

# Caring Homes Healthcare Group Limited

## Laverstock Care Centre

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Laverstock Care Centre is a care home which provides accommodation and nursing care for up to 80 older people. At the time of our inspection 62 people were resident at the home.

This inspection took place on 1 and 2 December 2016 and was unannounced.

At the last comprehensive inspection in June 2016 we identified that the service was not meeting a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks people faced were not managed effectively, people's medicines were not always safely managed, there were not always sufficient staff deployed in the home, care plans did not always contain up to date information about people's specific needs, staff did not always treat people with dignity and respect and quality assurance systems did not always identify shortfalls in the service provided. We issued requirement notices as a result of the concerns we identified.

Action had been taken to improve the safety of the medicine management systems, although further work was needed to ensure medicated topical creams were managed effectively and medicine administration was recorded accurately.

Improvements had been made to the way risks people faced were managed. Staff had identified most risks and had planned with people using the service how those risks should be managed. Staff had a good understanding of the risks and the action that was planned. The plans were regularly reviewed and updated when people's needs changed. However, we identified further work was needed in relation to the support for people to stay safe when the fire alarm was activated.

Staffing levels had been reviewed and there were sufficient staff deployed to meet people's needs. During our observations we saw that staff were available to provide support to people when needed. Staff were available to provide support for people to eat, drink and move around the home safely. Requests for assistance from people were responded to promptly. People and their relatives were positive about staffing levels in the home. Comments included, "Staff come quickly when I use my call bell", "The staff all work together very well" and "There are enough staff around. They always hoist (my relative) and they know what they're doing. They provide good pressure care and turn her every two hours".

Staff told us there were enough of them available to be able to provide safe care and meet people's needs. Comments from staff included, "Generally staff cover is good. There is enough time to sit and chat to residents", "We are now able to provide the care that people need. There is better team work. It is much better than at the last inspection" and "We were short staffed but this has improved over the last two months. We are able to provide the care that people need".

We found that the provider had taken action to improve the information set out in the care plans, but further work was needed to ensure plans always reflected people's specific needs. Most plans contained clear

information about people's needs and there was evidence that the plans were updated when people's needs changed. We saw two examples of plans relating to people's dementia care needs that did not give staff clear, specific information about the support that was required.

People told us they were treated well and staff were caring. Comments included, "I am very happy here. The staff are kind and treat me well" and "They (staff) are very kind to me". Most relatives we spoke with were also positive about the caring approach of staff, with comments including, "The care here is exemplary" and "I am very happy with the care (my relative) receives". One relative was not happy with the approach of some staff. Although we did not see any examples of poor care, we made the registered manager aware of these concerns. The registered manager said they would continue to work with the person to address their concerns.

People who were at risk of malnutrition and/or dehydration were supported to ensure they had sufficient food and fluid intake. People were offered regular drinks and where they required support with these, staff assisted them.

Staff were taking suitable action when they identified that people did not have capacity to consent to their care or treatment and had made applications to authorise restrictions on people's liberty.

Staff told us they received training and support which gave them the knowledge and skills needed to do their job effectively. Comments from staff included, "Training is good quality and we are able to keep our skills up to date", "There's lots of on-line training, but I'm not a big fan of this. We do have face to face sessions as well, which helps us to address specific issues" and "The dementia training is very good". Registered nurses told us they were able to maintain their continuous professional development, to ensure they kept up to date with current best practice.

Staff felt the changes that had been made to the management of the service since the last comprehensive inspection had been positive. Comments from staff included, "There is now better support from management (since the last inspection) and a higher staff presence. (Management) is very supportive", "It is more organised than before and staff are more professional. Residents are respected" and "It's a lot better now – a different place. (The management team) have given us the correct tools and we now have good direction. I feel residents and staff are happier and we have fewer incidents. I'm happy to work here now".

At this inspection we found that action had been taken to improve the quality assurance systems in the service. The registered manager told us she had reflected on the findings of the inspection in June 2016 and had worked hard to address the concerns. However, despite the improvements that had been made, there were still areas of the service that required further improvement, which had not been identified by the quality assurance systems.

Following the last comprehensive inspection in June 2016 we placed the service in 'special measures' because it was rated as inadequate. Following this inspection we have removed the service from special measures, because of the improvements that have been made and because no area of the service was assessed to be inadequate. However, further work is needed to improve the service and ensure people receive a consistently good service.

During our inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for which we are taking action and will report on this when it is concluded.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Improvements had been made to the safety of the service. However, further work was needed to ensure medicines were always managed well and people were given support and reassurance when the fire alarm was activated.

There were sufficient staff available to provide the care people needed.

Systems were in place to ensure people were protected from abuse.

Staffing levels were sufficient to meet people's needs and keep them safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff received good training and support, which gave them the skills and knowledge to do their job effectively.

Staff understood the action they needed to take if people did not have capacity to consent to their care.

People were able to see relevant health care professionals when needed.

**Good** ●

### Is the service caring?

The service was caring.

People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and

**Good** ●

upheld their human rights. People's privacy was protected and they were treated with respect.

### **Is the service responsive?**

The service was not always responsive.

Improvements had been made to the responsiveness of the service. However, further work was needed to ensure care plans always reflected people's specific needs.

People and their representatives were involved in planning and reviewing their care.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Improvements had been made to the leadership of the service. However, further work was required to ensure quality assurance systems consistently identified shortfalls in the service so corrective action could be taken.

There was a registered manager in post, who was supported by a management team to help improve the service.

**Requires Improvement** ●

# Laverstock Care Centre

## Detailed findings

### Background to this inspection

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

This inspection took place on 1 December 2016 and was unannounced. We returned on 2 December 2016 to complete the inspection.

The inspection was completed by two inspectors. We reviewed the report from the last comprehensive inspection in June 2016 and the information submitted to us by the provider following that inspection. This enabled us to ensure we were addressing potential areas of concern. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with 10 people who use the service, five relatives and 14 staff, including nurses and care assistants. We spoke with the registered manager, deputy manager and regional manager. The registered manager was available throughout both days of the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for nine people. We also looked at records about the management of the service.

## Is the service safe?

### Our findings

At the last comprehensive inspection in June 2016 we identified that the service was not meeting Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely. Following that inspection we issued a requirement notice. The provider wrote to us to set out the action they had taken to address shortfalls in medicines management following the inspection. At this inspection we found that action had been taken to improve the safety of the medicine management systems, although further work was needed to ensure medicated topical creams were managed effectively and medicine administration was recorded accurately.

At the time of the last inspection, people were receiving medicines which they had not been prescribed. Although these medicines had been the same name and brand to those they had been prescribed, they were not labelled with their name and had not been dispensed for them. We saw during this inspection the medicines trolleys stocked medicines for each individual and these were administered as such.

Most people received good support to take their medicines, however, we observed one occasion when tablets had been left with a person. When we walked into the dining area, we arrived to see the nurse leaving the tablets with a person who was sitting eating their breakfast. There were no other people sat in the dining area at the time and two staff members were also in the vicinity. The nurse walked out of the dining area to continue with the medicines and one member of staff also left shortly afterwards. We asked the remaining staff member whether the nurse had given them any instruction for example, to observe that this person took their tablets. They confirmed they had not. This person took all their tablets. The nurse did not stay to observe they had been taken. The provider's medicines policy stated 'a staff member should never sign for medicines they have not witnessed a person taking'. On other medicines rounds we observed, staff ensured people took their medicines before signing for these in the Medicines Administration Records (MAR).

The recording for administration of topical creams and ointments was not always consistent and when we asked staff who was responsible for the administration and recording of when these were administered, we received conflicting responses. There were topical creams charts in place to record when topical creams and ointments were applied. The topical creams chart for one person detailed a medicated prescribed cream and also indicated where on the body it should be applied. However, it did not include directions on how much or how often it should be applied. For nine days in November, there were entries on the chart which stated 'no cream' or 'unavailable' and on four of these days no entry had been made to indicate this cream had been administered. The corresponding MAR stated this cream should be applied two to three times per day. From 14 November to 1 December there was no signature on the MAR to indicate whether this had been applied. There was a tick on the MAR on 2 December which the nurse told us she had entered as she knew the care staff had applied the cream. When we asked one nurse who was responsible for administering and signing for this cream they told us it was the senior carer. They told us they did not know why there were gaps and entries which stated there had been no cream as staff should ask the nurses for this as it was kept in the medicines trolley and it had been available. On discussion with another nurse, there was confusion whether the course of medication should have finished or whether it was being continued to

prevent a recurrence of a previous condition. There was no indication in the MAR to specify this cream was being used as a preventative measure to help avoid recurrence. It was not clear from the information supplied by the nurses whether this person should be still on this treatment. When we looked at this person's care records, a letter dated 5 August 2016 from a GP stated this cream should be discontinued.

When we spoke to another nurse regarding who should sign for medicated creams, they told us it was the nurse's responsibility. They told us body map cream charts should only be used and signed by carers when barrier creams had been applied. We spoke to the registered manager about the conflicting responses from staff regarding who should sign for creams and ointments. They told us they took on board our comments and the registered manager said they would also consider training care staff to be competent in the application of medicated creams as they felt this would help avoid confusion between staff on whose responsibility this was.

During the morning medicines round, if people were sleeping, staff did not disturb them and returned with their medicines when they were awake. People who were on 'as required' (otherwise known as PRN medicines) for pain relief were offered these. When these were offered and there was the option for one or two tablets people were asked how many they would like and these were given promptly. For people who were unable to verbalise whether they were in pain, a tool was used to help in the assessment of their pain. This included observations on the person's non-verbal language such as facial expression, behaviour change or body language and helped staff determine whether they required pain relief.

Protocols were in place for PRN medicines and most of these described what indication they were prescribed for and included directions for administration. For example, the PRN protocol for one person to help treat insomnia detailed the name of prescribed treatment, how often and how much could be taken, the prescribed indication, possible side effects and the date this treatment protocol should be reviewed. However, the PRN protocol for people on paracetamol did not always detail specifically what this was for. When we asked a staff member the reason for one person being prescribed PRN paracetamol where a PRN protocol had not detailed this information, they told us this was to cover all eventualities. We asked whether homely remedies were used for such instances, and they told us the service avoided use of homely remedies and the paracetamol had been written "just in case" to cover "everything". When we looked at the medicines policy, there was a policy for homely remedies. This included a list of approved medicines for homely remedy use. Paracetamol was detailed on this list. The medicines policy instructed that PRN protocols should clearly describe the circumstances in which the 'when required' medicine should be given.

Processes were in place to ensure it was safe to administer covert medicines which were crushed or added to liquids or food. Advice from GPs and pharmacists was sought and documented accordingly to confirm this. There were clear procedures in place for the storage and disposal of medicines and these were being followed. Medicines were stored according to requirements. Storage temperatures of medicines were recorded daily as per the provider's medicines policy.

This was a continued breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last comprehensive inspection in June 2016 we identified that the service was not meeting Regulation 12 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the risks to people were not identified and managed effectively. Following that inspection we issued a requirement notice. The provider wrote to us with the action they had taken to address shortfalls in risk management following the inspection. During this inspection we found that improvements had been made and the service was managing most risks effectively. However, further work was required in relation to

the support people needed to stay safe when the fire alarm was activated.

We assessed the care files of nine people using the service. Each person had a set of assessments covering the risks they faced and the action staff should take to manage those risks. The assessments had been regularly reviewed with people and their representatives and changes had been made to the management plan where necessary.

People were supported in line with the assessments to mitigate the risks identified. Risk assessments included people's risk of falling, pressure ulcers and dehydration. For example, one person had an assessment which showed they were at risk of further breakdown of skin due to an existing pressure ulcer. The plan of care to help mitigate this risk was to reposition this person every two hours and to record this as appropriate. We saw evidence that this was being put into practice during the inspection.

However, the recording of fluid output of people who had a urinary catheter was not consistently completed. For example, the fluid monitoring chart of one person who had a history of having a blocked catheter and urinary tract infections had 'draining' written five times on their fluid chart for one day but no amounts recorded. The next day their total urine output had been recorded and the following day no fluid output had been recorded. The care records for this person showed they had a urinary tract infection in the last month and their catheter had blocked twice within the space of three weeks. This person's care plan stated staff should observe urine output however, as this was not consistently recorded it was not possible to see this was being sufficiently monitored. When we asked a staff member how to care for someone with a urinary catheter they told us urine output should be measured and recorded.

Accidents and incidents were recorded and available in people's care records. Where injuries following accidents or incidents had been noted, details of these were available in body charts including location, type and size of the injury. Photographs were also taken where wounds had been noted and these were dated accordingly. The treatment given and guidance following accidents and incidents had also been documented. One person had recently been identified to pose a risk to other people using the service. Measures had been put in place to monitor the person's location and alarms had been fitted to rooms to alert staff of someone entering a bedroom. During the inspection the fire alarm was activated and identified weaknesses in the measures that had been put in place. When we raised this with the registered manager, they had already met with staff who had raised their concerns and they were considering other options available. As a result, the person was provided with one to one staffing during times when staff had identified the highest risk.

When the fire alarm was activated, we observed one area of the home where people became distressed and staff were not available to provide support. Most people were in their rooms at the time but there were three people who were alone in the lounge area and the doors to this area were shut. No one was available to offer reassurance to them. This area of the home was chaotic and one person knocked over a table of drinks in the lounge whilst distressed. When we asked a staff member about the procedure in the event of a fire alarm they told us it was policy for all staff to leave each area of the home apart from one staff member who was left to supervise and ensure people in that area were safe. The staff leaving the area were to meet at the designated fire point and for some staff to return (according to location and dependency of people in the area) when the location of the fire had been identified. We spoke with the registered manager and deputy manager about our observations during the fire alarm. They confirmed this was the current procedure but acknowledged this incident had highlighted areas of concern relating to people's safety and during our feedback at the end of the inspection said they would review their current procedures.

Where people were assessed as being at increased risk of falls, there was clear information about the

equipment they needed to help keep them safe, such as walking frames and wheelchairs. The plans included information about how to use equipment people had been assessed as needing. Referrals had been made to the occupational therapist and they had been involved in designing people's plans where necessary.

Staff demonstrated a good understanding of people's needs in relation to risk management. Staff reported prompt action was taken when people's needs changed or when they raised concerns about a person's needs. Care assistants and nurses reported they worked well together and said they received good support from the management team.

This was a continued breach of Regulation 12 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last comprehensive inspection in June 2016 we identified that the service was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because sufficient staff were not always deployed to be able to meet people's needs. Following that inspection we issued a requirement notice. The provider wrote to us to set out the action they had taken to address the shortfalls. At this inspection we found that action had been taken to improve staffing arrangements in the home.

The service used a dependency assessment tool to identify how many staff needed to be working on each shift. The dependency assessments were regularly reviewed and staffing levels had been amended as people's needs changed. The home's staff rotas demonstrated these staffing levels were maintained consistently. The registered manager told us they had the flexibility to bring in additional staff if they were needed. A deputy manager completed an allocation sheet each day, to ensure there was a good skill mix of staff in all areas of the home and that staff breaks were planned to ensure there were enough staff left available to meet people's needs. This helped to manage any gaps in staffing, for example as a result of staff sickness. Staff rotas demonstrated that shifts were covered when planned staff were absent.

During our Short Observational Framework for Inspection (SOFI) we saw that staff were available to provide support to people when needed. Staff were available to provide support for people to eat, drink and move around the home safely. Call bells were answered promptly and staff responded to verbal requests for assistance from people. Staff also spent time chatting with people and taking part in tasks, for example, some people were being supported to make Christmas decorations.

People and most relatives were positive about staffing levels in the home. Comments included, "Staff come quickly when I use my call bell", "The staff all work together very well" and "There are enough staff around. They always hoist (my relative) and they know what they're doing. They provide good pressure care and turn her every two hours".

Staff told us there were enough of them available to provide safe care and meet people's needs. Comments from staff included, "Generally staff cover is good. There is enough time to sit and chat to residents", "We are now able to provide the care that people need. There is better team work. It is much better than at the last inspection" and "We were short staffed but this has improved over the last two months. We are able to provide the care that people need".

At the last inspection in June 2016 we found that staff did not always follow good hand hygiene. At this inspection we found that improvements had been made. We observed staff following good hand hygiene practice, washing their hands before handling food and after providing care to people. During the inspection

we observed staff using appropriate protective equipment, such as disposable gloves and aprons. Staff were aware of the infection control procedures in place and said they were followed by all staff. We observed staff following the infection control procedures in relation to separating soiled laundry and using cleaning equipment that was specific to the area being cleaned.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were also aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. We saw that the provider was working with the safeguarding team to respond to concerns where they had been raised.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of three recently recruited staff and found these procedures had been followed.

## Is the service effective?

### Our findings

At the last comprehensive inspection in June 2016 we identified that the service was not meeting Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always given the support they needed to stay hydrated. Following that inspection we issued a requirement notice. The provider wrote to us to set out the action they had taken to address the shortfalls. At this inspection we found that action had been taken to improve support for people to drink enough.

People who were at risk of malnutrition and/or dehydration were supported to ensure they had sufficient food and fluid intake. Food and fluid monitoring charts were in place and were consistently completed. People were offered regular drinks and where they required support with these, staff assisted them. Where people who had been identified at risk of malnutrition and had poor food intake, they were given fortified drinks and their weight was monitored and recorded weekly.

People spoke positively about the quality and variety of food. Comments included "I am very pleased with the food. The other day I had a salad with no dressing. Salad is just not right without dressing. I asked for the salad to have dressing next time and got this" and "The food is generally very good. There is a choice of meals and it's well cooked". A relative told us, "The food is very good. I eat here at times and enjoy it very much. (My relative) is supported to eat and drink and they do this very well".

During the inspection we observed lunch being served in various dining rooms in the home. We saw good support for people who needed help to eat and drink. Staff sat at the same level as people, took their time and explained what the food was. Staff made sure people were in a good position before supporting them to eat. We saw that one person said they did not want their meal. Staff offered them an alternative but they declined this. The staff member offered to keep their meal for them in case they wanted it later. People were offered drinks and these were replenished when people finished them and had said they'd like more.

At the last comprehensive inspection in June 2016 we identified that some improvements were needed in how the service met the requirements of The Mental Capacity Act 2005 (MCA). The 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 legally authorised under the MCA. 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).

At this inspection we found the service was working in line with the MCA where people did not have the capacity to consent to their care. Staff had taken appropriate action where they assessed that people did not have capacity to make a decision. Staff had completed training in the MCA and DoLS and those we spoke with had an understanding of the principles of the Act. People's care records contained detailed and decision specific mental capacity assessments and the provider had made DoLS applications to the local authority where appropriate. At the time of the inspection 48 applications had been made to the local

authority, five of which had been authorised. The other applications were in the process of being assessed by the local authority.

The registered manager had obtained copies of any power of attorney documents that people had in place. A power of attorney has legal authority to act on a person's behalf in some circumstances and can relate to decisions about finance or the person's health and welfare. Details of these powers were included in people's care plans. Where there was no power of attorney in place, staff had made decisions in people's best interest, following consultation with a range of people, including families and professionals.

People told us they received good care and support from staff. Comments included, "They have provided good pressure care. I now have these protective boots which is a great help – they are very comfortable" and "I am very happy here. The staff provide good support".

Staff told us they received training and support which gave them the knowledge and skills needed to do their job effectively. Comments from staff included, "Training is good quality and we are able to keep our skills up to date", "There's lots of on-line training, but I'm not a big fan of this. We do have face to face sessions as well, which helps us to address specific issues" and "The dementia training is very good". Registered nurses told us they were able to maintain their continuous professional development, to ensure they kept up to date with current best practice. Examples were given of recent courses in catheter care and wound management.

The registered manager was aware of the training staff had completed and training that staff needed to complete. The provider had developed specific training on the experiences of people living with dementia, which was accredited by an external body. The registered manager reported they had four staff in the service who were qualified to deliver this training, which helped them to provide the training earlier in the induction period of new staff. The registered manager also planned to make the training available to the wider community, including relatives. Staff had received training in managing behaviours that may challenge. They were able to tell us how they would manage certain situations and we observed staff putting this into practice during the inspection.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and the registered manager had a record of one to one meetings for all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "We have had regular supervision meetings recently, I feel well supported" and "We get good support".

People were able to see health professionals where necessary, such as their GP, specialist community nurse or dentist. This was demonstrated by records in people's care files. A health professional we spoke with commented the service provided very good nursing care. They said staff were confident and pro-active in raising issues with different health services and managed people's care to prevent deterioration in conditions where possible.

## Is the service caring?

### Our findings

At the last comprehensive inspection in June 2016 we identified that the service was not meeting Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always treated in ways that were caring or maintained their dignity and respect. Following that inspection we issued a requirement notice. The provider wrote to us to set out the action they had taken to address the shortfalls. At this inspection we found that action had been taken to ensure people were treated in a caring way.

People told us they were treated well and staff were caring. Comments included, "I am very happy here. The staff are kind and treat me well" and "They (staff) are very kind to me". Most relatives we spoke with were also positive about the caring approach of staff, with comments including, "The care here is exemplary" and "I am very happy with the care (my relative) receives". One relative was not happy with the approach of some staff. Although we did not see any examples of poor care, we made the registered manager aware of these concerns. The registered manager said they would continue to work with the person to address their concerns.

We saw kind and caring interactions throughout the inspection. For example, one person was crying and told staff she was unhappy. Staff consoled them and sat with them to spend time to find out what had upset them. Staff spoke kindly to people they supported and chatted to people about things other than those which related to tasks. The activities coordinator spoke to people and spent time with them; looking through photos together, and generally chatting about various topics which people showed an interest in and responded positively to. At mealtimes there was a pleasant atmosphere with people and staff chatting with each other. For example, one person was clutching a doll. Staff referred to this doll as this person's baby. They talked about this 'baby' to the person asking what its name was and telling them they were doing a good job looking after her saying they thought their dress was beautiful. This person responded positively to this and looked happy. Staff considered the comfort of people they were supporting, for example, asking them whether they were warm enough.

People's privacy and dignity was protected. For example, a person was in bed when a staff member entered their room. The staff member knocked and waited for a response prior to entering. The staff member asked them whether they would like to have their curtains shut as the sun was in their eyes and made sure they were comfortable before they left. When another staff member noticed the dress of a person sitting in the communal area had ridden up above their knees they discreetly helped them to pull it down again. Another staff member noticed a person's buttons had come undone on their top. They immediately went over to this person and supported them to fasten the buttons. A staff member told us how they ensured people's privacy and dignity by always knocking before entering their room, ensuring curtains and doors were shut when assisting with personal care and by not speaking openly about them where it was not appropriate to do so. We observed staff putting these values into practice throughout the inspection.

When a person was being repositioned and moved to another chair by use of a hoist, staff explained what they were doing throughout, chatted to them and offered reassurance to confirm they were safe. One staff

member held the person's hand as the hoist was being lowered to the chair.

People were supported to maintain their independence. One person was offered a drink by staff. Staff gave them a cup and stayed with them as they had some difficulty coordinating the cup to their mouth. When the person required support, the staff member did this as appropriate whilst only supporting them as needed. One person who had been assisted with their lunch declined help from staff when they offered to help them with their dessert. Although this person struggled with their coordination they continued to eat their meal independently and staff allowed them to do this; supporting them as appropriate. At times, this person put large spoonfuls of food in their mouth and staff stayed close by to ensure they were not at risk of choking. One staff member told us they gave people choices to help promote their independence. They gave an example of supporting some people to make choices over the clothes they wore.

Some people had personal articles and ornaments in display boxes outside their rooms. These assisted people to orientate themselves to find their rooms.

In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. We saw people chatting with staff in their rooms at various times during the visit. This helped to ensure that people who did not often use the communal areas did not become socially isolated.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their representatives had regular individual meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about the care they received and their preferences.

## Is the service responsive?

### Our findings

At the last comprehensive inspection in June 2016 we identified that the service was not meeting Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care was not always planned in ways that met their individual needs. Following that inspection we issued a requirement notice. The provider wrote to us to set out the action they had taken to address the shortfalls. At this inspection we found that the provider had taken action to improve the information set out in the care plans, but further work was needed to ensure plans always reflected people's specific needs.

Most care plans provided clear information to staff on how to care for people in line with their needs. Care plans detailed people's past medical history, known allergies and current medical conditions. Staff knew what was in the plans and the support people needed. For example, in one person's care plan it stated they had a pressure ulcer and required regular repositioning to help prevent worsening of this and to promote healing. When we asked a staff member how they cared for this person, they knew how to do this in line with their plan of care. The staff member also told us this person had lost weight due to declining their meals and how they had monitored this and supported them in response to this. They told us how giving them regular fortified drinks and by monitoring their diet and fluid intake had helped them to re-gain weight.

However, we found two examples where the plans did not give clear information about the care that was needed. Although staff were able to tell us how they supported people when they presented with behaviours that may challenge, we did not always see measures carried out that may prevent these behaviours. For example, in one person's care plan it stated they often tried to leave the home and it was not safe for them to do so unsupported. The care plan stated that if this person tried to leave, staff should attempt distraction therapy. There was little detail specifically what this was. The care records stated that 'in severe situations' when 'other actions' did not work, to give medication as prescribed although did not detail what the 'severe situations' or 'other actions' were. It did state that staff could encourage them to go with them to the shop to buy items they liked but no other guidance was available.

The care records for another person stated they also tried to leave the home and were unable to do unsupported as this posed a risk to their safety. The guidance in their care records stated distraction techniques could be used to support them. However, the only distraction techniques listed were to clean the tables and to ask if they would like to wash up. There was no information on how to try to prevent this person becoming distressed and wishing to leave. Elsewhere in this person's care records there was a document called an 'engagement booklet'. This suggested sensory and tactile items and books with pictures could be offered to this person for them to handle but we did not see these being offered. During the inspection, we observed both people wandering up and down the corridors. Both were attempting to exit the building by pushing the buttons on the security code panels. Staff did not often intervene to try and distract them by finding something else to occupy them.

Care staff told us the information in people's care plans helped them to provide the right care. Staff said the plans were updated promptly when people's needs changed and said there was a good system to communicate any changes to them through the handover.

During our Short Observational Framework for Inspection (SOFI), we observed staff supporting people to choose different activities, including singing, making Christmas decorations, listening to music and looking at magazines. Staff supported people to make choices about drinks and snacks, trying different methods to support people with making a decision. We observed a music and reminiscence session, led by the home's activities co-ordinator. People joined in the session enthusiastically and were involved in leading the direction of the discussion and music at times. The activities co-ordinator involved everyone who attended the session, including one person who became upset. They were given calm and reassuring support, which enabled them to remain in the session.

The home worked with a dementia specialist, who co-ordinated a fortnightly 'Edge on' group. This was an opportunity for people to discuss their views and to receive peer support. The registered manager also reported she had plans to work with a local support group to provide a 'dementia café' at the service, which would be open to the wider community.

There was a planned programme of activities, with regular activities planned outside the home. Examples included trips to local places of interest, entries in a Christmas Tree festival in a local church and supporting some people to design a wreath and take part in local Remembrance Day events. Most of the relatives we spoke with were happy about the activities that were available in the home and opportunities for trips out.

The service had a complaints procedure and we saw there was a record of complaints received. Individual complaints had been responded to by a member of the management team and details of complaints was reported through the home's monthly management returns. Complaints were also reviewed by the regional manager as part of their monthly visits to the service. In addition to the response to the complainant, the investigation record had a section to assess whether there were any issues that affected other people and whether other actions were needed. We saw that changes had been made to the support provided to people who were largely self caring as a result of one person's experiences.

## Is the service well-led?

### Our findings

At the last comprehensive inspection in June 2016 we identified that the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because audits and quality assurance systems did not always identify shortfalls in the service provided. Following that inspection we issued a requirement notice. The provider wrote to us to set out the action they had taken to address the shortfalls.

At this inspection we found that improvements had been made to the quality assurance systems. The registered manager told us she had reflected on the findings of the inspection in June 2016 and had worked hard to address the concerns. However, despite the improvements that had been made, there were still shortfalls in the service which had not been identified by the quality assurance systems.

There was a registered manager in post at Laverstock Care Centre. Following the last comprehensive inspection in June 2016, the registered manager had received support from a peripatetic manager, who visited the home on a regular basis. The peripatetic manager was an employee of Caring Homes Healthcare Group and was experienced in supporting services to improve their performance. There were also deputy managers and heads of departments in the service making up a management team. The management team was supported by a regional manager who visited the service regularly and was present during the inspection.

There was a system of audits and reviews, which were used to create a development plan for the service. There were systems in place to track certain events in the service and plan action to minimise them. A falls strategy group met to review falls that had happened, determine any pattern or regular events and ensure plans were in place to manage the identified risks. Examples of actions included replacement of worn slippers, use of safety rails on beds and discussions with people's GPs about changes to medicines. However, the audits and reviews had not identified the shortfalls we found during this inspection. These included shortfalls in medicines management systems, the lack of support for people when the fire alarm was activated and the lack of detailed information in some plans about the care people needed.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager reported she wanted to work on developing more person centred approaches to care. There were plans to develop a 'dignity champions' group, which would include representatives from people who use the service, relatives and staff. This group would be used to help review the quality of care being provided and ensure dignified care was at the heart of the service.

Satisfaction questionnaires were used to ask people and their visitors their views of the service. The results of the surveys were collated and actions were included in the registered manager's development plan for the service. Relatives meetings were held and the registered manager used this to provide feedback about the outcome of the last inspection and the actions the management team were taking.

The registered manager and key staff attended a local partnership of care providers and other networking events. This helped them to keep up to date with developments in the sector, share examples of best practice and learn from the experiences of other providers. The provider produced information for the management team on examples of poor care within the adult social care sector. This was used to analyse how things could go wrong and apply learning in their service to help prevent a similar situation happening.

Staff we spoke with felt the changes that had been made to the management of the service since the last comprehensive inspection had been positive. Comments from staff included, "There is now better support from management (since the last inspection) and a higher staff presence. (Management) is very supportive", "It is more organised than before and staff are more professional. Residents are respected" and "It's a lot better now – a different place. (The management team) have given us the correct tools and we now have good direction. I feel residents and staff are happier and we have fewer incidents. I'm happy to work here now". Staff told us they felt they were able to say what they wanted and were listened to.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the registered manager expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the management team worked with them to find solutions.

This section is primarily information for the provider

## Enforcement actions

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

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines management systems were not always safely followed. Risks to people's safety when the fire alarms were activated had not been identified or addressed. |

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

We have imposed a condition on the provider's registration.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The systems to monitor and assess the quality of the service had not always identified shortfalls in the service provided. |

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

We have imposed a condition on the provider's registration.