

Carleton Court Care Limited

Carleton Court Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Overall summary

The inspection of Carleton Court Care Home took place on 1 December 2014 and was unannounced. We also visited for a second day on 2 December 2014; we told the registered provider at the end of our first day that we would be returning the following day.

We previously inspected the service on 27 and 30 May 2014 and, at that time we found the registered provider was not meeting the regulations relating to safeguarding people who use services from abuse, management of medicines, requirements relating to workers, assessing and monitoring the quality of service provision and

records. We asked the registered provider to make improvements. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Carleton Court Care Home is registered to provide accommodation and personal care for up to 32 older people, including some people who were living with

Summary of findings

dementia. The home is over two floors and has a number of communal lounge and dining areas. There is also a garden that is accessible for people who live at the home. The home is close to Pontefract town centre.

The registered provider is also the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home told us they felt safe. However, we found that people's medicines were not managed or administered to people safely.

During our inspection we were told about an incident where someone may have been at risk of harm. The registered provider had not discussed this matter with the local authority safeguarding team.

We saw the registered provider had made improvements to their recruitment processes.

Staff told us they received regular supervision and training, however, we saw from the provider's training matrix that not all staff training was up to date.

We saw people had a care plan in place for mental capacity, this detailed how staff should involve people in making simple lifestyle choices. Through our observation and discussion with staff we saw they were caring.

The registered provider gained the views and opinions of people who used the service. They held regular meetings and issued quality questionnaires to people annually.

People who lived at the home were not always encouraged to be involved in making simple lifestyle choices about their day to day activities.

Following our last inspection the registered provider had implemented some auditing systems. We saw they had begun to analyse people's accidents, although they had not audited people's care plans and the audit system for medicines had failed to identify or address the failings we had detected. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not safe.

We saw that people's medicines were not stored or administered safely.

We found the providers recruitment processes were thorough and evidenced people had been properly checked to make sure they were suitable and safe to work with people.

Not all staff employed at the home had received up to date training in safeguarding vulnerable people.

Inadequate



Is the service effective?

The service was not always effective.

People told us staff had the skills to meet their needs. However, we saw from the providers training matrix that training was not up to date for all staff.

Staff understood people's right to decline the care and support which was offered to them.

During our visit to the home we saw people were offered and had access to drinks on a regular basis. We saw the meal at lunchtime looked appetising and was of a sufficient quantity and nutritional value.

Requires Improvement



Is the service caring?

The service was not always caring.

We observed a number of occasions where staff made choices and decisions for people without involving them in the process.

We found the culture of the home did not always promote peoples independence and was not always empowering .

Throughout our visit we observed staff to be cheerful and friendly.

Staff were aware of people's right to privacy. People who used the service confirmed their privacy was respected.

Requires Improvement



Is the service responsive?

The service was not always responsive.

We saw people's care plans were individual and were reviewed on a monthly basis.

People we spoke with told us they were confident they could raise a complaint with the registered manager should the need arise. However, we did not see documented evidence to say if the complainant was satisfied with the outcome.

Good



Summary of findings

Visitors to the home all told us they were able to visit whenever they wanted and staff always made them feel welcome.

Is the service well-led?

The service was not always well led.

The registered provider had begun to implement some auditing systems but they were not robust or effective.

All the staff we spoke with gave positive feedback and said they felt very well supported by the registered provider.

We saw the registered provider had a system in place to regularly seek the views and opinions of people who used the service.

Inadequate



Carleton Court 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.

A pharmacy inspector visited the home on 1 December 2014, this visit was unannounced. On 2 December, two adult social care inspectors and an expert by experience visited the home. This visit was announced to the registered provider on 1 December 2014. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. We also spoke with the local authority and Healthwatch. The registered provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We spoke with six people who were living in the home and four visitors. We also spoke with the registered provider, the deputy manager, the assistant deputy manager, a senior carer, three care assistants, a domestic and a cook. We also spent some time looking at three people's care records and a variety of documents which related to the management of the home.

Is the service safe?

Our findings

All the residents and visitors we spoke with told us they or their relative was safe. One person who lived at the home said, "Yes, I feel very safe here". A relative we spoke with said, "[Relative] is quite safe here".

At the last inspection on 27 and 30 May 2014, we found the registered provider was not meeting Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Management of medicines. We asked the provider to take action to make improvements. The registered provider submitted an action plan in which they said they would be compliant with this regulation by 31 December 2014.

A pharmacist inspector from the Care Quality Commission visited the home on 1 December 2014. We looked at Medication Administration Records (MAR) for 10 people and records about one particular medicine. We found there were some concerns about medicines or the records relating to medicines for all of these people.

We saw that appropriate arrangements for the safe storage of medicines had not been made. The medicine trollies where people's medicines were stored, were kept in a room which was accessed by a key pad. Staff who were not authorised to access peoples medicines had the code to the key pad and were able to access the room. We also noted that the keys to the medicine trollies were kept in a key safe in this room and this was not locked. This meant any member of staff who entered the room was able to access people's medicines. Only people who are trained to handle medicines should have access to keys to prevent the misuse of medicines.

Creams were stored in people's bedrooms without checks being recorded that it was safe to do so. We found that staff did not follow the information supplied with medicine about storage temperatures. It is important that all medicines are stored at the correct temperatures. We saw that staff failed to date medicines which had a limited life once opened. This meant that people were at risk of being given out of date medicine.

Appropriate arrangements were in place for obtaining medicines. We saw that everyone had an adequate supply of medicine and could have all their medicines as prescribed.

We found that appropriate arrangements were not in place regarding records about medicine administration. The records about the application of creams may not have been accurate because the records were not signed by the staff who administered the creams. When we checked the stock against the records we found that some medicines had been signed for and had not been given. We also saw in one instance that more medicine had been signed for than had been available to administer. Staff failed to record the actual dose of medicine given when there was a choice of dose. It is important to make sure that records are well kept and accurate to show that medicines have been given safely and that all medicine can be accounted for.

We saw that medicines were not always given safely. We saw that one person was given double their prescribed dose of medicine without authority.

Arrangements to give people their medicine as directed by the manufacturers, especially with regard to food were poor. We found that 12 people were prescribed time-critical medicines, where instructions stated 'must be given an hour before food'. We saw that staff did not follow this instruction. Medicines must be given at the correct times to make sure they are effective.

One person was not given their bedtime dose of an antibiotic eye ointment because they were sleeping but the records showed they were given other medicines at bedtime. We saw that another person was not given two doses of their antibiotic and no explanation was recorded. If courses of antibiotics are not given properly people may develop resistance to antibiotics which would place their health at risk.

Some people were prescribed medicines to be taken 'when required' and we found that medicines prescribed in this way did not have adequate information available to guide staff as to how to give them. We found peoples care records did not provide information to guide staff as to which dose to administer when a variable dose was prescribed. We also found that one person was given their medicine covertly (disguised). However, there was no information with the medicines administration records sheets to indicate how the medicines should be given to this person. It is important that this information is recorded to ensure people were given their medicines safely and consistently at all times.

Is the service safe?

We found that appropriate arrangements were not in place to ensure medicines were managed and administered safely. This demonstrated a continuing breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At the last inspection on 27 and 30 May 2014, we found the registered provider was not meeting Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Requirements relating to workers. We asked the registered provider to take action to make improvements. On this visit we checked and found that improvements had been made.

We looked at the recruitment files for two members of staff who had been recruited since our last inspection. We saw each person had completed a series of pre-employment checks prior to their job offer being confirmed. These checks included; carrying out a Disclosure and Barring Service (DBS) check (formally known as a Criminal Records Bureau (CRB) check) and taking up written references from previous employers. We saw both people's employment history evidenced the dates their previous employment had commenced and ended. This showed these two members of staff had been properly checked to help ensure they were suitable and safe to work with people.

We asked people who used the service if they thought there were enough staff on duty to meet people's needs. One person who lived at the home said, "There could be more staff". Another person told us, "When you need the toilet, there's no one to help - but you expect that when there's so many of us [other residents]". However the two relatives we spoke with said, "There seems to be enough staff. There is always someone around". "There are busy times, peaks of workload...; I have never thought they didn't have enough staff". Feedback from all the staff we spoke with was that there were enough staff. One member of staff said, "Yes, we are ok. There is the occasional issue when someone is off sick". We observed staff to be visible throughout the duration of our visit and we saw people's needs were met in a timely manner.

We asked the deputy manager how the duty rota was managed. They told us the registered manager did the rota. They said there were enough staff on duty to meet people's needs. We asked the deputy manager if staffing numbers would be altered if there was an increase in the dependency needs of people who lived at the home. They told us the rota had been changed earlier in the year to

ensure there were enough staff on duty to support people at meal times. This showed the registered provider had reviewed the staffing arrangements at the home in response to people's changing needs.

At the last inspection on 27 and 30 May 2014 found the registered provider was not meeting Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations; Safeguarding people who use services from abuse. We asked the registered provider to take action to make improvements. The registered provider submitted an action plan in which they said they had taken immediate action to ensure compliance with this regulation. On this visit we checked and found that improvements had been made.

During a conversation with a visitor we heard evidence of a potential safeguarding issue. We asked the registered provider if this matter had been reported to the local authority safeguarding team and to the Care Quality Commission (CQC). The registered provider told us it had not been reported as no harm had occurred as a result of the incident. The deputy manager told us the person was currently under review with their GP due to changes in their care and support needs. We discussed with the registered provider and the deputy manager possible options that may help them support this person and safeguard other people. We also asked the registered provider to speak with the local authority safeguarding team about the incident. Following the inspection the registered provider told us they had spoken with the local authority safeguarding team who had advised this incident did not need reporting to them. While we were reassured someone external to the service had reviewed the issue we had raised that it was the responsibility of the registered person to ensure incidents such as these were referred to the local authority safeguarding team for their input.

We saw a notice on display in the reception area which informed people who lived at the home, visitors and staff how to raise any safeguarding concerns. It provided the name of the member of staff who was the designated safeguarding lead for the home. It also provided the telephone number and email address for the local authority safeguarding team and the Care Quality Commission. This meant people were provided with details of how to report any safeguarding concerns to the service, or to an external organisation if they felt that was more appropriate.

Is the service safe?

All the staff we spoke with told us they had received training in safeguarding vulnerable adults and were able to describe a number of different types of abuse. Staff told us they felt confident to report any concerns they may have to the registered provider or to a senior member of staff. However, we saw from the training matrix that 15 members of staff had not had safeguarding training for over two years, this included eight care staff. This meant that not all staff working for the service may be fully aware of what constitutes abuse or be aware of how to raise concerns about potential harm or abuse.

We asked the deputy manager and assistant deputy manager what action they would take in the event of the fire alarm sounding. They told us staff would go to the fire alarm panel in the reception area. They said this was so they could find out where the fire was located and the most senior staff member in the building would then decide on the course of action to be taken. They told us all staff received regular training regarding the action they should take in the event of a fire. This demonstrated the management team were aware of the action they should take in the event of the fire alarm sounding. We also saw from the registered providers training matrix that all staff had completed training in fire awareness.

We saw each of the care records we looked at contained a Personal Evacuation Emergency Plan (PEEP). This provided information to staff as to the support the person would require in the event of needing to be evacuated from the building.

We also saw each care record we looked at contained individual risk assessments. We saw these had been reviewed by staff on a monthly basis. For example one person had a nutritional risk assessment in place. We saw this reflected when the person had lost weight and detailed the action staff had taken. We saw documented evidence on one person's nutritional risk assessment where staff had identified the person had lost weight and had requested the involvement of a dietician. This showed staff had taken appropriate action in response to identifying this person's weight loss.

We asked the registered provider how they analysed accidents and incidents. They told us they had implemented a system which enabled them to review all accidents and incidents every month. They said this system had been implemented following our last inspection. We saw the analysis included the location, time and person involved. The deputy manager told us that as a result of the analysis a trend had been detected for one of the people who lived at the home. They said this had triggered a review of this person with the GP. This showed the registered provider had implemented a quality assurance system in relation to learning from accident and incidents.

Is the service effective?

Our findings

People who lived at the home and relatives we spoke with all said they felt the staff had the skills to look after them or their relative and that their needs were well met. One relative told us, “They [staff] are very good. It’s not easy looking after (relative)... No one has anything derogatory to say”.

We asked staff how they were supported in their role. Each member of staff we spoke with told us they received regular supervision with either the deputy manager or the assistant deputy manager. We asked staff if they felt they could speak freely when they were having their supervision. One member of staff said, “You can say anything to them. You know it is in confidence”. We asked the deputy manager and the assistant deputy manager how they ensured all staff received regular supervision. They told us the registered provider gave them a list of when individual’s supervision were due. They said this ensured they kept up to date with all staff supervision. This meant staff were receiving regular management supervision to monitor their performance and development needs.

Staff told us they received regular training. One member of staff said, “The courses are good here, they are very in depth”. Another member of staff told us they had recently attended training in infection control and fire awareness. We looked at the registered providers training policy. We saw it detailed the training which staff would receive during their induction period, for example; moving and handling, infection control and fire awareness. It also saw it recorded the frequency of refresher training however, we found this information was confusing and unclear. For example the policy recorded ‘food hygiene – 3 yearly and refreshed 2 yearly’ and ‘manual handling - refreshed annually and assessed 2 two yearly’. This meant the policy did not provide clear guidance and time frames as to the frequency that staff should attend course to refresh their training.

We asked the deputy manager and assistant deputy manager how new staff were supported in their role. They told us new staff shadowed experienced staff when they first started work, they also said they observed new employees practices to ensure they were safe to provide care and support to people. The deputy manager said, “They are not alone until we are confident they are ok”. We spoke with one member of staff who had been employed at the home for less than a year. They confirmed they had

shadowed a more experienced member of staff for about a week. They said this helped them learn about the needs of the people who lived at the home. This demonstrated the registered provider had a system in place to support new employees in their role.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered provider’s training policy detailed the training for staff was ‘MCA/DoLS – two yearly and refreshed annually’. We saw from the training matrix that of the 37 staff listed on the matrix, 13 staff had not received training in MCA and/or DoLS. However, nine of the staff who had not yet received training were not employed to provide direct care and support to people. Two care staff we spoke with told us they had attended MCA training. This meant not all staff had received training and therefore may not be fully aware of their responsibilities under this legislation.

We spoke to the deputy manager and deputy assistant manager. They told us they had both had training in MCA and DoLS. They said they had recently put in a DoLS application to the local authority but had not yet had feedback from the local authority as to the outcome of the application. This showed the deputy manager and assistant deputy manager understood how to apply for a DoLS application for people who lived at the home.

We saw a mental capacity care plan in each of the care records we looked at. The document recorded if the person had capacity or not. Where they did not, the document recorded details of how staff should help individuals to make decisions. For example, one person’s plan recorded; when choosing food ‘menus are read out to (person) and they are assisted to express what they want to say’. In another person care record we saw a copy of a ‘lasting power of attorney’ regarding the person’s health and wellbeing. A power of attorney is given to a person who has been legally appointed to make decisions on the person’s behalf. This showed staff were aware of who they should consult when decisions were being made about the care and support required by this person.

We spoke with staff about people who used the service. One member of staff told us a person who lived at the

Is the service effective?

home could, at times be reluctant to let staff assist them with personal care. The member of staff told us they provide verbal re-assurance and chat with them to calm them and distract them. We asked them what action they would take if a person who lived at the home refused their support. The member of staff told us they would accept this decision and return a short period of time later to try again. This showed this member of staff respected people's right to refuse any care intervention.

We spoke to people who lived at the home about their meals. Meal times were eagerly anticipated by most of the residents, most of the people we spoke with told us how good the food was. One person said "The meals are fine; you get plenty to eat and drink. I don't do tomatoes but they know that. They always know if you don't like something". Another person told us, "Everything is good and there's plenty of variety. I really look forward to meal times. You get enough to eat and drink. If you wanted any more then you just ask". One person we spoke with told us the catering staff had bought muesli for them after they had told staff that was what they ate at home for breakfast.

During our inspection we observed the lunch time experience for people. The main dining room was attractive with enough space for people to move around. There were also a couple of tables available in different areas of the home for people who did not wish to eat in the main dining room. One person told us they could no longer eat with a knife and fork and sometimes they spilled their food. They said they would be embarrassed eating with others who did not have difficulty so they had chosen an alternative place to eat. We also saw people taking their meals in their bedrooms. This showed these person had been enabled to eat their meals in a location they had chosen.

On the day of the inspection we saw there was a choice of two main meals; toad in the hole or chicken pie. People

who lived at the home told us they had been asked that morning which choice they would prefer. The cook told us the menu was on a five week rotation for lunch and tea times with the main meal being at lunch time. They said people's preferences were taken into consideration and there was always a fish alternative on meat days and a meat alternative on fish days available if people preferred. This showed the registered provider offered a choice of nutritious food for people.

During lunch we observed one person who did not make any effort to feed themselves. This person did not eat anything. We asked a member of staff about this person, they said they thought the person had a sore mouth and that was why they had not eaten. They added that the person would not let anyone look inside their mouth. We asked if the person could be served a soft diet while their sore mouth was investigated. The member of staff removed the meal and brought the person a soft pudding which they ate a small amount of. This meant this staff member had not responded appropriately to this person's needs. Following the inspection we spoke to the registered provider about this person. They provided us with reassurance as to how this person's needs were being met.

One visitor we spoke to told us the staff always notified them when the G.P visited. They said their relative was prone to infections; however, staff always rang them to say they had contacted the doctor and to tell them the treatment the doctor had advised. We saw evidence that people had access to external health care professionals; for example, G.P, district nurse, however, they were not always recorded in the persons individual care records. We found some information was recorded in a separate book. This meant the relevant information might not be easily accessible for staff about the about the individual person's needs.

Is the service caring?

Our findings

During the course of the inspection we overheard a number of examples where staff did not encourage people who lived at the home to be involved in making simple lifestyle choices. We also overheard staff speaking loudly about a person's preferences rather than speaking with the person. For example, we heard a member of staff shout to another member of staff, who was in a different room, "Has [person] had a pudding?". We heard one of these staff also shout to the other member of staff, "[Person] doesn't like yoghurts". We heard another member of staff chide a person for standing up. They said the person was a 'naughty boy' and asked them to put their 'botty' on the chair. While the words were said in caring manner, the member of staff spoke to this person as though they were a child. This demonstrated that not all staff were treating people with dignity and respect.

We spoke with one person who lived at the home, who told us about a recent event which had concerned them. They said, "I wanted to go to bed early and asked for my tablets but they [staff] said I would have to wait until they did the pills I did manage to persuade them that I could take my pills just as well upstairs as downstairs". This showed this member of staff had not respected the person's individual preference.

We found the registered provider had not ensured the dignity and independence of people who used the service; and that service users were not always enabled to participate in making decisions relating to their care and support. This was a breach of Regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked people who lived at the home and visitors if they thought staff were caring. Feedback from people was all positive. Comments included; "Oh yes, they are kind. They're all very pleasant". Another person said, "It's really

nice here. I don't think you could get anywhere better". One relative who was visiting the home told us, "I've no concerns at all. The staff are fantastic with [relative]. [Relative] couldn't get better care". Another relative told us they could not believe how their relative had improved since they came to the home. They told us their relative was now smartly dressed and was walking about. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity. Throughout our visit we observed staff to be friendly and cheerful.

All the people we spoke with said they felt staff had time to talk to them and that they were listened to. Relatives told us they could always talk to any of the staff. One person told us, "They [staff] always have time to listen. They ask you what you think and seem to take it on".

We asked staff how they ensured people's lifestyle choices were respected. Staff told us they knew the people who lived at the home very well. One member of staff said, "They are all individuals, it is home from home". Another person said, "Many of us have been here a long time, we get to know people". Staff were able to tell us detailed information about people's care and support needs. For example, one member of staff told us how they enabled one person who had hearing difficulties to choose what they would like to eat at meal times. This demonstrated people were supported and cared for by staff who knew them well.

We asked staff how they maintained people's privacy. Staff told us they ensured people's bedroom doors and toilet door were closed prior to any personal care intervention. One member of staff told us one person who lived at the home had their own key to their bedroom door and they liked to keep the door locked. They also told us how another person preferred to be bathed in a manner which protected their dignity. This showed staff were aware of how to maintain people's right to privacy.

Is the service responsive?

Our findings

Everyone we spoke with said their family and friends were always made welcome and there was freedom for visitors to come and go as they wished. One person we spoke with said, "I keep contact with people and they can come when they want to, although it's not that often these days". Another person said, "They [staff] make friends and family welcome. There is a place to make coffee and tea. My family like to come".

All the visitors we spoke with said they felt involved in their relatives care. One visitor said "I feel as though I'm involved in [relatives] care. People ask me what I think about things". Another relative said, "We can discuss [relative's] care at any time. Everything is discussed with us and we are kept aware at all times". However, when we reviewed people's care records we could not see documented evidence that people who lived at the home, or where appropriate, the representative had been involved in the care planning process. The deputy manager and assistant deputy manager told us they reviewed and updated people's care plan every month but they did not record people's involvement. We asked if they completed an annual review of people's care plan which involved the person and/or, where appropriate their representative. They told us they did not. Having a formal review helps to ensure care planning takes account of people's changing care and support needs and to identify where additional support may be needed to meet people's needs.

At the last inspection on 27 and 30 May 2014, we found the registered provider was not meeting Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Assessing and monitoring the quality of service provision. We asked the provider to take action to make improvements. The registered provider submitted an action plan in which they said they would be compliant with this regulation by 31 August. On this visit we checked and found that improvements had been made regarding the management of complaints.

We asked people who used the service what they would do if they had a concern or complaint about the service they received. All the people we spoke with said they would raise a complaint with the registered provider if they needed to. One person who lived at the home said, "I don't have any [complaints], but if I did my family would see to it". Another person told us, "Yes, I would feel quite

comfortable to make a complaint if I needed to". One relative we spoke with said, "I have no concerns at all but I would feel confident in approaching any subject with the manager".

In the reception area we saw information on how people could raise a complaint. We saw this included contact details for the local authority and the Care Quality Commission. We also saw complaints forms on prominent display for people to complete if they wished to raise an issue with the registered provider. The registered provider had a complaints policy which was available, however, we saw this policy was not dated so we were unable to see if the policy had been updated recently. We looked at the complaints log and saw the registered provider recorded verbal concerns that were raised by people. We saw the log had commenced in July 2014 and there were four entries regarding concerns which had been raised verbally. We saw the record detailed the nature of the concern and the action taken by the provider. The log did not record if the complainant was satisfied with the outcome. This meant we were unable to see if the complaints had been resolved, where possible, to the complainant's satisfaction. The registered provider told us they had not received any formal complaints.

As part of our inspection we reviewed three people's care and support records. We saw that records had the person's name written on them and were dated. Each of the records we looked at had been reviewed on a monthly basis by either the deputy or assistant deputy manager. The registered provider told us people's records were reviewed monthly. We saw evidence in one person's record where staff had highlighted a change in someone care needs and had instigated a review with the person's G.P. We also saw evidence in another person's record that their health had improved and the care plan had been updated to reflect this. This showed the care plan review for these people had taken account of their changing care needs.

The care records we reviewed were person centred and provided information about people likes, dislikes and their life history. For example, one person recorded detailed information about their social interest. When we spoke with this person's family they corroborated the information we had just read. This meant this person's care plan was reflective of their individual preferences.

During our inspection we saw some people were reading and some people were watching the television. People

Is the service responsive?

were sitting in small sociable groups in the communal areas and a number of people clearly had friendships which the staff supported. There was a lot of conversation between residents and between residents and staff. After lunch an organist came to play for people. One person we spoke with said, "I read a huge amount. I can't do lots of things I used to because of my hands but I'm happy

enough with my books". Staff we spoke with told us the registered provider had a programme of activities. This included; crafts, a magician, armchair aerobics, reminiscence sessions and baking.

Is the service well-led?

Our findings

We asked people who lived at the home their thoughts about the registered provider. Their feedback was all positive. Their comments included; “Oh yes, you see the manager. He's a grand lad. You can say what you want when you want”. “You see a lot of the manager”. Visitors also spoke highly of the registered provider, one visitor said, “The manager is part of the team. It's well led and well managed. He always has time for [relative]. He makes you feel very involved, there's plenty of opportunity to discuss the service and say what you think”. Another visitor said, “Yes you do see the manager and he has a word with everyone. Your opinion is sought through normal conversation but you know you're being asked what you think about certain things”.

The registered provider is also the registered manager of the service and oversees the running of the home on a day to day basis. All the staff that we conversed with spoke positively about them. One member of staff said, “It [the home] is well managed, organised”. The deputy manager and assistant deputy manager also said they could speak openly with the registered provider.

At the last inspection on 27 and 30 May 2014 found the registered provider was not meeting Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations; Assessing and monitoring the quality of service provision. On this visit we checked and found that some improvements had been made but other areas of quality oversight still needed attention as demonstrated by the other breaches in the Regulation which have been referenced through this report.

Throughout the period of our inspection we observed on a number of occasions where the approach and practices of staff when supporting people who lived at the home was paternalistic in nature. For example staff making decisions on behalf of people and not supporting them to be involved in the decision making process. The examples that we witnessed illustrated to us an environment where people's rights as individuals to influence their care were not always upheld. We spoke with the registered provider about these concerns on the day of the inspection. This culture had not been recognised nor acted upon by the

registered provider. This meant people's dignity and independence was not always respected and people were not involved in the development and on-going review of their care and support plan.

We asked the registered provider how they audited people's care records. They showed us a blank document which they said they intended to commence using. However, at the time of our inspection, this documentation was not in use. This meant there was no documented system in place to monitor and review the content of people's care records.

We asked the registered provider what system they had for auditing the management of people's medicines. They told us staff who administer medication all had an annual assessment of their competency. We saw these assessments had been completed for the relevant staff in October 2014. They said they had also commenced a weekly audit of people's medicines. However, these audits had failed to highlight the issues we raised during this inspection. This demonstrates the registered providers system was neither robust nor effective.

We found people who used the service were not protected from unsafe or inappropriate care as the quality of services provided was not vigorously assessed and monitored. This demonstrated a continuing breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked the deputy manager and assistant deputy manager how they ensured their practices and those of the staff were in line with current good practice guidelines. They told us they ensured they attended relevant training courses and they said they adhered to the guidance from visiting healthcare professionals. For example, the GP, district nurse and dietician. We asked them if they were aware of National Institute for Health and Care Excellence (NICE) guidelines for good practice. They said they were not. This means the practices of senior staff, and therefore that of other staff, may not be in line with current good practice guidelines.

Staff told us there were regular staff meetings held. The registered provider told us general staff meetings were held every four months with meetings for senior staff held monthly. We saw minutes from staff meetings detailed the names of people who attended and recorded the topics

Is the service well-led?

discussed. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home.

We asked the registered provider how they gained the views and opinions of people who lived at the home. They told us they issued quality surveys to people annually. These surveys for people who lived at the home had last been done in April 2014 and the surveys for relatives had been completed in June 2014. They told us 30 questionnaires had been issued to relatives and 22 were returned. We saw this asked people's opinions about the cleanliness of the home, response to concerns and complaints, quality of care and the catering and laundry service. The registered provider had correlated all the results and we saw that people had the option to rate each area as 'poor', 'fair', 'good' or 'excellent'. We saw the majority of people had scored the service as either excellent or

good. We saw just two people scored the laundry 'fair' and one person scored the catering 'fair'. We also saw from the survey summary that the registered provider had discussed this feedback at a staff meeting. This demonstrated the registered provider had an effective system to regularly assess and monitor the quality of service that people receive.

The registered provider also told us they held regular resident and relatives meetings. They said meetings had been held on 1 August and 24 November 2014 and the next meeting was scheduled for Monday 16 February 2015. We saw the minutes from these meetings and saw these detailed the attendees and the topics discussed. One relative we spoke with "When I first came I walked into a resident/family meeting. It's very open and nothing was off limits". This demonstrated the people were involved in making decisions about the how the day to day operation of the home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

The registered person had not made suitable arrangements to ensure the dignity, privacy and independence of service users; and that service users were enabled to make, or participate in making, decisions relating to their care or treatment.

Regulation 17(1)(2)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

People who use services were not protected from unsafe or inappropriate care as the registered person did not regularly assess and monitor the quality of services provided.

Regulation 10(1)(a).

The enforcement action we took:

A Warning Notice was issued.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration and recording of medicines.

Regulation 13

The enforcement action we took:

A Warning Notice was issued.