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Westleigh Residential Care Home

Inspection report

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Ratings

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

Overall summary

We carried out an inspection of this service on 17 and 18 March 2015. The inspection was unannounced. This means the service did not know when we would be undertaking an inspection.

The home was last inspected in May 2014 when breaches of the regulations were found. We checked at this inspection to see that action had been taken to meet the regulations.

Westleigh Residential Care Home is a large three storey detached property in a residential area of Levenshulme, Greater Manchester. The home provides residential care and support for up to 26 people. At the date of the inspection 24 people were living in the home. The home had a large communal lounge on the ground floor with smaller communal areas on other floors. The kitchen and laundry facilities were in the basement area of the building as was the dining room. All floors were accessible by a lift and stairs.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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

Following the inspection in May 2014, the provider sent us an action plan to say how they would meet the regulations. We used the action plan provided to ascertain if the work had been completed.

During this inspection we found staff were competent in safeguarding procedures and keeping people safe. People we spoke with all told us they felt safe living in the home.

We saw that staff were recruited safely and equitably. The correct checks were made to ensure staff were suitable for the role they had applied for before they were appointed.

When reviewing people's care plans we found assessments had not been reviewed for two or more months. We found risk assessments and risk management plans had not been completed when risks had been identified. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 (1) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we found medicines were administered correctly, records were not always accurate. We found an audit had not been completed on medicines for over 12 months and staff were not identifying errors. Staff had not received required training, and medicines to be disposed were not recorded in a timely manner. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 2 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Westleigh Residential care home was in need of refurbishment and redecoration. Some of these aspects impacted on the cleanliness and security of the building. We found sluice rooms were not fit for purpose and security and fire doors did not fit into their frame leaving a risk of inadequate protection in the event of a fire. We found the provider in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 (1) (a) (c) (e) (2) Of the health and social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with who lived in the home, spoke positively about the staff.

Staff were supported formally and informally. Staff and people who lived in the home worked together to improve the service including the establishment of a health and safety committee.

Staff were unclear on the requirements under the Mental Capacity Act 2005 (MCA) specifically around restrictive practice and capacity. The manager was aware assessments to support the use of bedrails needed to be completed before consent was acquired. If people were assessed to be unable to give consent themselves then procedures needed to be followed in line with the MCA. On the day of the inspection correct procedures were not being followed resulting in a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Food was plentiful, well presented and home cooked. There was little waste at the end of the observed lunchtime service. We saw snacks and drinks being offered throughout the day and everyone we looked at was of a healthy weight. When people did not eat well at a designated mealtime they were provided with food at a time to suit them. Staff - were attentive and respectful when supporting people with their meals and their needs. Staff took their time when supporting people and things did not appear rushed.

On the day of the inspection we saw two visiting professionals who were both very complimentary about the home.

Another told us about a trip they had to a local shopping complex and how much they enjoyed it.

Two people also told us, they would like more to do. The registered manager told us a new activities co-ordinator was due to start work at the home.

We saw some good examples of person-centred care being delivered. For example, one person's meal time plan identified the person liked to sit in a specific place

Summary of findings

and this was accommodated whenever possible. One person preferred to be bathed by a female member of staff and we saw from records that this happened. Another person visited Age Concern three times a week as they had done when they lived in their own home and people attended a monthly Catholic service that was held in the home if they chose to.

When reviewing care plans we noted reviews were not always recorded and changes were not always reflected within plans of care. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 (1) and 9(3) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A member of staff took time each month to ask every resident if they were ok or if anything needed to be changed. This was recorded as part of the resident meetings.

We were told favourable things about the home from everyone we spoke with. Staff told us they were well supported and visiting professionals told us they directions were followed when supporting people in the home.

However we found occasions when records were not kept in a way to ensure suitable standards were maintained. Comprehensive audits were not undertaken to identify concerns before they arose. Information was not analysed or monitored to ensure people remained in receipt of appropriate care. The lack of effective systems to assess and monitor the service and incomplete records is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which corresponds to Regulation 17 (1) (2) (a) (b) (c) of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see the action we have asked the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Medicines were not managed safely.

Risk assessment and risk management plans were not completed when required.

The home was in need of redecoration and refurbishment.

Sluice room and laundry facilities required improvement to reduce the risk of cross contamination.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported well to ensure they received enough hydration and nutrition.

Staff had a limited understanding of the Mental Capacity Act 2005

The service worked well with other health care services.

Is the service caring?

Requires Improvement

Some aspects of the service were caring.

People we spoke with told us the staff - were very caring.

We observed staff taking their time to support people in a respectful and caring way.

We were told people who lived in the home had a say in how the home was run and how they received their care.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

The home supported people to keep in contact with the local community.

The home investigated complaints and took action to improve where it could.

The home was waiting for a dedicated activities co-ordinator to start in post.

Changes in people's support needs may have been missed as people's care plans were not reviewed.

Is the service well-led?

Requires Improvement

The service was not always well led

The home did not have a comprehensive system of audit.

Summary of findings

When actions were identified they were not always completed.

Staff and people who lived in the home told us they were well supported.

Staff had a shared understanding through comprehensive and inclusive team meetings

Westleigh Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 17 and 18 March 2015 and was unannounced. The inspection team included two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of older people's services.

We reviewed all the information we had available whilst planning for this inspection.

Before our inspection, we reviewed the information we held about the home, requested information from Manchester Council and sourced information from other professionals who worked with the home. During the inspection we spoke with nine staff including the registered manager, deputy manager, senior carers and carers. We also spoke with the chef and the laundry and domestic staff. We spoke with three visiting professionals including a consultant psychiatrist and a GP. We spoke with 10 people who lived in the home and five visitors.

We observed how staff and people living in the home interacted and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed support provided; in the communal areas including the dining room and lounges during lunch, during the medication round and when people were in their own room. We looked in the kitchen, laundry and staff office and in all other areas of the home.

We reviewed seven people's care files and looked at care monitoring records for personal care, body maps used to monitor injuries and accident records. We reviewed medication records, risk assessments and management information used to monitor and improve service provision. We also looked at meeting minutes where available and five personnel files.

Inadequate

Is the service safe?

Our findings

We spoke with staff, people who lived in the home and visitors about keeping safe. We were given a positive response from all those we spoke with. Staff told us they had received training in safeguarding and knew about whistle blowing if they thought people were being mistreated.

People who lived in the home all told us they were kept safe and visitors thought their family members were in good hands. Comments included; "I'm a lot safer here than I was at home." And "Without a doubt I am safe, the staff all treat me well."

We saw policies and available procedures for staff on how to report suspected abuse and staff had received training both in induction when they started their role and annually once in employment. Staff were able to identify concerns and could clearly describe the action they would take. We saw good records were kept of accidents within the home and copies were kept both in care files and by management to ensure they were investigated. The records were not reviewed at the end of the month or year to ascertain if there were any themes or trends. The manager assured us they would begin to do this.

We did not see any information within people's care plans to ascertain how the home would keep people safe in the event of an emergency. None of the seven care files we looked at included any Personal Emergency Evacuation Plans (PEEPs). The provider had a contingency plan to ensure the service continued in the event of an emergency but the details of how to evacuate people if this was required needed further thought. The contingency plan identified potential risks that included loss of electric and phone systems and had a record of contact details for both emergency services and family members to keep people informed of events.

We looked in seven care plans to understand how the home managed risks to the people that lived there. We found when risks presented themselves that were not part of the routine care plan they were not always assessed and reviewed effectively. We reviewed four records that identified specific risks. Two of them included risk assessment and risk management strategies and two did not.

One person had recently found their way out of the home and was missing for some time. The home had recorded the incident appropriately and contacted the police. The individual returned to the home without injury. The incident was not investigated to discover how it had happened and we could not see any steps that were taken to ensure it did not happen again. We also noted one person was a smoker and where and how they smoked had not been risk assessed. Both of these situations left potential for recurrences as steps had not been taken to reduce potential risks.

However within one file we reviewed we saw steps had been taken to reduce the risk of someone leaving the building and becoming lost. The home had put details of the person, including the home name and number to contact if the person was found to be confused away from the home. The person knew to give the details to people who were trying to help them if they became lost. We also saw steps had been taken to reduce the risk of one person trapping themselves in their room.

We were told risk assessments were reviewed monthly but the care plans we looked at did not evidence this. We saw most risk assessments had not been reviewed for two or more months. We also noted risk assessments were completed routinely for falls but not for other potential risks including moving and handling and mobility, nutrition or capacity. When risks are not recognised and mitigated through safe assessment and risk management there is a risk people will not receive the support they need to keep safe. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation12 (1) and 12(2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed five personnel files and saw they held all the required information to demonstrate safe recruitment practices. Staff had all completed an application form and had been interviewed for the post they were applying for. The home had applied for additional checks from the DBS (Disclosure and Barring Service) and sourced references that demonstrated people were suitable for the role. We saw photographic identification in all but one of the files and were assured this would be rectified immediately.

We were told by the registered manager that the staff were good at covering the rota and many would do so at short notice. We saw requests for staff to cover shifts within the

main staff office and staff had written their name next to dates they were available for. The home rarely used agency staff but when they did the same staff members undertook the shifts ensuring consistency amongst the team. On the day of the inspection we saw staff had the time to support people in a dignified way. Staff took the time to sit and talk with people and the buzzer was responded to in an appropriate time frame. However some visitors told us staff numbers reduced quite significantly at the weekends. This meant people may not get their needs met in a timely way, leaving people potentially at risk.

We observed a senior carer during a medication round and reviewed a selection of Medicine Administration Records (MARs). The medicines were administered by room number, and medicine and MARs were stored by the same order to reduce the risk of mistakes. Dependent on when medicines were required to be taken they were stored in a different coloured medicines cassette. Staff we spoke with about medicines knew who was prescribed what and what it was for. They had an idea of how people liked to take their medicines and gave people the choice to take them or not. Regular prescribed medicines were taken to the person prescribed the medicine together. This meant that at times up to six tablets were given together. Some people were happy with this but if they were unsure staff would identify each tablet and say what it was for. We saw a number of people who initially refused their medication change their mind and take their medicines when a different approach was adopted. Staff were respectful and took their time with people when supporting them with their medication.

Medicines were recorded clearly on the MARs charts and most people who lived in the home were on the same monthly cycle. However some MARs charts did not have a picture of the resident on the front of the record. Only new people living in the home and those on respite had there medicines delivered at a different time for up to the first three weeks they lived in the home. We were told it was likely to be the newer people who did not have a photograph on their MARs. This left a potential risk of medication being administered to the wrong person.

Anyone in receipt of PRN (as required) medication was asked if they wanted it at each medication round. This medication was held in the box or bottle it was prescribed in and stored appropriately. We asked if bottles and cartons were dated when they were opened to ensure medication remained in date or was not used after a stated time. We were told they were not but all medicines of this sort were destroyed at the end of the month and a new cycle started. Whilst this may ensure medicines are not used past their sell by date it could lead to medicines being destroyed when there is not a requirement to do so.

We looked at records and equipment used for the safe storage of medicine in the designated room. We found the fridge was showing a temperature of -2°. The previous two days it was recorded at -1°. The staff member we spoke with was unsure of the correct temperature for the fridge. We asked them to ensure they contacted the pharmacy to ensure storage at the incorrect temperature had not had any adverse effect on the medicines stored in the fridge.

We reviewed the records for the controlled drugs held at the home. Controlled drugs were kept secure and records were kept in line with best practice guidelines (The Controlled Drugs (Supervision of Management and Use) Regulations 2013 (SI 2013/373)). We saw staff took particular care with patches used for pain relief. A calendar was used in the designated room to remind staff when patches needed to be changed.

However we did note a delay in when the disposal medicines were recorded in the disposals register. This task was designated to a particular staff member during their night shift on a Thursday. This meant that there was a large supply of medicines waiting for disposal that were not recorded. All medicines should be accounted for at all times to ensure risks are appropriately managed.

Staff had not received any training in medicines management for over two years and there had not been an audit of medications for over 12 months. We saw staff had corrected some mistakes themselves when prescriptions had been changed and had rung and checked with the pharmacist when they suspected the wrong medicine or dose had been delivered. However to ensure medicines are recorded, administered and handled correctly regular audits and training are required. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12(1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the CQC inspection in May 2014, we found the provider was in breach of Regulation 12 of the Health and social

Inadequate

Is the service safe?

Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found some improvements had been made but some previous concerns remained and some further concerns were identified.

Clinical laundry collected in red bags was cleaned within the main sluice room. On the first floor there was a sluice room and laundry where bedding was cleaned. We found laundry and sluice facilities were within the same room on both floors. When laundry and clinical waste are managed in this way there is a risk of cross contamination. The laundry facilities on the first floor where the macerator (used to destroy continence pads) was used and where bedding was cleaned was untidy and cluttered with soiled linen and clinical waste storage. We noted clean bedding was stored in a basement cupboard and this cupboard had a malodour. If bedding is not thoroughly cleaned and freshened before use, odours will remain.

We saw each bedroom had a stock of Personal Protective Equipment (PPE) including gloves and aprons. However we saw some sluice rooms and bathrooms where there was little PPE available and mostly only gloves. We saw some rooms had new flooring where carpets had been removed. This was an attempt to reduce odours and had in part been effective. However some rooms remained with a malodour. We saw clinical waste on the floor in one of the bedrooms in a bag waiting to be collected.

At the last inspection in May 2014 there were concerns that commodes were not being emptied in a timely manner. At this inspection we saw one commode that was yet to be emptied but the cleaner had yet to clean that room. We were told by the manager that the cleaner emptied commodes during their cleaning round once people had moved downstairs to the lounge for the day. At the last inspection there was a concern that toilet seats had become so worn they had become porous. In the action plan sent to us we were told all toilet seats had been replaced. It was clear at this inspection this had not happened. The manager told us the worst ones had been replaced. We noted a number of toilet seats were dirty. All of the toilet risers we saw were dirty, old and worn and in need of replacement.

At the time of the last inspection in May 2014 continence pads were stored in bathrooms outside of their packaging causing a risk of infection as the items did not remain sterile until use. We found at this inspection this was still an issue. We were told following the last inspection that a second cleaner was to be recruited. At this inspection we found the previous cleaner had left and the new cleaner was now the only one in post. We were told cleaning schedules had been developed to manage the areas which were most at risk of malodour but there was no documented record of this routine. We were also told after the last inspection cleaning and infection prevention control audits would be introduced and at this inspection this had not happened.

At the last inspection in May 2014 we identified a number of staff who had not received the required Infection Prevention Control (IPC) training. At this inspection the manager provided us with the training matrix and we could see less than 50% of the caring staff had received the training. If staff do not receive appropriate training it is difficult for them to implement standards as required.

We walked around the building, reviewing the home's general appearance, cleanliness, décor, security and suitability for the people who lived there. We found a number of concerns beyond those listed above. We found one bedroom was damp and whilst it was not getting any worse it did require attention to ensure harmful bacteria spores did not develop. Most of the building was tired and in need of redecoration and one bedroom had a broken window which needed to be fixed. Skirting boards and hand rails were very worn and the varnish used to protect these areas had all but worn off.

Bathrooms and toilets required refurbishment and a deep clean as all had very dirty flooring around the seals with the walls. Many of the floors were cracked and rising in places creating not only a potential health risk due to a build- up of dirt and bacteria but also a trip hazard. The cupboard used to store the crockery for the people who lived in the home was very dirty. We were told this cupboard would be cleaned immediately. We found a mop stored in a bucket of very dirty water outside the kitchen. The kitchen did have a cleaning schedule but it had not been used for some time.

We looked at the information the home held to ensure services and equipment were in place and in good working order to keep the building and occupant's safe. We saw weekly checks were undertaken on the fire alarm where a different alarm point would be tested. Fire doors and equipment were tested by staff and at regular intervals by

Inadequate

Is the service safe?

professionals. However, we did note some fire doors did not fit snuggly into their frame. We pointed this out to the manager who assured us that work would be undertaken to remedy the fault.

The building was an unusual design and some hallways had low bearing beams which did not carry a warning sign. There was limited signage around the home identifying where certain key rooms were located. When people are living with dementia, simple pictorial signage for different rooms is seen as key in supporting people to remain confident within their environment.

We found all of the above to be a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Which corresponds to Regulation 15 (1) (a) and (c) (e) (2) Of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw service certificates were in date for equipment that included; scales, specialist baths and hoists. We saw gas and electrical installations were checked in line with recommendations and the water supply was tested annually for legionella and weekly to ensure was regulated at a safe temperature.

We saw a number of risk assessments that had been developed including moving and handling, use of equipment generally and also within the laundry and kitchen. Risk assessments for equipment were accessible to where the equipment would be used. For example the risk assessment for the washing machine was on the wall beside the machine. We were told by the chef that all risk assessments were reviewed quarterly and changed if required.

Requires Improvement

Is the service effective?

Our findings

People we spoke with who lived in the home, spoke positively about the staff. One said, They look after me, I wouldn't change anything." A visiting professional told us, they thought the staff knew the people who lived in the home well and had the right skills to meet their needs. They also said, "They are very efficient and give you a good summary of the patient. What I see is what they tell me."

We reviewed five staff personnel files. We found in all the files we looked at, staff had received a comprehensive induction to their role that included an overview of the training required to support people effectively. We saw from the training matrix a good level of training was indicated to be mandatory and there was also access to bespoke and one off training as required. Staff were also supported to complete formal qualifications in care during their employment at the home.

We found most senior staff had received the core training in the last 12 months or if it was due for renewal it was booked. Training for carers was however mostly not yet achieved. Most staff had received safeguarding, mental health and dementia training within the last two years. However all staff required refresher or first training since induction for fire safety and health and safety.

We reviewed the minutes of the last three staff meetings and assessed how these supported staff. We saw team meetings took place every three months and the staff could add items to the agenda to discuss. We saw at the meeting in September 2014, all staff were given a booklet on health and safety and fire training for them to read and acknowledge understanding. Staff and people who lived in the home had set up a health and safety committee to openly discuss any issues people or staff were concerned about. It was clear from the minutes that appropriate issues were discussed and solutions to issues were given. We saw within the January 2015 meeting minutes the manager asked all staff to return their appraisal forms so they could begin to schedule appraisals for the coming year. This showed us the provider was supporting staff and providing them with opportunities to feedback any performance concerns.

We observed how staff and people who lived in the home interacted. We saw staff asked people for their consent before they provided support. This included when assisting someone to move to the dining room and supporting someone with their personal care needs. We saw interactions were mostly positive and the atmosphere in the home cheerful.

In the care files we looked in we only saw two forms for consent. One for the use of bedrails and the other to ascertain if someone wanted a key to their room or not. Of the forms we reviewed we saw one out of five had been signed by the resident. The consent forms were written in a way showing that consideration had been given to the Mental Capacity Act 2005 (MCA). However it was unclear what action was taken when people could not give or declined to give consent.

The Care Quality Commission has a statutory duty to monitor the MCA and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. The aim is to make sure that people in care homes who lack the capacity to make decisions for themselves are looked after in a way that does not inappropriately restrict their choices.

It was clear from reviewing minutes of a staff meeting in March 2014 that staff - were unclear on the requirements under the MCA specifically around restrictive practice and capacity. We found this to still be the case during our inspection. There were concerns some people who had room keys were locking themselves in their rooms. The manager was concerned that this may be seen as restrictive practice or be a safeguarding concern if the person had not been appropriately assessed. We spent some time with the manager discussing the requirements under the MCA. We also noted from meeting minutes the manager had informed the staff team to be conscious of what they wrote in care plans in relation to people's cognitive ability. Some staff had received training in the MCA but it was yet to be implemented within the home. The manager was aware that accurate records were required to ensure the home and visiting social workers were able to make appropriate assessments in relation to people's capacity.

At the time of the inspection there was no one in the home who was restricted in any way other than by the use of bedrails. The manager was aware the consents needed to be supported by assessments to support the use of bedrails and that the home required consent to use the bedrails. People who lived in the home needed assessments to determine if they were able to give that

Is the service effective?

consent themselves. If not then best interest decisions would be needed. The manager was aware that at the time of the inspection everything was not in place to show the MCA was being followed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was aware they needed to formally gather a number of consents from people who lived in the home including consent for the home to manage and administer their medication.

We reviewed the available information in people's files to ascertain if people received the support they needed with their hydration and nutrition. No-one in the home was assessed as at risk of malnutrition. As a consequence no further monitoring records were available.

We reviewed people's recorded weights and found most people had steadily gained weight since living in the home. People we spoke with in the home all praised the variety and quality of the food. One person said, "the food is excellent there is always something I like." One family member told us, "(Relative) has put on weight since being here and is much healthier."

We observed the lunchtime routine and saw people being given a choice of two options. Each was presented well and home cooked. We saw people requesting both options and them getting them. There was little waste at the end of the lunchtime service. We saw snacks and drinks being offered throughout the day and everyone we looked at was of a healthy weight.

We saw staff supporting people with their meals and one person using adaptive cutlery to allow them to support themselves better with their meal. Professionals and staff we spoke with had no concerns about the food and all told us it was fresh and people liked it.

We spoke with the chef about menus and information they had around people's dietary requirements. The chef told us they cooked meals that could be eaten by everyone. All deserts were cooked with canderel (sugar substitute) and those on a softened or pureed diet received the same food as the rest of the home. The chef told us they pureed different food items separately to make the plate look more appetising and they found this helped people who had a pureed diet.

We saw within the daily records and handover sheets that if there were any concerns with what someone had eaten it was recorded and the next shift made a conscious effort to ensure the person receive an extra snack or had something when they wanted it so no formal intervention was required. We observed on the day of the inspection someone had not eaten their lunch and later in the afternoon we saw them eating a sandwich. This showed us people could access food when they wanted it.

We saw records were kept of professional visits including the district nurse team and chiropodist. District nurse notes were left in people's rooms and relevant information was added to the person's care plan if required. We read in one person's file that they had requested an eye test as their eyesight was worsening. The test was arranged and glasses were prescribed. We saw the person wearing their new glasses on the day of the inspection.

We saw within documents we reviewed a good working relationship between the home and visiting professionals. We reviewed records that showed people were getting the support as directed by the external professionals. For example one person was seen by a district nurse after developing a cyst. We saw a cream had been prescribed and a turning routine to ensure the person did not remain in the same place and make the sore area worse. A profiling bed was also requested. We saw the bed had been put in place and that the district nurse team visited to monitor the wound. Staff at the home completed the turning chart and applied the cream to the sore as indicated on a body map.

People told us they had good access to the GP and if they requested a visit one would be arranged.

On the day of the inspection we saw two visiting professionals who were both very complimentary about the home.

Requires Improvement

Is the service caring?

Our findings

We spoke with people who lived in the home and their relatives about the relationships between staff and residents and their families. People who lived in the home told us, “The carers are kind, the carers are carers.” And, “You couldn’t ask for better staff, they help me with my shaving and anything I need.” Relatives told us the staff team worked hard to help people settle in and their relatives enjoyed it at the home. One relative told us, “The staff are very caring, I think it’s first class, I couldn’t praise them enough, I think it’s a godsend.”

We observed staff and people who lived in the home interacting in a positive way, chatting and joking. We spoke with staff about specific things people liked to do and were told instances where people had their specific needs met, including the delivery of a daily paper for one person and meeting the smoking habits of another.

We saw staff were attentive and respectful when supporting people with their meals and their needs. Staff took their time and things did not appear rushed. We saw people supported and moved with the aid of a hoist in a dignified way. We observed staff knocking on people’s room doors and awaiting a response before entering. People were also smartly dressed and well presented on the day of the inspection.

However we saw one member of staff who was supporting someone to use the toilet in an undignified manner. The door of the toilet was open and the staff member was helping the person redress in view of other people using the corridor. We immediately reported this to the manager and were later told the member of staff was suspended the following day.

We spoke with staff about the care provided to people at the end of their life. We were told staff had recently received training in this area. One staff member told us, “Everyone needs to know what to do at this time and it’s a very important time for everyone, including families.”

A visiting professional told us, “They (the staff) know how to look after the residents. There is a lot of TLC (Tender, Loving, Care).”

We did not see any evidence within care plans that family or residents had been involved with developing their plans. However we were told and saw minutes of regular resident and family meetings. People told us they were with happy they could get the support they needed and the manager or a member of staff would ensure any changes that were requested were implemented.

We observed that people’s rooms were decorated with personal possessions and photographs. This meant people had the opportunity to make the room their own personal space.

Requires Improvement

Is the service responsive?

Our findings

We spoke with people who lived in the home about the choices they had, how they spent their days and what they did if something went wrong. We were told by one person, "I get up when I want and go to bed when I want." Another told us about a trip they had to a local shopping complex and how much they enjoyed it. But two people also told us, they would like more to do. One said, "We don't get the chance to play many games, I'd like to play dominoes or cards with someone."

When we asked how people coped when things go wrong, we were told, "If there is something wrong, I would speak to one of the staff – they always listen and I know they would sort it out for me." Another said, "Nothing does go wrong, I feel so much better since I came here, they have more or less changed my life." A visiting professional told us the home had taken someone who needed a lot of support and have transformed him. Another told us, "I would have no problem putting my own mother in here."

We did not see any formal activities taking place on the day of the inspection. We were told by the manager that an activities co-ordinator had recently been recruited and the home were just waiting for the employment checks to come through. We saw administrative staff sitting and talking with people in the main lounge. This showed us the home acknowledged people needed someone to spend time with them and whilst waiting for the role to be filled by the activities coordinator, this role was undertaken by the administrator.

Displayed on the notice board was a list of confirmed external activities and visiting performers. These included a trip to Blackpool, a visiting magician, singers and entertainers who brought animals into the home. Staff and people who lived in the home told us, the entertainment was enjoyed and everyone was looking forward to having a full time activities co-ordinator at the home so something more formal could be done on a daily occurrence. The administrator organised an armchair exercise class on a Monday afternoon. People we spoke with also told us they were made a fuss of by the home on their birthday and everyone had a little party on special occasions.

In the seven care files we looked at, we did not see any information collated around people's preferences. However within the care plans themselves we saw good examples of person-centred care being delivered. For example, one person's meal time plan identified the person liked to sit in a specific place. The plan went on to explain the person would sit elsewhere if someone was in the place they liked to sit but if the place was free staff should ask the person if they would like to sit there. Another said one person preferred to be bathed by a female member of staff. When we looked at the bath records this was done. Another person visited Age Concern three times a week as they had done when they lived in their own home and people attended a monthly Catholic service that was held in the home if they chose to.

However we also identified other areas of care that was delivered in a task orientated way rather than based around the needs of the individuals. On the day of the inspection we completed a SOFI (Short Observational Framework For Inspection). This observation exercise allows us to observe how, when and why staff and people who live in the home interact. When completing this exercise we found a number of interactions were focused around a specific task such as moving someone to the dining room or hoisting someone from their wheelchair to a seat in the lounge. We observed how staff spoke with the people they were supporting and whilst staff were never rude or threatening, conversation was instruction based at times. For example when someone was being supported from the wheelchair to the chair, two staff spoke amongst themselves and then proceeded to give the person being moved instructions without telling them what or why they were intervening. The person was not asked where they would like to sit or if they were ready to be moved. They were told to sit forward and staff put the stand aid sling behind them, the person was not spoken to again until the stand aid was in front of the seat the person was to be seated at which point they were told 'going down', 'watch your hand, mind your leg' etc. After the person was seated they thanked the staff for their support. Staff could deliver better person-centred care by ensuring the person being supported was more involved in the delivery of their own care.

When we looked in care plans we could not see any involvement from the person themselves. There were places within the documentation for people who lived in the home to sign in agreement to plans of care but we did not see any that were signed.

Requires Improvement

Is the service responsive?

When we read team meeting minutes we saw other examples of care not being delivered in a person-centred way. In the team meeting in September 2014 there was discussion about what the best time was to support people to the toilet. The minutes agreed 11.30am was the best time for this support to be offered. On the day of the inspection we observed one person's request for support to use the toilet being put off by a staff member making the comment, "Just hang on five more minutes and we will be getting everyone ready for lunch." However we did also see people being supported at different times and when they requested.

We looked at the care plans in more detail and found none of them had been reviewed for some months. All had notes in the front of them to say they needed to be updated. We were assured people's care needs were being met but changes in people's needs and the support given could not be supported by the documentation we reviewed. We spoke with the manager about our concerns. We were told the manager had re-introduced the keyworker system. A main focus of this role was to revisit the files every month following their formal review by the deputy manager. We were told this would be how staff would be kept informed of the changing needs of the people who lived in the home. However it was clear the formal reviews had not always taken place. If people's support needs are not reviewed and changes recorded there is a risk staff will not have the information they need to support people and people will not receive the support they need. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 (1) and 9 (3) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed with the staff and manager how people who lived in the home were involved with how their own care and support was delivered. We were told at the monthly resident meeting a staff member spent time and spoke to each individual person in the home. We were told they asked generic and specific questions about their wellbeing and care and support needs. For example we were told one person was asked if they were okay and had everything they needed and they replied they wanted a puzzle book to keep them busy during the day. We were told a puzzle book was provided. We saw this person completing puzzles in the book.

The complaints procedure was available on a number of notice boards including the main one inside the front door. The procedure included details of how to complain and to whom, and when an investigation would take place. The procedure identified details of how advocacy services could be used to support people wishing to complain if required.

We reviewed the file where complaint records were held. We noted that 10 complaints had been received by the home since 2006 but none were recorded as being received post 2011. Two complaints were not dated and we were told these had been received most recently. The complaints procedure stated all complaints written and verbal would be recorded and used to inform and improve practice at the home. We asked the manager about this and were told verbal complaints were recorded in team meeting minutes and in supervisions if they were discussed in them but there was not a formal record of verbal complaints held in one place. We were assured this would begin.

We reviewed one of the most recent complaints which was about people going into other people's rooms during the day. We had observed people walking around the house trying doors. We were told some things had been misplaced from some rooms and the reason for this had not been discovered following the investigation into the complaint. The outcome of the complaint had been to lock all bedroom doors after they had been cleaned. People who wanted a key to their door had been able to have one. If this was not appropriate and people wanted access to their room then staff would provide it. The action taken and associated risk management was not recorded within the complaints file or anywhere else. We found letters were sent to the person making the complaint following initial receipt of the complaint and upon completion of any investigation. The outcome of the complaint was written in the letter to the complainant. The provider did not analyse complaints to ascertain if there were any themes or trends to develop further risk reduction strategies if required.

We recommend the provider ensures evidence is available to show their complaints procedure is followed.

Requires Improvement

Is the service responsive?

We recommend the provider reviews available guidance on dignity in care to ensure all interactions and interventions are positive for the people living in the home.

Requires Improvement

Is the service well-led?

Our findings

We spoke with people who lived in the home, relatives, visiting professionals and staff about the home in general and what they thought of it. All the responses we got were positive. One person who lived in the home told us, "You can't complain about anything. There's not much that would make it better. It's all quite well done." A relative told us, "(relative) coming here is the best thing that's happened to him." A visiting professional described the home to us, "This home is in the top quarter, top 10%. I don't worry about my patients that come here." Lastly, staff told us they were very happy in their job and were well supported. One staff member said, "We have meetings and the seniors and manager do listen to us , so if we have any new ideas we are encouraged to bring them up."

Staff were supported through team meetings, appraisals and supervision. Supervision was more informal but all staff felt they could raise anything with the manager at any time. Team meetings took place approximately every three months. Visiting managers were sometimes invited to discuss areas of expertise. All staff were invited to the meetings and minutes were shared with the whole staff team. Staff were requested to sign the back page of all minutes to show they understood the contents. Staff were encouraged to ask questions in the meeting they attended and following reading the minutes if they had not attended. Staff we spoke with all said they were not afraid to ask any questions if they did not understand anything.

Staff had formed a health and safety committee. Two people who lived in the home were members of the committee and included in the meetings to discuss the health and safety of the building and environment. Meeting minutes were shared with the team and the manager. The manager fed back solutions and actions via the next committee meeting. This included new rules about where people could smoke and training staff could attend.

Issues discussed at the team meetings included health and safety, smoking, infection control and training. Minutes we reviewed showed open and honest dialogue between the management and staff. Staff were free to challenge procedure and solutions were sought to issues.

Staff we spoke with were aware of the home's whistle blowing policy and all said they would use it without hesitation if they thought someone who lived in the home was being mistreated. We saw the procedure along with all others were accessible to staff in the staff room.

At the last inspection in May 2014 we identified there was a breach of Regulation 20 relating to records and how records were kept and stored. We found at this inspection some improvements had been made but some had not and further related concerns were identified.

At the last inspection it was found that confidential records were not stored securely. At this inspection we found a new locked cabinet had been purchased and all care records were now held in this locked cabinet.

At the inspection in May 2014 we found that some records in care plans were illegible and incomplete. We were sent a plan of action that included the provider auditing the care plans and identifying any issues to be corrected by staff. We found the audits had taken place in all the files we reviewed in June 2014. However in all but one of the plans the issues identified had not been corrected. The provider had not re-audited the records to ensure the relevant actions had been completed.

We also reviewed records used to monitor more complex health conditions. One person was being seen by the Tissue Viability Nurse (TVN) for leg ulcers. This person's leg should be support by a guard and elevated for up to four hours at a time. We saw the daily records indicated the leg was either elevated or was not but the records did not include the time and detail around this. For example one am (morning) daily record stated the leg was elevated and on the same day the pm (afternoon) record also said the leg was elevated. The staff on duty that day would have potentially known the leg was not elevated for the whole day but when looking back at records it was difficult to monitor how long the person's leg had been elevated. When records are not detailed enough to monitor a person effectively it leaves a risk of uncertainty over corrective actions suitability to address concerns. In this event the ulcers were not healing as well as anticipated. From the records reviewed we could not determine if it was because the plan was not being followed or if other action needed to be identified.

We reviewed other audits and quality assurance tools the home had in place. We were told by the manager they did

Requires Improvement

Is the service well-led?

not have a set of dedicated audits they would complete every month or every quarter. We were told the manager or deputy would identify if there were any concerns through team meetings or feedback and would investigate and find solutions for the issues. The manager gave us the example of the fire alarm going off without any justifiable reason. This had been identified as a concern and the home manager had completed a risk assessment at the end of 2014. This included details of all items within the home that could potentially be the cause of a fire. The manager had been supported by the fire department and a comprehensive fire risk management plan had been developed.

The home had displays of useful information at different points around the home. This enabled friends and family to access specific support groups if required. Information was available on living with dementia, advocacy, surviving a stroke and domestic violence amongst other things. A questionnaire was available for people to complete on the notice board inside the front door. The home sent out questionnaires to people randomly with correspondence and dealt with each one individually if the manager thought any improvements were required but did not complete any analysis on returned questionnaires received in a given time frame.

The home did not undertake audits of key areas within the home including key aspects of the service the home delivered. Management were only aware of issues when they became a potential risk. The purpose of good audit and quality assurance is that issues are managed and do not escalate in risk. As identified above the provider was not analysing accident/ incidents and complaints to reduce the risk of recurrence. Nor where they analysing feedback from the people who used the service. The lack of effective systems to assess and monitor the service and that some records remained incomplete is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which corresponds to Regulation 17 (1) (2) (a), (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager who was aware of their responsibilities under the Health and Social Care Registration Regulations. The Care Quality Commission received notifications around incidents as required under the regulations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Reviews were not completed and changes to people's needs were not always reflected within the care plans.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Correct procedures where not being followed to obtain consent from people who may lack the capacity to give consent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risk assessments and risk management plans had not been completed when risks had been identified. Medicines were not always managed safely

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The service was in need of refurbishment and redecoration. The home and some of the equipment were not clean. Some aspects of the building security and safety needed further consideration.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Effective audit and monitoring of the service was not completed. There were incomplete or inaccurate records.