

Akari Care Limited

Wellburn House

Inspection report

Wellburn Road
Fairfield
Stockton-on-Tees
Cleveland
TS19 7PP

Tel: 01642647400

Date of inspection visit:
05 October 2016

Date of publication:
15 December 2016

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on the 5 October 2016. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting.

At an inspection in July 2015 we found a shortfall in relation to safe care and treatment, medicines were not managed safely and people were at risk on receiving incorrect nutritional intake; premises and equipment; staffing; consent to care or treatment; safeguarding and good governance. We also made a recommendation that the registered provider looks at the dining experience for people who used the service, care plans to become more person centred and to ensure people are involved in the care plan development and review where they are able.

The registered provider told us they would be compliant with the regulations by December 2015 in light of safeguarding concerns we completed an inspection in November 2015 and we found no improvement.

At the last inspection in March 2016 and April 2016 we found that the registered provider had not made required improvements and identified more shortfalls so we rated the service as inadequate. The service was placed in special measures and we have been following our enforcement policies.

The shortfalls we identified were in relation to:

- ☐ Safe management of medicines, risk assessments provided limited or no information. Not everyone had a personal emergency evacuation plan (PEEP), staff could not tell us how many were at the service and the list in the emergency evacuation pack did not match who lived at the service.
- ☐ We found the registered provider was not following up and reporting safeguarding concerns.
- ☐ We found the registered provider was not employing sufficient staff, inductions were not effective and staff did not have the knowledge and skills to support people who used the service.
- ☐ We found the registered provider was not obtaining consent from people who used the service.
- ☐ We found bathrooms and shower rooms out of use.
- ☐ We found the registered provider was not completing audits effectively.
- ☐ We found the registered provider was not involving people in their plan of care, the care records were confusing and not person centred.
- ☐ We found the registered provider was not documenting reasons for gaps in employment or following up on problems with references.
- ☐ We found the registered provider was not providing a dignified dining experience.
- ☐ Also the registered provider was not notifying the Care Quality Commission of significant events.

We completed this inspection to review the action the registered provider had taken in response to the shortfalls we identified at the last inspection.

Wellburn House is a 90 bedded purpose built two storey care home. It has three units and at the time of the

inspection two of the units were operational; the ground floor unit for people with personal care needs and the first floor unit for people living with dementia. All bedrooms have ensuite facilities and there is the availability of a large courtyard garden. At the time of inspection there were 45 people living at the service.

Since our last inspection the manager and the area manager had left Akari Care. A new manager had started at Wellburn House in May 2016 and became registered with the Care Quality Commission in August 2016. 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. A new area manager had taken over this service in April 2016.

At this inspection we looked at how medicines were handled and found that although improvements had been made the arrangements were not always safe.

People were protected from the risks of harm or abuse because there were effective systems in place to manage any safeguarding concerns. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. There was evidence that the registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were now monitored each month to see if any trends or patterns were identified.

On the day of the inspection we saw that there were sufficient numbers of staff employed to meet people's individual needs. New staff had been employed following the home's recruitment and selection policies and this ensured that only people considered suitable to work with vulnerable people worked at the service. Staff were receiving support through supervision and received relevant training.

People told us that they were very happy with the food provided. We observed that people's nutritional needs had been assessed and individual food and drink requirements were met. There were snack stations around the home with juice, fruit, crisps, biscuits and sweets.

People's care records were person centred. Person centred planning [PCP] provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person. People's care plans recorded information about their individual care and support needs and their life history. This helped staff to have an in-depth knowledge of people's needs.

People who lived at the service and relatives told us that staff were very caring and that they respected people's privacy and dignity. We saw that there were positive relationships between people who lived at the home, relatives and staff and staff had a good understanding of people's individual care and support needs.

Meetings were taking place for people who used the service, relatives and staff. These were all booked in for the year ahead.

People were supported to access healthcare professionals and services.

A variety of activities were provided to meet people's individual needs and people were encouraged to take part. People were happy with the activities on offer.

The premises were clean, hygienic and well maintained and there was plenty of personal protection equipment [PPE] available. We saw there was appropriate signage, decoration and prompts to assist people finding their way around.

We saw certificates for safety checks and maintenance which had taken place within the last twelve months such as fire equipment, electrical safety and water temperature checks. We found that since the last inspection the maintenance person had been enabled by the registered provider to complete all of the repairs and could now take action in a timely manner to fix any problems.

Staff, people who lived at the home and relatives told us that the home was now well managed. Quality audits undertaken by the registered manager were designed to identify whether systems at the home were protecting people's safety and well-being. When quality audits identified that improvements needed to be made, there was a record of when actions had been completed.

We identified that work was needed to ensure one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was rectified. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe

We looked at how medicines were handled and found that the arrangements were not always safe.

Assessments were undertaken to identify risks to people using the service and others.

Staff had received training on safeguarding adults from abuse and understood their responsibility to report any incidents of abuse.

Staff had been recruited following the home's policies and procedures, and there were sufficient numbers of staff employed to ensure people received safe and effective support.

The premises were clean, hygienic and well maintained.

Is the service effective?

Good 

The service was effective.

Staff undertook training that gave them the skills and knowledge they required to carry out their roles.

People's nutritional needs were assessed and the meals provided met people's individual dietary needs. The dining experience had improved.

People's physical and mental health care needs were met. Health and social care professionals were consulted appropriately and they told us their advice was followed by staff.

Efforts had been made to make the premises suitable for people who lived at the home, including people who were living with dementia.

Is the service caring?

Good 

The service was caring.

We observed positive relationships between people who lived at

the home, relatives and staff. Staff were kind, considerate and patient.
People's individual care and support needs were understood by staff, and people were encouraged to be as independent as possible, with support from staff.

We saw that people's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's care plans recorded information about their individual care and support needs and their life history. This helped staff to have an in-depth knowledge of people's needs .

Activities were provided and met the needs of people who lived at the home.

People were encouraged to give feedback about the service they received.

There was a complaints procedure in place and people told us they were confident any complaints would be listened to.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality audits were being carried out to monitor that the service was providing safe and effective care, however they had not captured the concerns we had with medicines.

There was a manager in post who was registered with the Care Quality Commission (CQC), and people told us that the home was well managed. Notifications were being submitted to CQC as required by legislation.

There were opportunities for people's family and friends to express their views about the quality of the service provided.

Wellburn House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 the 5 October 2016 and was unannounced. This meant the registered provider and staff did not know we were visiting.

The inspection team consisted of one adult social care inspection manager, two adult social care inspectors, a pharmacy inspector and two expert by experiences. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the home. We looked at statutory notifications that had been submitted by the home. Statutory notifications include information about important events which the registered provider is required to send us by law. This information was reviewed and used to assist us with our inspection.

The provider was not asked to complete 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.

During the visits we spoke with 16 people who used the service, six relatives, the area manager, the registered manager, team leaders, the administrator, the head cook, the maintenance man and 11 staff members. We undertook general observations and reviewed relevant records. These included six people's care records, 16 medicine records, eight staff files and other relevant information such as policies and procedures.

Is the service safe?

Our findings

At the inspections in July 2015 and April 2016 we found medicines were not managed safely. Risks were not always appropriately assessed and action was not taken to ensure risks to people were reduced. Accidents and incidents were not monitored sufficiently to ensure any trends were identified and lessons learnt. In April 2016 we also found staffing numbers at the service was not always provided at the level of their own dependency tool. Recruitment procedures were not safe.

At this inspection we found records relating to medication were not completed correctly placing people at risk of medication errors. When we checked a sample of medicines alongside the records for 16 people, we found that medicines for seven people did not match up so we could not be sure if people were having their medication administered correctly.

We also saw that the application of some creams had been delegated to carers. Although the home had a policy stating there should be a topical medicines application record in place with information on where to apply, and the frequency of application, the guidance we saw was incomplete and the recording of the application of these products was poor.

For a medicine that is administered as a patch, a system was in place for recording the site of application; however, this was not fully completed for one person whose records we looked at and was not in place for another person. This is necessary because the application site needs to be rotated to prevent side effects.

One person was prescribed paracetamol tablets for the relief of pain. To avoid paracetamol toxicity the interval between doses should be a minimum of four hours. For this person on a number of occasions the time interval between doses recorded on the medicine administration record was less than four hours.

We looked at the guidance information kept about medicines to be administered 'when required'. Although there were arrangements for recording this information and care staff could describe how they would be used we found this was not kept up to date and information was missing for some medicines. This information would help to ensure people were given their medicines in a safe, consistent and appropriate way. For example, one person was prescribed a medicine that could be used for agitation and anxiety. There was no care plan or guidance in place to assist care staff in their decision making about when it would be used. For another person the guidance stated that the medicine could be administered after a four-hour gap, however the medicine was prescribed to be administered only at night.

Medication kept at the home was stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of the rooms and refrigerators that stored items of medication. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered. Eye drops for two people, which have a short shelf life once open were not marked with the date of opening. This means that the home could not confirm that they were safe to use.

We looked at how medicines were monitored and checked by unit managers to make sure they were being handled properly and that systems were safe. We found that whilst the home had started countdown sheet for boxed medicines, where issues were found the registered manager was not notified so that action could be taken. Previous audits had identified similar issues to those that we found in the home and an action plan was in place.

This was a continued breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3)

We asked people if they felt safe living at Wellburn House. People we spoke with said, "I feel very safe, I have been here about four years." Another person said, "Oh yes I feel safe, they are always alright with me."

We observed staff transfer people from a lounge chair to a wheelchair and saw that the correct equipment was used and the transfer was completed quickly with full explanations about what was happening.

Staff told us that they completed training on safeguarding adults from abuse, and that they completed regular refresher training. This was confirmed in the training records we saw. Staff were able to describe different types of abuse, and the action they would take if they became aware of an incident of abuse. Staff told us that they would report any concerns to the registered manager or a senior member of staff. Staff were confident they would be listened to and that appropriate action would be taken. Notifications had been submitted to CQC appropriately in respect of any safeguarding incidents that had occurred at the home.

Staff told us they would not hesitate to use the home's whistle blowing policy and that they were confident the registered manager would protect their confidentiality. Whistleblowing is where an employee reports misconduct by another employee or their employer.

One staff member said, "I would not think twice about going to my unit manager or the manager to report anything, I have got no worries about that."

We reviewed eight people's care files and saw risks to people's safety were identified and risk assessments had been completed for any areas that were considered to be of concern. We saw risk assessments for pressure area care, the risk of choking, the risk of malnutrition, infection prevention and the risk of falls. Risk assessments were reviewed on a regular basis to ensure they remained relevant and up to date. However one person's risk assessment was for anxiety, the person could become anxious and distracting this person with a snack reduced the anxiety. The risk assessment needed more information on supporting this person as they were also on a weight reducing diet and being overweight also caused anxiety.

We saw people had received a nutritional assessment and where necessary a Malnutrition Universal Screening Tool' ('MUST') record completed. The newly appointed unit leader discussed with us that they had identified that staff struggled to ensure weights were accurately taken and this impacted the accuracy of the MUST tool. They told us about the action they had taken to make sure staff were made improvements. We saw that since this intervention records were completed correctly. Staff confirmed that the unit manager had reviewed how they weighed people and shared tips on how to ensure the reading was accurate such as not putting the scales on a carpet and always weighing people in the same place in the home.

The service also promoted positive risk taking. For example one person living with dementia enjoyed going to the bank and the local café and to get a hair cut every three to four weeks. The service arranged a taxi for them and a member of staff accompanied them.

Checks of the building and equipment were carried out to minimise health and safety risks to people using the service and staff. We saw documentation and certificates which showed that relevant checks had been carried out on the electrical installation, gas services, portable electrical equipment and the services lift. We saw that a fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure that these were in safe working order. Records showed that fire drills were held to ensure that staff knew how to respond in the event of an emergency. A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may require support to leave the premises in the event of a fire. The PEEPs detailed information such as how many people were needed to support the person, what equipment they would need and how far the person could walk. The PEEPs were reassessed monthly. This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider has re-established a maintenance team and the home has a dedicated maintenance person. They discussed a wide range of repairs that they had completed such as renewing all of the smoke detectors, fixing the broken baths, installing new thermostatic valves and redecorating bedrooms.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

In house checks were carried out on window opening restrictors, mattresses, alarms, wheelchair safety, the emergency call system and hoists and slings. These measures helped to monitor that the premises remained safe for the people who lived and worked at the home. There was a maintenance book in place where day to day repairs were recorded and the maintenance person signed to record when the repairs had been carried out.

A record was kept of accidents that occurred at the service, which included details of when and where they happened and any injuries sustained. The registered manager said they reviewed this for any trends, and would take any necessary remedial action needed.

We asked people who used the service if they thought there was enough staff on duty at all times. People we spoke with said, "There's more staff now than before. I don't always need help getting ready but they come if I need it." Another person said, "There used always to be a problem with staff in the laundry. My clothes used to go missing all the time and they said it was because they didn't have enough staff. They seem to know what they are doing now though" And another person said, "There is adequate staff, there seems to have been a lot of staff shortages recently."

We observed that there were sufficient staff members on duty to enable people's needs to be met. We noted that there was always a staff presence in communal areas of the service and that people did not have to wait for attention. Staffing levels were based on people's levels of dependency. The registered manager said, "Staffing levels and skills mix are currently reviewed on a daily basis, evidenced by the staff rotas. The registered provider recognised that in the medium to long-term, especially when new residents are admitted to the service, changing needs and future needs will be supported by constant review, to ensure that the needs of our residents are being met."

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Interview notes in staff files showed that applicants were asked questions to test their knowledge of areas such as the

importance of people's rights and choices, confidentiality and any training needs they had. Two references were sought and a Disclosure and Barring Service (DBS) check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. The registered manager said DBS's are updated every three years.

The home was maintained in a clean and hygienic condition. We saw that the home had achieved a rating of 5 following a food hygiene inspection undertaken by the local authority Environmental Health Department. The inspection checked hygiene standards and food safety in the home's kitchen. Five is the highest score available.

Is the service effective?

Our findings

At our last inspection we found that people were being deprived of their liberty without lawful authority. We were unable to determine how many people had a Deprivation of Liberty Safeguards (DoLS) in place due to files being so disorganised.

At the time of this inspection, 40 people were subject to DoLS authorisations. The registered manager maintained a matrix of people's DoLS status, which allowed them to monitor the status of authorisations and progress of applications. We noticed that the template the service was using did not show who had lasting power of attorney. The registered manager provided evidence after the inspection to show this had been initiated immediately. Information on DoLS was at the front of people's care files and provided information on who to contact in the event of an emergency, admission into hospital or death. Where appropriate, do not attempt cardiopulmonary resuscitation (DNACPR) decisions were recorded in people's files and contained evidence of authorisation by their GP. These were reviewed yearly. We found that action had now been taken to ensure, where appropriate the authorisations were in place and that staff actively followed up with the supervisory body any applications.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met

During this inspection we saw evidence of consent to care and treatment records being signed by people where they were able, in all care files. For example one person had signed to consent to a lap belt being used.

New staff undertook an induction programme. A full day was set aside covering the service's policy and procedures, the services values, the job role etc. New staff also completed shadow shifts before being deemed competent. New staff were employed as bank staff for the first six months. The registered manager conducted a three month and six month probationary meeting. At this point the registered manager decided if the staff member was appropriate and a permanent contract would be offered. The service had also introduced The Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. The Care Certificate was being rolled out to all staff and included in induction.

Staff received the training they needed to support people effectively. We were provided with a training

matrix which showed training was undertaken in fire safety, first aid, moving and handling, infection control and health and safety. Mandatory training is training that the provider thinks is necessary to support people safely. Additional training was provided in areas including information governance, dementia awareness and dignity in care. We saw evidence of certificates to match the training detailed on the training matrix. Medication competencies were carried out for relevant staff. The registered manager said, "Competencies are also checked via appropriate Diploma training, face-to-face training and e-learning as well as in-house training given by myself."

We asked staff if they received regular supervisions. One staff member said, "Yes we have regular supervisions and I am having an appraisal this afternoon."

Staff were now receiving support through regular supervision and appraisals. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Supervisions were taking place every other month and discussed further development, performance, and comments both from the staff member and the registered manager. Supervisions had also identified staff's skills for example one staff member was really good at organising training and had become the training champion. Group supervisions also took place to discuss whistleblowing, medicines or anything relevant at that time. Annual appraisals were booked in for all staff to take place in October 2016.

At our last inspection we found the service was not supporting a dignified dining experience for all people using the service.

During this inspection we saw that people's nutritional requirements were recorded in their care plan; this included any special dietary requirements to meet health care needs and their likes and dislikes. Charts were used to record people's food and fluid intake when this was identified as an area of concern so that their nutritional intake could be monitored. Fluid had been recorded and totalled for the day, so there was a clear record of their daily fluid intake. Each person's daily notes file had a measuring chart which showed how many millilitres a type of cup or bowl held for example a plastic cup held 150 ml. We noted that referrals had been made to GPs and the Speech and Language Therapy (SALT) team when this monitoring had identified significant weight loss.

We asked people who used the service what they thought of the food. People we spoke with said, "The food is marvellous." Another person said, "I think the food is very good here." And another person said, "They must be out of pocket with the amount of food I eat. I'm renowned within the home for my appetite. Of course there are bowls of fruit all around the place since this new manager came too" Another person said, "They ask me what I want for lunch at breakfast time, if I don't want what is on the menu the kitchen are pretty good and will make me an omelette or something else."

We observed a lunchtime meal in all three dining rooms. People had the option to eat where they wanted, such as any dining room, their own room or in a communal lounge. Most people chose to eat in a dining room. Tables were set nicely with tablecloths and napkins. Some tables had menus and the menu was also written on a blackboard in each dining room. People were asked what they wanted to eat for lunch at breakfast time. The options on the day of inspection were beef stew or ham risotto. One person particularly liked the ham risotto and asked if there was any left so they could have it for tea. The chef arranged for this to happen. We did notice that the plates were quite small which made the food fill the plate completely which in turn made it difficult for some people to eat without spilling over the edge of the plate. The registered manager said they would arrange for larger plates to be purchased. We saw that people were offered choice and if they were not happy with what was on the menu an alternative was sought. The chef said, "If they [people who used the service] do not like what is on the menu they can have anything they like, they always get what they want."

We observed the care and support given to people over the lunchtime meal and observed that people received appropriate assistance to eat. People were treated with kindness, respect and were given opportunity to eat at their own pace. During the meal the atmosphere was calm and sociable. People were offered a choice of two juices or sherry to accompany their meal.

We spoke with the chef and they had a good understanding of people's needs, likes and dislikes and had good systems in place regarding the catering requirements. The Chef received a daily and weekly update of people using the service and their specific needs in relation to diet type, such as diabetic or pureed. The chef explained how they fortified people's diets with cream, butter and full fat milk. They also explained how they supported someone on a weight reducing diet.

One person who used the service loved bacon sandwiches and these were prepared for them throughout the day when they wanted them. Snack stations were evident throughout the service with drinks, crisps, fruit and sweets. The chef explained they also have snack boxes with items such as porridge or crisps if people woke up hungry during the night.

The chef explained they were starting to introduce theme nights with the first one being pie and peas.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the district nurse, dieticians, and speech and language therapist and services for people with behaviours that challenge. This helped to ensure people continually received the most effective care to meet their needs.

During our last inspection we saw a number of bathrooms and a shower room were not in use as they need fixing. We saw that all bathrooms were now fixed and in use. The service had recently undergone a programme of decorating and theming in communal areas. For example a corridor had been decorated with a garden theme. The registered manager said this was still a work in progress and the goal was to ensure all areas are dementia friendly.

Is the service caring?

Our findings

People told us they were happy living at the service and felt the staff really cared about them. People we spoke with said, "The staff are very kind." Another person said, "The staff are quite nice, you get to know them." And "It is not bad here, they look after you, we are all well looked after and well fed." One relative we spoke with said, "The staff know [relative] and their ways and it is nice."

We saw that staff were courteous towards people who lived at the service, knocking on bedroom doors prior to entering and dealing with any personal care needs sensitively and discreetly in a way that respected the person's privacy and dignity. Throughout the inspection we saw that staff treated people with respect and took steps to maintain their dignity. Staff were gentle and considerate to people.

Staff we spoke with said, "I always shut the curtains and make sure the doors are closed when providing personal care." Another staff member said, "I always explain to the residents what I am doing and what is happening to stop them being alarmed."

One person who used the service said, "I've been here over five years and they know what I can manage. We have had a lot of staff change, particularly on the nights. I used to hear them talking about other residents but they don't do it now. Some of them used to shout a lot but they have all gone now."

Staff encouraged people to maintain their independence and only assisted them with the things they found difficult or could not achieve. One staff member said, "I encourage people to do as much as they can for themselves."

The registered manager said, "The Human Rights of all residents is extremely important at Wellburn House. The moral rights of each resident is fundamental in their care and regardless of their needs/abilities is reflected appropriately in their care plans, as far as possible. All residents are treated with empathy and support of their ideals. They are treated with dignity, fairness, equality, respect and independence, regardless of their health status and needs. Staff are reminded constantly of the aforementioned."

We saw that the service was now involving people who used the service with regular meetings taking place and planned in. Topics discussed at meetings were the garden, new staff, home décor, activities and the upcoming pie and pea supper.

One person we spoke with said, "We had a meeting and my family were invited. A relative we spoke with said, "There are regular meetings, I get a letter telling me when they are on."

We asked the registered manager if anyone needed the support of an advocate. They told us that no-one currently required this type of support. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. There were leaflets on display to inform people about services available locally.

Is the service responsive?

Our findings

At our last inspection in March 2016 and April 2016 found the care files were disorganised, care plan audits were not actioned and the care files were not person centred.

We looked at six people's care plans; each plan contained guidance for staff to ensure people received the support they required consistently and in line with their preferences. People's care plans had been written in a person centred way and re-enforced the need to involve people in decisions about their care and to promote their independence. For example, one person's communication plan which was signed by the person, stated 'how can you help me,' they had wrote they wanted to be encouraged to make day to day decisions. The care plans we saw covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, sight, hearing, falls, medicines and personal safety and risk.

The care files contained plans for different times of the day such as activity plans and sleeping plans. One person's activity plan stated that they did not like to join in activities and it was their choice to stay in their room and watch sport and spend time with their family. Another person's sleeping care plan detailed how they liked their room to be as light on or off, door open or closed, what position they like to sleep in, what they liked to wear to bed and how many pillows.

We saw evidence that care plans were reviewed and updated at least once a month to ensure they contained relevant information. Following one review we saw that the mobility care plan had been updated to include a hoist and a wheelchair as the person could no longer weight bear. This showed that action was taken to address any areas for improvement identified during care plan reviews. Unit managers completed a daily audit of all care plans and the registered manager carried out an ad hoc spot check of all care plans.

The registered manager said, "All care plans are to be re-audited and re-arranged into a more effective layout in the coming months, specifically for the start of 2017. Monthly audits will remain, as well as ad-hoc audit inspections of the Home Manager to ensure continuity, accuracy, effectiveness and appropriateness of all care plan and associated documentation."

The care files also included an 'All about me' document. This contained information about the person's life history and things that were important to them, such as particular events or family information. This allowed staff who had not supported the person before to familiarise themselves with that person's personal preferences.

Daily notes were kept separately for each person. These notes were now more detailed and included checks relevant to that person. For example, one person had a bed sensor and the daily notes highlighted that this had been checked twice a day.

People were happy with the activities on offer. One person we spoke with said, "We play all sorts and interact with the people upstairs." Another person said, "I like the exercise man, he is very funny." And another person said, "I like to just sit quiet and watch the television."

The activity coordinator had previously been a carer and said, "I know most residents from being a carer so know what they can and can't do. Upstairs they [people who used the service] like to be doing stuff like making stuff and exercise and downstairs, they like more brain things. I bring the papers in every morning and we have a chat about what's going on and once a week we have a quiz." And "The biggest challenge is getting the residents involved."

The registered provider employed two activity co-ordinators. Care staff were also seen to be providing activities such as playing games of four in a row or skittles during quiet periods. We observed there was plenty of activities on offer throughout the day. Mr Motivator came and did an exercise session with people on the afternoon, nearly everyone attended this and enjoyed it. The activity coordinator also held a sing a long which everyone also enjoyed. Everyone we spoke with was happy with the activities on offer. One person was particularly looking forward to receiving some audio books which were due in the week after the inspection.

We saw photographs of a summer fete which had taken place which was in a 1940's style, everyone dressed up and there was a singer. The service had planned in a Halloween and bonfire night, with a pie and pea supper, entertainment and fire works.

We asked people who used the service if they had ever complained. One person said, "I complained a couple of times before about my clothes going missing but nothing happened until this manager took over." Another person said, "I have nothing to complain about although I am great at complaining."

The service had a complaints policy and procedure which detailed timescales for acknowledgement and investigation. It also provided information of who to escalate complaints to should the person remain unsatisfied following an internal investigation. The procedure was on display in the service. The service had received five complaints since the last inspection in March 2016 and April 2016. Each complaint form documented what the complaint was, the action to be taken, feedback to the complainant and the outcome for the complainant.

Is the service well-led?

Our findings

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely.

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager carried out daily, weekly and monthly checks of areas including medication, health and safety, staffing levels, infection control and falls analyses. The registered manager also carried out a monthly audit of the service, reviewing people's recorded weights, dependency levels and staff training. They had identified areas for improvement and developed plans of action to address any deficits and enable staff to improve practice. We saw that this had led to improvements in the home, many of which were marked and only occurred since their appointment.

However we found that the unit managers the day before the inspection had carried out a medicine audit which highlighted some but not all of the issues we found and awarded themselves a 95% pass rate. This was a misleading representation of the medication practice and could lead to errors in medication administration persisting. We discussed this with the registered manager who explained they had reviewed the medication that morning and noted a pattern in the medication errors and this was being investigated. However they also recognised this had been missed by the staff and that there was a need for staff undertaking audits to be more critical when reviewing staff practices.

Albeit improvements were being made further were needed to ensure action was taken to critically review the service and mitigate risks.

This was a continued breach of Regulation 17 (Good governance) of The Health and Social Care Act (Regulated Activities) Regulations 2014

The service had a new registered manager who started at the service in May 2016 and became registered with CQC in August 2016.

Staff told us that the new registered manager was extremely approachable, very supportive and dedicated to providing an effective service. One staff member said, "I have worked here for over 20 years and the new manager, in my opinion, is one of the best we have had." Another staff member said, "I feel fully supported, they give me motivation to get on, I really like them." Another staff member said, "We had a chat and I can see why they wanted things to change, I would go to them about anything."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. This was not occurring at the last inspection. We found that the new registered manager had informed CQC of significant events in a timely way by submitting

the required 'notifications'. This meant we could check that appropriate action had been taken.

We saw evidence to confirm that staff meetings were now taking place regularly and were also planned in advance for the rest of the year. Staff meetings took place for heads of departments, senior care staff, and all staff. Topics discussed during these meetings were training, induction, policies, rotas, medicines, and the importance of using foot plates on wheel chairs. Records showed that there was a good turn out to staff meetings.

One staff member we spoke with said, "The staff meetings are good, we have a ten at ten meeting as well every Tuesday and Thursday with all unit managers, where we discuss any changes to people's needs and how things are going." Another staff member said, "We have regular meetings now and I feel I can speak to the manager." And another staff member said, "I come to the meetings they are important."

The registered manager had sent a letter to everyone involved with Wellburn, such as people who used the service, relatives, healthcare professionals etc. The letter was a letter of introduction, with the registered managers picture and encouraged people to come and meet them.

We saw the service had developed some links with the local community such as the neighbours to the service, GP surgeries, local churches, schools and library services. The registered manager was keen to develop links with the community by introducing open days, volunteer input, fundraising events and newspaper articles.

The registered manager had also initiated a staff newsletter and the 'Wellburn Gazette' to ensure that everyone is kept up to date. The registered manager said, "These have both been received well."

The registered manager believed that it was good practice to ensure staff were appreciated for their hard work and dedication. They had introduced an 'employee of the month' award. The registered manager said, "The rationale for this is to ensure that staff are recognised by their peers and others. This commenced in May 2016 and is continuing. The Employee of the Month receives a shopping voucher and laminated certificate and a poster is shown around the Home to communicate to others, who had been their chosen employee for the month. This instils a sense of pride in staff members and they feel valued. This is also publicised in the staff newsletter."

People who used the service made complimentary remarks about the registered manager and felt they were working to ensure the home met people's needs and was well-run.

One person who used the service said, "They [registered manager] pops in to see me regularly to chat and is very nice."

We asked the registered manager how they gathered and used the views of the people who used the service. The registered manager stated they do a daily walk around and speak to people who used the service, their relatives, visitors and staff. Any comments or issues were dealt with immediately and recorded appropriately. For example, if someone feels there is an issue with the food the registered manager ensures the head chef is available to discuss this with the person actions taken. The registered manager said, "It is extremely important to me that the health and wellbeing of my residents is first and foremost and any views/comments are acted upon immediately as far as possible. To encourage this, I ensure that I am constantly 'at hand' and deal with feedback to the best of my ability. This has already proven to be effective with positive feedback gained from residents, families, visitors and staff. Feedback during a very difficult time over recent months has allowed me to put appropriate actions in place to ensure that issues are dealt

with." The registered provider was in the process of sending out surveys to people who used the service and their relatives.

Staff we spoke with understood the values of the service. One staff member said, "Our vision and values are to provide the best quality of life, make them [people who used the service] happy, comfortable, safe and secure."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We looked at how medicines were handled and found that although improvements had been made the arrangements were not always safe.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Although audits were taking place they had failed to highlight the issues and concerns we raised regarding medicines.</p>