a local singing group and this was made possible for them.

Notifications such as safeguarding and expected deaths of people who used the service had been sent to the Care Quality Commission as required to ensure people were protected through sharing relevant information with the regulator.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There had been a failure to assess and mitigate the risk to people who used the service. Environmental risks had not been assessed. There had been a failure to ensure that the premises were safe to use and being used in a safe way. Regulation 12(1), (2)(a), (2)(b), (2)(d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Robust procedures and processes to ensure people were protected had not been implemented. Lawful authority was not sought to protect people who were deprived of their liberty, DoLS applications were not submitted when required. Regulation 13, (1), (2), (3), & (5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Parts of the premises in use by services users were not suitable for purpose and were not

properly maintained.

Regulation 15(1) (c) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service had not been established and operated effectively. Records were not consistently accurate and contemporaneous. Regulation 17 (1), (2)(a), (b), (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were inadequate and had failed to ensure that staff employed were suitable and safe. Regulation 19 (1) (a), (b), (2) (a), (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate support, training and professional development to enable them to carry out the duties they were employed to perform. Regulation 18(2) (a)