Smallwood Homes Limited

# Cale Green Nursing Home

## Inspection report

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Tel: 01614771980

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## Ratings

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

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

# Summary of findings

## Overall summary

The inspection took place on 18 October 2016 and was unannounced.

The service was previously inspected on 12 and 13 January 2016, when breaches of legal requirements were found, at that time; we found the service was not meeting the regulations relating to mental capacity, medicine management, governance, staff recruitment, infection control, people's dietary requirements and communication. We rated the service as inadequate and placed it into special measures. We asked the provider to submit an action plan to show how they intended to make the necessary improvements. On this inspection we found the provider was still in breach of two of the regulations. The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

We have made a recommendation to the provider in the report which included. We recommended to the provider completes morning and evening audits of care to ensure people receive their choices in relation to their care plans around getting up and going to bed.

When we visited the service there was no registered manager in place. The owner told us they had started the recruitment process to appoint a new manager to the service. 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.

Cale Green Nursing Home is registered to provide 24 hour nursing care and support for up to 50 older people. The home is located in the Cale Green area of Stockport near Manchester.

At the time of our inspection there were 32 people living at Cale Green Nursing Home.

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated they knew people's individual characters, likes and dislikes.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). The service was meeting the requirements of the Mental Capacity Act 2005. Staff understood how to help people make day-to-day decisions and were aware of their responsibilities under the Mental Capacity Act (2005) and DoLS.

Appropriate arrangements were in place for the ordering, storage and disposal of medicines. We did find discrepancies in medicine management at the time of inspection. Medicines were administered to people

by nursing and trained care staff at the time of inspection. However the home was still undergoing training for some nursing staff which was on going within the home. We spoke to the provider who showed us an action plan stating when these would be completed by all staff. The home was receiving support and guidance from an independent pharmacy to support improvements in relation to medicines management.

We spoke with staff who told us about the action they would take if they suspected someone was at risk of abuse. We found this was consistent with the guidance within the safeguarding policy and procedure in place at the home.

We spoke to some staff who had not received regular supervisions. The provider had completed an audit on staff files and completed an action plan to ensure all staff receive supervisions in line with the policy.

People told us the food at the home was good and they had enough to eat and drink. We observed lunch being served to people and saw people were given sufficient amounts of food to meet their nutritional needs. However, we did not feel people received a social experience around meal times. We spoke to the registered provider about this who was already in the process of renovating a room to become a bistro for people and their relatives to use.

We observed activities carried out by the activity co-ordinator on the day of inspection which were play your cards right, singing and 1-1 shopping in the community. We spoke to the provider who was already looking into additional support for the activity co-ordinator so more 1-1 activities could be put in place for people who wanted this. Staff told us, "We do our best some people do not want to join in any activities they like their own company."

Whilst care plans contained generic risk assessments to guard against poor nutritional, mobility and tissue viability our examination of care plans evidenced risk assessments were also highly specific to people's individual needs.

We looked at the recruitment records of six members of staff. The DBS is an organisation which holds information about people who may be barred from working with vulnerable people. Checks made with the DBS help employers make. We found these were not always safe.

The registered provider told us a new external organisation was due to begin supporting the home with their audit processes over the next few months. There were a number of blank audit documents ready for utilisation as well as specific audits which had already been implemented by the service.

A complaints policy was in place at the service and staff, people and relatives were aware of how to complain.

During this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not safe.

Medicines were administered to people by nursing and trained care staff. Not all staff had their competency checked. Some medication had been damaged which the provider had not reported to the pharmacy.
The provider had commissioned a pharmacy team to support the home's overall medicine management.

We found safe recruitment processes were not always followed across the staff files.

There were enough staff to meet people's needs. The registered provider used a dependency tool to help determine staffing levels. These showed people's level of dependency was individually assessed and the overall staffing arrangements met people's dependency requirements.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

The service had gaps in training for some staff. The registered manager had an action plan in place to ensure all staff were up to date with all training.

The home had received a four star rating from the food hygiene services.

Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

We saw there was a lack of encouragement for people to enjoy a meal experience together.

We observed people's privacy and dignity was respected by all staff. People and their relatives felt their privacy was also respected by staff.

Staff spoke to people in a kind compassionate manner.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

The service had a monthly activity programme displayed next to the lounge, although this was not always followed. The activities provided on the day of the inspection did not match the activity programme. However people were engaged in the activities which were taking place.

People's care plans showed the provider ensured they could meet people's care and support needs before they began using the service.

People told us they knew how to complain and would complain if they needed to. The provider had an up to date complaints policy.

## Is the service well-led?

**Inadequate**

The service was not well-led.

There was no registered manager in post at the time of our inspection.

Staff and residents meetings took place which meant people were involved in the service.

The registered provider had identified shortfalls in quality and service provision. However these checks had only just recently commenced. The registered provider were working with an external organisation to address any shortfalls in these areas.

# Cale Green Nursing Home

**Detailed findings**

## Background to this inspection

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

The inspection took place on 18 October 2016 and was unannounced. The inspection was carried out by four adult social care inspectors, two specialist advisors with a background in nursing and governance and two experts by experience with experience in nursing. 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 the inspection there were 32 people receiving a service from Cale Green. We spoke with seven people, five relatives of people in the home and eight members of staff including the activity co-ordinator, nurse on shift and the registered provider. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at people's care and medicines records. We looked in detail at six care plans, 12 medicines records and the recruitment records of six members of staff. We looked around the home including all of the communal areas, the kitchen and communal toilets and bathrooms.

Before the inspection, the provider was not sent 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 reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We also received feedback from the local authority.

Requires Improvement

# Is the service safe?

## Our findings

At the last inspection in January 2016, we found there was a lack of sufficient numbers of staff deployed which meant people's care and treatment needs were compromised, exposing them to the risk of receiving inappropriate or unsafe care and treatment. We rated this domain inadequate as the provider was still not meeting the legal requirements in relation to medicine management and recruitment.

People told us they felt safe living at Cale Green and were well looked after. One person said, "I prefer it here than the other two homes I have lived in." Another person said, "I feel a lot safer than when I lived at home as there are people around me who can help me." We spoke to relatives of people who lived at Cale Green who told us, "I have no concerns with their safety, they are well looked after." Another relative said, "Yes, I feel they are quite safe here, the staff are always watching when they are using their walking frame."

People we spoke with had call bells in their rooms and all knew what they were for and how to use them. Three people told us, "Staff do answer straight away", one person said, "Two nights ago I rang the call bell. I wanted to go to the commode. The nurse on duty answered it straight away. She said she was too busy to help as she was giving out the medication. I left it a half hour and rang the call bell again. The same nurse answered the call and said she was still busy with the medication so I asked if she could get a carer to help me. No one came so I struggled myself. That is the only time that happened." No one else who we spoke to told us of anytime they had to wait.

We spoke with every member of staff who was on duty at the time of the inspection. Everyone told us there were enough staff to keep people safe and meet people's needs. Some staff said, at times, they had busy periods, for example, when staff assisted people to have a bath; most people required assistance from two members of staff. Some staff also said the staffing arrangements were satisfactory but they were concerned that as the number of people using the service increased again the staffing levels might not increase. We spoke to registered provider who told us they would use the dependency tool before anyone else moved into the home to ensure there was enough staff to meet people's needs.

The registered provider told us the staffing arrangements worked well. We reviewed four week's staffing rotas which confirmed the staffing arrangements described by the registered provider. However, we noted on occasions when staffing levels fell below the requirements the registered provider said they assessed these occasions. And would always bring in an additional member of staff if they felt the staffing level was not sufficient to meet people's needs, for example, if a person was unsettled or unwell.

The registered provider used a dependency tool to help determine staffing levels. We saw these showed people's level of dependency was individually assessed and the overall staffing arrangements met people's dependency requirements.

At times, the service used agency staff to ensure sufficient staffing numbers were maintained. We saw an agency induction checklist, which the registered provider said was used when a new agency worker was deployed.

At the last inspection in January 2016, we found there was a lack of recording and knowledge of medicines within the home exposing them to the risk of receiving inappropriate or unsafe care and treatment. At this inspection we found the provider had made arrangements for an independent pharmacy team to attend the home and review all aspects of medicines, which by coincidence was on the same day of inspection. The provider in their action plan told us they would be compliant by the end of November 2016.

Most medication was administered via a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medication which had not been dispensed in the monitored dosage system. We inspected medication storage and administration procedures in the home. We found the storage cupboards were secure, clean and well organised. We saw the controlled drugs cupboard provided appropriate storage for the amount and type of items in use. Medicine fridge and room temperatures were taken daily and recorded. The rooms containing the medicine cabinets and trolleys were locked when not in use.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff. However, whilst the stock of controlled drugs was correctly accounted for we saw a stock of Morphine Sulphate for injection had been damaged with three of the five ampules broken. We spoke to the owner on the day of inspection about this, who told us they would deal with this straight away.

Our examination of the competency assessment records revealed shortfalls in the competency of some trained nursing staff. However the nurses who were on duty on the day of inspection and who had been on duty over the last four weeks had completed there medicine competency. We spoke to the registered provider on the day of inspection who told us that the competency assessments for all staff had already commenced and that they had an action plan in place for all staff who administers medicines to have completed competency assessments before administering. The provider had an action plan in place to complete this by the end of November 2016. We saw evidence of the action plan on the day of the inspection

We saw prescribed creams and lotions were recorded from the medication administration record (MAR) to topical medicine records held in people's rooms. The administration of creams was delegated to care staff who were instructed to apply the creams following daily washing and bathing.

We found one person had been prescribed medicines with the instruction to take one per day until the 11 October 2016 and then to stop. We saw this instruction had not been followed, with the medicine administered for a further seven days the nurse noticed this while completing medicines round and telephoned the GP for guidance. The outcome of the discussion with the GP was to stop the medicine immediately. This showed nurses were not administering medicine in line with good practice. However, the nurse who was administering medicines on the day of our inspection acted appropriately when the error was found. The matter was reported to the prescribing GP and to their line manager. A record was made and action taken to ensure the medicine would not be administered again.

We saw whilst 'as necessary' (PRN) medicine protocols had been completed and they were filed in the care plan thus not being available for staff to refer to whilst administering medicines. We also saw staff were not maintaining records of PRN medicines to show the effect of the medicine. This meant the prescribing doctor would not be able to judge the effectiveness of the medicine. The independent pharmacy team also highlighted this issue with the registered manager.

We concluded the above evidence was a breach of Regulation 12 Safe Care and Treatment of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at one person's medicine administration record (MAR) who had been prescribed warfarin. The appropriate dosage of warfarin was dependent on the outcome of a regular blood clotting test. The outcome of the test indicated the dose of warfarin to be given over the coming period. We saw the provision of a specific protocol to ensure the blood results were accurately recorded and the correct dose of warfarin dispensed. Our observations showed the correct variable dose of the medicine was been administered.

We saw the provider had a policy and appropriate documentation for the recording of unwanted or expired medicines. Whilst we saw medicines for disposal was recorded and all records kept in the medicines room we found the storage of the records was haphazard and in no sequential order.

Medicines were administered to people by nurses and trained care staff. We observed the latter part of the morning medicine round. We looked at the provider's medicines policy. The policy demonstrated the provider had taken steps to ensure they complied with current legislation and best practice in the administration of medicines.

Whilst care plans contained generic risk assessments to guard against poor nutrition, mobility and tissue viability, our examination of care plans evidenced risk assessments were also highly specific to people's individual needs. For example, we saw one person was at risk to themselves due to wandering and incidents of aggressive behaviour. We saw the information gathered to manage to the person's behaviour and use of antecedent-behaviour-consequence (ABC) charts as a direct observational tool to collect information about events regarding untoward behaviours. We saw staff recorded their observations before the behaviour was exhibited which included any triggers, signs of distress or environmental information. We saw the behavioural outburst was described and what happened immediately after. We saw the information gathered was used to inform decision making regarding an application for Deprivation of Liberty Safeguards (DoLS).

On another occasion we saw effective risk management had been used in the assessment and care planning for a person who was increasingly presenting a history of falling. We saw staff had recorded the incidents and following a review had considered the likely causes. Staff concluded the prescribed hypnotic medicines may be contributing to the increase in falls. We saw the GP had conducted a review of medicines and stopped the administration of the hypnotic medicine. We saw the recorded incidents of falling had become infrequent since the medicines were reviewed.

We looked in detail at the care plans of three people. Care plans contained a range of risk assessments which clearly identified risks associated with people's care and support, and contained guidance for staff to show how these risks could be minimised. Risk assessments included falls, use of bedrails, administration of medicines and swallowing.

One care plan contained a risk assessment and associated care plan for the use of alcohol which showed us they had considered taking a positive risk in order for the person to continue to live their preferred lifestyle safely. There was clear guidance for staff to enable them to understand what was a safe alcohol intake for the person to ensure they did not place themselves at risk.

At the last inspection in January 2016, we found there was a lack of infection control and maintenance management of the home exposing them to the risk of infection and unsafe care and treatment. At this inspection we found the provider had improved on the cleanliness of the home and the overall maintenance.

We saw records which showed the kitchen fridge and freezer temperatures were regularly checked to ensure they were operating at safe temperatures. The thermometers used were electronic and displayed the temperature inside the appliance at all times. An alarm sounded to alert kitchen staff should the temperature rise above a safe temperature. Open items and foodstuffs left in refrigerators to defrost were labelled with times and dates, which reduced the risk of infection from improperly stored food. In addition we saw records which showed all hot food served to people was checked to ensure it was at a temperature at which risk of harm from food poisoning was reduced.

We spent some time looking round the home. We saw people lived in a clean and well-maintained environment free from malodours. Any items for repair were listed in a maintenance book, and we saw residents and relatives had access to this to record requests for any repairs or additional jobs such as hanging pictures in people's rooms. We saw cleaning materials were safely stored, and doors to storage areas were kept locked.

People were further protected from harm because the provider had ensured all equipment and major fixtures such as electrical circuits and gas supplies were regularly maintained and serviced.

At the last inspection in January 2016, we found there was insufficient information gathered to assess and check nurse competence, skills and experience. We found in this inspection sufficient improvements had been made in this area and were on going.

We looked at the recruitment records of six members of staff. We saw these included application forms, records of interviews and background checks including two references and clearance from the Disclose and Barring Service (DBS). The DBS is an organisation which holds information about people who may be barred from working with vulnerable people. Checks made with the DBS help employers make safer recruitment decisions.

The provider had carried out an audit of 36 staff files and found several gaps. For example: seven files had photos missing, there were employment gaps in 13 files, four had identification checks missing, and two staff had only one reference taken up. Prior to our inspection the provider had already sent letters to all those people requesting that information and these were recorded in each staff file. The provider had made effort to get employment history information on employees who have worked at the home for a long time. This was not always possible. However, we recommend the provider carry out a risk assessment on those employees in relation to any missing information in their employment files.

We spoke six staff who had a good understanding of safeguarding, knew the reporting procedures and said they would have no hesitation in informing external agencies if they felt matters were not being dealt with properly. One staff member said, "Safeguarding covers a wide field, environment safe, people safe, I'm also aware of different types of abuse and have completed safeguarding training." They went on to tell us they were aware of the whistleblowing policy. They said, "I would discuss it with [provider name] who I know would take action."

Requires Improvement

# Is the service effective?

## Our findings

At the last inspection in January 2016, we found there was a lack of capacity assessments and restrictions related to Deprivation of Liberty Safeguard (DoLS). We rated this domain inadequate. At this inspection we found the provider had taken action and was now meeting legal requirements.

People we spoke with and their relatives all felt the staff knew them and were able to meet their needs. One person said, "It takes time to know people. The staff are a mixed bunch and treat me well. I don't have any complaints."

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

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

We saw 19 standard authorisations had been submitted to supervisory bodies for people at the home. Of these three had been granted with no conditions attached. We saw the provider was maintaining an audit trail of dialogue with supervisory bodies where authorisations submitted over the past year had not progressed.

We saw from care records some people had appointed attorneys by way of a lasting power of attorney (LPA). We saw the care records contained evidence from the Office of the Public Guardian detailing the named attorneys for the specific donor. Care plans recorded where attorneys had been involved in decision making or where reviews of care plans had been undertaken.

We looked at a sample of care plans for people who we saw had bed-rails attached to their beds. Assessments of people's needs demonstrated bed-rails were used only to prevent people falling out of bed or where people were anxious about doing so. We saw risk assessments were carried out to ensure the potential risks of using bed rails were balanced against the anticipated benefits to the person. We saw best interest decisions made in relation to these. People who had capacity made their own choices in relation to the bed rails.

We observed some people seated in the lounge in chairs tipped backwards. Examination of care plans evidenced a range of reasons for people to be seated in these chairs. We saw one person who had the capacity to make decisions had chosen to be seated in the observed manner as it gave them confidence of not falling forwards. We saw some instances where a professional input had suggested the position was required for therapeutic benefit such as maintaining a posture to prevent tissue damage. We also saw where

care staff had conducted a risk assessment and found the person was best protected from harm of falling, yet the position constituted a degree of restraint. An assessment of mental capacity had suggested the person was lacking in capacity. As a result of these assessments and other potential accumulated restrictions of liberty an authorisation for DoLS had been submitted. We saw the seating position had been declared along with other restrictions of liberty on the submitted application.

Whilst all people at the home had the support of families and friends our discussion with the registered provider showed they had a good insight into the requirements to provide people with lay advocacy, should this have been required.

We spoke with the registered provider to gauge their understanding of the MCA and their involvement in ensuring people had appropriate legal frameworks in place. Our discussion showed they had a good understanding to ensure the service operated in a robust and within legal requirements.

We saw evidence in written records, staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community nurses, multiple sclerosis nurses, speech and language therapists, dieticians and dentists.

At the last inspection in January 2016 staff were not receiving adequate supervisions or appraisals. We found at this inspection some improvements had been made in these areas.

Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. For example they said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Staff we spoke with were aware of people's needs. One staff spoken with said, "I have had MCA training. We get to know what decisions people can make from the care plans." Another said, "If people do not understand we look at facial expressions, gestures, and people have choice of what to eat, snacks and drinks."

Some staff told us their training was not kept up to date. Training records showed a number of training courses had been undertaken. These included moving and handling, safeguarding, basic first aid, dementia and food safety. Staff told us they had not kept up refresher training. We saw from the training records this was the case.

We saw the provider had carried out a training audit on 14 August 2016 and identified some training that were outstanding. These had been booked to start 21 October 2016 and an action plan was in place for completion by end of November 2016. These included Dementia awareness, personal care, de-escalation techniques, Mental Capacity Act, infection control and oral hygiene.

We saw evidence staff supervisions and annual appraisals had been looked into. The provider had commenced supervisions and appraisals with staff. Some Staff we spoke with told us they had dates booked for October and November 2016. One member of staff who had received supervision said, "I found these meetings valuable, it gives me a chance to speak openly."

At the last inspection in January 2016 the service did not ensure the care and treatment of people's needs were reflected in their diet. We saw at this inspection improvements had been made in these areas.

Relatives of people told us, "I think there is a good choice of food, the kitchen is very good, and they are really good with [name of person]. You can walk down to the kitchen and ask for anything." Another relative

told us, "There is a good choice of meals; they know their dislikes and likes. My relative is a diabetic and has to take tablets. Whilst, they can feed themselves, they can ask for what they want, even a bacon butty etc. They are not a morning person so don't eat breakfast early."

People were asked during the morning what they would like for lunch. Staff recorded people's choices and gave their lists to the chef so they knew how much of each choice to prepare. The chef told us, "If people want something different we can make it for them. For example, we have a person who likes an egg sandwich. If that's what they want for lunch then we'll cook it when they are ready, we can't keep something like that warm. It has to be cooked then served."

We checked how kitchen staff knew who required or preferred a specialised diet, such as pureed or soft food to help ensure safe swallowing, gluten free ingredients to reduce the risk of allergic reaction or a vegetarian diet for preference or faith reasons. The chef could tell us about people's requirements and showed us a daily list which was used to record people's choices for their main meals. This had information about dietary requirements listed against people's names. We found this was not always effective. For example the chef told us all meals were fortified with cream and milk powders to ensure people received sufficient calories to maintain weight. Some people were taking medicines which meant they should not have a fortified diet.

The chef had a good range of foods suitable for specialised diets such as diabetic, vegetarian or gluten free. They had a good knowledge of which foods contained allergens and told us they spent time doing some research into alternatives and recipes.

The provider had introduced new menus, and we saw they had conducted a detailed survey with people who used the service to ask for feedback on food presentation, quantity and quality. In addition people were asked about foods the liked or disliked, and for suggestions for meals they would like to see added to the menu. At the time of our inspection the menus were two-weekly, however, the provider told us they intended to make this a four weekly menu once they had completed consulting with people. The chef told us they had good support from the provider and felt able to order whatever food they needed.

In the weeks prior to our inspection the home had received a four star rating from the food hygiene services.

Requires Improvement

# Is the service caring?

## Our findings

At the last inspection in January 2016, we saw examples of poor care practice where staff did not communicate appropriately with people they were supporting. At this inspection we observed some caring practices and staff communicated well with people they were supporting.

People we spoke with said they were all well cared for and well looked after. Some of the comments included: "All the girls are brilliant. They know me and are very good. They look after me. I can talk to them and I can have a shave when I want one." "The staff know me and call me by my Christian name". "The staff call me by my first name. They are all friendly. I can ask any of them to help me and they do help". "I enjoy reading and sewing, and like privacy. It's my choice. I stay in my room.

We spoke to relatives of people who told us, "They treat my relative with dignity and respect, as they are incontinent they are always changing them and bag the clothes up ready for me to take. The staff are very good and I can't fault them." Another relative told us, "Yes, I get on with most of the staff here; the laundry lady is really helpful, especially if something goes missing, they will try to find it and we usually have a chat."

Staff we spoke with were able to tell us about the people they supported and cared for. One member of staff said, "We get to know people from talking to them, and from information in their care plans." During the inspection we observed staff addressing people and their relatives by name.

Care plans contained information about people's preferences, hobbies, interests and personalised guidance for staff to explain how to support people if they were ill or upset. This meant people who used the service and people who knew them well had been consulted in writing individual care plans.

Staff we spoke with gave examples of how they respected people's privacy and dignity. For example, they would ask the person what assistance they would like and they would also talk through how they were going to deliver care. They emphasised they would knock on people's doors, give them privacy when assisting with personal care and ensure they were discreet when discussing care needs. During our inspection we observed staff engaging with people in a pleasant and friendly manner and saw people treated with dignity and respect.

We observed people being assisted with drinks, snacks and meals. Staff who provided support asked people if they were ok and chatted to people throughout. Before lunch staff asked people if they wanted to wear clothes protectors. One person told staff they did not and their wishes were respected.

At the last inspection we saw people were not encouraged by staff to get out of bed and utilise the shared facilities in the home and a large majority of people stayed on or in bed in their rooms. At this inspection we saw there was a lack of encouragement for people to enjoy a meal together in the room. However we saw people received individual support with their meal we found there wasn't a dining room available for people to sit and have meals together. People were sat in the lounge with individual tables at meal times. We spoke to the owner on the day of inspection who told us they were looking into renovating a room to be used as a

bistro type café where people could eat their meals or just have a drink with their relatives. We spoke to two people who told us they preferred to stay in their rooms and did not want to join in the daily activities.

Some people were assisted to eat by members of staff; the support they received was appropriate. Other people had their meal served by other members of staff.

Requires Improvement

# Is the service responsive?

## Our findings

At the last inspection in January 2016 care plans were not responsive to people's needs. These did not include people's likes and dislikes. We rated this domain inadequate. At this inspection we found the provider had taken action and was now meeting legal requirements.

Care plans showed the provider ensured they could meet people's care and support needs before they began using the service. There was an assessment of their needs which was used to write a series of care plans which showed how that person's care and support should be provided.

We saw people's care plans were reviewed regularly to ensure they remained responsive to any changes in people's care and support needs. We did not always see evidence people or their representatives were involved in reviewing care plans. However one relative told us, "We have regular reviews with the social worker and I can request to have one. Another relative told us, "Yes, we do meet regularly I have a meeting scheduled with the social worker and others for the 27 October."

We recommend the provider ensures people and their representatives had the opportunity to be involved in the care plans.

Although there was information in care plans which would help staff form meaningful relationships with people, we did not always see people were supported to maintain hobbies and interests. Daily notes did not show how people had been encouraged or supported to participate in activities their care plans said they enjoyed. For example, one person's isolation care plan stated they should be encouraged to leave their room to spend time in communal areas. We did not see any records which showed us this had been done. However this person told us they enjoyed spending time in their room.

People and their relatives felt that staff were responsive to their or their relative's needs. One relative told us, "The staff normally tell me these things when I visit rather than ring me."

We observed activities carried out by the activity co-ordinator on the day of inspection which were play your cards right, singing and 1-1 shopping in the community.

The service had a monthly activity programme displayed next to the lounge, however, this was not always followed. The activities provided on the day of the inspection did not match the activity programme. Some people had an individual activity record but these only contained a few entries and did not show what people were doing on a day to day basis. For example, no entries were made after 14 October 2016, and previous entries were only made on 10 and 7 October 2016. We spoke to the activity co-coordinator and registered provider who told us people chose to do different activities than what was planned. They said they encouraged people to choose what they would like to do. The coordinator and registered provider said they were aware that documentation had not always been completed due to only one activity coordinator at the moment. We did however see many photographs and pictures of people and their relatives engaging in activities in the home.

Staff we spoke with told us people had opportunity to engage in group and individual activities. They were, in the main, facilitated by the activity co-ordinator. Staff said they also spent time offering one to one activity such as painting nails, and word searches. Staff said activity on a weekend could improve. The registered provider told us they were actively trying to recruit a weekend activity worker because the current activity co-ordinator only worked weekdays. One person told us, "The activity co–coordinator takes us out; she has also picked up my relative before and brought him in as he could not get to come and see me." Staff told us, "We do our best some people do not want to join in any activities they like their own company."

We looked at daily records. These contained information about some aspects of the person's daily routine, for example, if they had eaten or slept well. It was not clear from the daily records or any other records when people went to bed and got up on a morning. Two members of staff told us night staff on occasions got some people dressed on a morning and then they waited for day staff to get them out of bed. This practice is not personalised for some people. We spoke to one person who told us, " I like to be up early on a morning, so I ask them to get me up first so I can go down and have breakfast in peace. " Another person told us, "Staff ask us if we want to go to bed, if I am ready I will but sometimes I tell them I would like to stay up and I do." We discussed our findings with the registered provider who said they were unaware that any staff followed practice of getting people up early without this been their choice, and agreed to make sure people's care was delivered around their needs and preferences. This was in the action plan to be implemented by November 2016.

We recommended to the provider  completes morning and evening audits of care to ensure people receive their choices in relation to their care plans around getting up and going to bed.

People told us they knew how to complain and would complain if they needed to. The service had a new complaint form had this been put in place from the 17 October 2016, this form was comprehensive and had enough relevant sections to record the details needed. A complaints policy and procedure was also in place this had been updated in October 2016.We saw evidence of complaints been actioned appropriately by the owner and responses of the outcomes sent to people.

Inadequate

# Is the service well-led?

## Our findings

At our last inspection in January 2016 we found breaches of regulations relating to governance, fit and proper persons employed and staffing. We rated this domain inadequate as the provider was still not meeting the legal requirements in relation to governance.

At the time of this inspection there was no registered manager in post. They had left the service prior to our inspection. However the owner had taken up the role of bank home manager until a new manager was appointed. The owner told us they had started the recruitment process to appoint a new manager to the service.

It was noted that one minor action had not been fully resolved from June 2016; however, it had been added to the maintenance list. All of the other requests had evidence of completed actions.

One member of staff told us the service had improved but they felt it was very important that the service had a manager in post which they felt would boost morale at the home. Another member of staff told us they felt supported by all the team and felt they worked well together to make sure people were safe.

The registered provider had already commenced some audits however they were awaiting an external organisation to support the home with their audit processes over the next few months. There were a number of newly developed audit documents ready for use by the home with the external organisation.

The above evidence was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's management team had become aware of management systems not always been fully effective within the home. The managers had decided to carry out a full review of all aspects of medicines and had commissioned independent pharmacists to this on their behalf. By coincidence the independent pharmacy inspection commenced on the day of our inspection. Our discussions with the pharmacists during the day showed significant similarities in our findings.

A cleanliness and infection control file was seen. A linen and laundry assessment had been carried out on 4 April 2016 which is completed annually. This looked at a variety of areas including laundry room cleanliness, linen and laundry processing, machines, laundry location and stock levels. A 'laundry checklist/audit log' was observed within the laundry room. This had been signed by staff each day.

Fire safety audit logs were undertaken. There was evidence of completed monthly fire safety audits. The last one was completed in September 2016 and this had evidence of completed actions.

A dependency and staffing levels review had been conducted in October 2016. This calculated how many direct resident contact hours were needed and converted this data into how many care staff and nursing staff were required.

An end of life care planning policy was in place, this had been updated in September 2016.
A safeguarding policy and procedure was in place this was updated in 2 March 2015 and printed in 1 April 2015, this contained adequate details including how to escalate safeguarding incidents to the local authority and the CQC.

It was evidenced that a resident meeting had taken place on the 5 September 2016. Handwritten notes had been collated from this meeting; however, no names/initial of who attended was noted. No major problems were highlighted in these notes by people who used the service. We spoke to the registered provider who told us these would be amended in future meetings to include people who attended.

A relative's meeting had been held on 6 September 2016 and initials of attendees had been logged. All questions raised by the relatives had answers recorded from the registered provider within these notes.

A 'communications letter' had been sent to all relatives in August 2016. This provided relatives with a good update on the homes position regarding the CQCs previous inspection and the owner's future plans for the home. Relatives who we spoke to on the day of inspection confirmed they had been informed of the plans for the home. Other meeting were evidenced including; group supervision notes and a 'General Communications Update' which was communicated and discussed with staff on the 10 October 2016.

The registered provider confirmed to us they were planning to add a display board to record quality metrics such as falls and pressure ulcers on a monthly basis for transparency. Completed falls reviews and accident analysis reviews were evidenced in the quality assurance files seen.

Discussion with the registered provider showed them to be open and transparent and keen to learn from our inspection. Their willingness to commission an independent review of medicines demonstrated a service keen to drive up quality and improve safety for vulnerable people.

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<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>Medicines administration was not always safe. Not all staff had completed medication competency assessments. Some medication had been damaged which the provider had not reported to the pharmacy. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014<br><br>People were not fully protected from the risks of unsafe care or treatment because accurate records were not maintained. |