

Bupa Care Homes (CFHCare) Limited

Colton Lodges Nursing Home

Inspection report

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Colton
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection carried out on the 10 March 2015.

Colton Lodges is a purpose built home comprising of four units Newsam, Whitkirk, Elmet and Garforth. It provides care for up to 138 people. Colton Lodges is in a residential area of Leeds, close to local amenities and public transport routes.

At the last inspection in August 2014 we found the provider had breached three regulations associated with the Health and Social Care Act 2008. We found people did not experience care, treatment and support that met

their needs and ensured their safety and welfare, we found people did not experience a clean and hygienic environment and the provider did not assess and monitor the quality of the service provision. We told the provider they needed to take action and we received a report on the 10 September 2014 setting out the action they would take to meet the regulations. The provider told us they would have met the regulations by the end of September 2014. At this inspection we found some improvements had been made with regard to these breaches. We did, however, find some concerns with care and welfare, but

Summary of findings

found these were different issues to the last inspection and we have concluded there was minor impact on people using the service at this inspection. We did, also find other areas of concern.

At the time of this inspection the home did have a registered manager. 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.

There were not always enough staff to keep people safe and staff training and support provided did not equip staff with the knowledge and skills to support people safely. People's care plans did not always contain sufficient and relevant information to provide consistent, person centred care and support.

Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service and staff completed a comprehensive induction when they started work.

People were happy living at the home and felt well cared for. People enjoyed a range of social activities and had good experiences at mealtimes. People received good support that ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. There were some very minor issues with infection control practices but generally the home was clean and hygienic. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. People's physical health was monitored and appropriate referrals to health professionals were made.

Applications for the Deprivation of Liberty Safeguards had been assessed and carried out. However, further work was required on identifying people's mental capacity to make decisions.

The service had good management and leadership. People got opportunity to comment on the quality of service and influence service delivery. Effective systems were in place that ensured people received safe quality care. Complaints were investigated and responded to appropriately.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which has since been replaced by Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 consistently safe.

There were not always enough staff to meet people's needs.

The recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it.

Individual risks had been assessed and identified as part of the support and care planning process.

The home was generally clean and hygienic.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Requires Improvement



Is the service effective?

The service was not always effective in meeting people's needs.

Staff training and support provided did not equip staff with the knowledge and skills to support people safely. Staff completed a comprehensive induction when they started work.

People were asked to give consent to their care, treatment and support.

People enjoyed their meals and were supported to have enough to eat and drink.

People received appropriate support with their healthcare.

Requires Improvement



Is the service caring?

The service was caring.

People valued their relationships with the staff team and felt that they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good



Is the service responsive?

The service was not always responsive to people's needs.

People's care plans did not always contain sufficient and relevant information to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the home and the local community.

Requires Improvement



Summary of findings

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

The service was well led.

The registered manager, house managers and the clinical services manager were supportive and well respected.

The provider had systems in place to monitor the quality of the service.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys and meetings.

Good



Colton Lodges Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 10 March 2015 and was unannounced.

At the time of our inspection there were 120 people living at the home. During our visit we spoke with 26 people who lived at Colton Lodges, 14 relatives, 26 members of staff, the clinical services manager and the registered manager. We spent some time observing care in the communal areas to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at 14 people's care plans.

The inspection team consisted of four inspectors, three specialist advisors in governance, nursing and medication and two experts by experience in people living with Dementia and older people. 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 our inspection, we reviewed all the information we held about the home. We requested a Provider Information Return (PIR) This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission. The provider had completed the PIR. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Through our observations and discussions with people, relatives and staff members, we found there were enough staff on some of the units but not on others to meet people's needs and keep people safe. On one could we name them unit all the staff we spoke with said there were enough staff to keep people safe and meet people's needs; no concerns were raised. However, on another unit staff said, there were not always enough staff. One staff member said, "Sometimes staff come from one of the other units, other times we struggle on." Another staff member said, "My job, it's really good. More staff would make it better, one extra per shift."

People who used the service we spoke with on two of the units said they liked the staff and felt they were competent and well trained, but there was not enough of them to meet their needs in a timely manner, and sometimes the staff were rushed. One person told us, "The staff are marvellous, I can't fault them. I think they're wonderful. They ask how I like to be looked after, but there aren't enough of them. Like now, there's two off on training, so there's two to do the whole unit, plus the hostess. It's not enough because it all happens at once, assistance with this and that, care plans; it's too much for two people. If I ring my bell, they come as soon as they can. They know I don't ring for nothing." Several people we spoke with told us they had to sometimes wait a while if they pressed the call bell as staff were very busy. People also told us they only had a bath or a shower once a week and they had a scheduled time for this. One person said, "It's because there's not enough staff. I like to have a shower every day. It's what I'm used to. It's what I did at home. I don't like only having a bath a week. I like to feel fresh." Another person said, "We get one bath or shower a week. You have to wait your turn. It's not really enough. It's my only gripe." One person told us, "There's plenty of staff, yes."

One person we spoke with was telling us about all the places in the world they had visited. We asked if the staff knew about the places. They said, "I don't think they've really got time for all that. Not really. My husband might have chatted about things, but they're very busy."

One relative we spoke with told us of an incident where she had been visiting and their relative had pressed the call bell. There was no response to this for 45 minutes. The relative said, "The response times are very poor. It's

because there's not enough staff. The staff they have are very good, and do their best. It's the fault of the company that they don't have enough staff on to cover all the needs." Other comments from relatives included, "At times, no", "There are not enough staff to take people out" and "They're really well organised, some for rooms, some in the lounge."

We saw in one unit a staff member asking one person what time they would prefer a shower. However, we saw on another unit people were not able to have a bath when they wanted to. We saw on one unit where 22 people were living, from 21 December 2014 to 9 March 2015, there were 25 occasions where it was documented people had taken a bath or shower. Which indicated people were did not receive one bath or shower a week.

We spoke with the registered manager who told us the home had enough staff to meet the needs of the people living there. They said, "We are fully staffed and we don't use any agency staff." The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. We saw the rota for February 2015 which showed two of the units did not consistently meet the required staffing level for care assistants. One unit was over staffed with care and nursing staff and the fourth unit was a mix where they had been under and over the required staffing level with care and nursing staff. The staff numbers during the night on two of the units were fairly consistent with the required staffing levels, one unit did not meet the night time care assistants required and another unit was over the staffing level during the night. The registered manager told us they had assessed everyone's dependency level in November 2014 when they had introduced new care plan documentation which included a new pre-assessment form. They also said the nursing staff would recognise if people's care needs changed. They told us they did not routinely assess people's dependency levels.

We concluded the provider had not taken appropriate steps to ensure they had sufficient staff to meet people's needs on all the units. This is a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Two staff we spoke with who had started working at the home in the last 12 months said they went through a proper recruitment process and could not start work until all checks were carried out. They said they had attended an interview.

We looked at the recruitment records for five staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. The registered manager obtained two written references and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

People we spoke with told us they felt safe in the home and did not have any concerns. One person we spoke with told us there was one or two night staff who could be impatient and brusque, but they told us they felt safe. They had reported this to the night nurse but were not aware anything had been done. They said all other staff were friendly and kind, and agreed that we could share information with the house manager. We reported this to the house manager who said this had never been reported. The house manager spoke with the person who repeated the same concerns. The house manager agreed to report this to the home manager and clinical services manager and would carry out formal supervision with the member of night staff concerned.

One person, when asked if they felt safe said, "I suppose I do." Another person said, "Definitely, no problems." One relative we spoke with said, "My relative lived alone before coming in here which was a great worry for the family. It's great now being able to sleep knowing that my relative is safe and secure." Another relative said, "I can't believe how calm I've become. It's the first time I've been on holiday and not worried."

We spoke with members of staff about their understanding of protecting vulnerable adults. Staff were aware of and familiar with safeguarding procedures. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents or poor practice. They were aware of external

agencies they could contact. They also told us they were aware of the whistle blowing policy and felt confident to raise any concerns with the registered manager knowing they would be taken seriously. Staff told us they had received training on safeguarding adults and this gave them the information they needed on how to recognise harm or abuse and what to do if they felt anyone was at risk. The staff training records we saw confirmed staff had received safeguarding training in 2014. The home had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff.

When we looked at people's care records we saw for some people risks had been identified through the assessment process. We saw risk assessments were in place for people who needed support with mobility, falls, bedrails, tripping over sensor mat wires and safe moving and handling. These were accessible within the person's care plan, and had been reviewed on a regular basis. We saw one person was independently taking their own medication and there was a detailed risk assessment in place for this which had been reviewed each month. We saw specialist equipment was in use and checks were carried out on the equipment to help keep people safe, for example, bed rails and pressure relieving equipment.

However, risks identified through care planning were not always supported by robust, individualised risk management plans. One person was identified at risk due to swallowing difficulties. This was evident at the pre-assessment stage and in subsequent care plans. The home had involved GPs and the speech and language team (SALT). In December 2014 the SALT team recommended using a thickening fluid and provided guidance, however, this was not being followed. They had recommended the person was prompted to take sips in between mouthfuls of food. We observed lunch and noted staff did not prompt the person as recommended. The SALT team recommended the fluid should have one scoop of thickening fluid but staff told us two scoops were added. The person had an eating and drinking care plan. This was written in July 2014 and stated 'is on a normal diet and fluid'. The care plan review carried out in December 2014 stated they were on a special diet and thickened fluids.

We saw one person had a sensor mat at the side of their bed but as they moved about all the time, the sensor mat did not run the full length of the bed so the person was at

Is the service safe?

risk if they fell out in the area where the sensor mat didn't reach, staff would not be alerted. We could not be sure the sensor mat was in place at all times. We looked at the person's care plan and saw no recorded falls. However, we noted on one occasion a staff member requested assistance from us as the person looked like they were going to fall off the bed.

We spoke with the registered manager regarding the individual risk assessments and they told us they would review their procedures and individual documentation immediately.

We observed several people being moved by hoist. This was done effectively and calmly with at least two staff, who explained what they were doing throughout to the person, whilst reassuring them.

There were several environmental risk assessments carried out, for example, site in general, profiling beds, gardening equipment and sluice rooms. The registered manager told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly. People told us they liked their rooms. Comments included, "I've got a lovely room, with a patio door. I like to see the garden and the birds. I get the sunshine. My bed is comfy. They're always checking things are alright and clean."

We saw the home's fire risk assessment and records which showed fire safety equipment was tested and fire evacuation procedures were practiced.

The registered manager told us two of the units had undergone some refurbishment but further work was needed and they had an on-going programme for the refurbishment of the home.

We looked around all the four units of the home which included all communal areas and a number of bedrooms, bathrooms and toilet areas and saw most of the home was clean and hygienic. We found people were cared for in a clean and pleasant environment. We saw personal protective equipment, alcohol hand rub and liquid soap was available to staff. We noted the entrance areas to two of the units had a strong odour. The registered manager told us they were investigating the odours and thought it was from the two toilets near the entrance. We also noted four lounge chairs were not clean in the corridor areas of one unit. The house manager told us they would arrange for replacements chairs immediately.

The laundry room had two access doors enabling a clear dirty to clean process to be implemented. The area was spacious with separate areas for dirty and clean laundry to be handled. Hand washing facilities were available for staff to use.

Staff demonstrated good knowledge and awareness of their responsibilities for infection prevention and control and there was evidence staff had received relevant training. Members of staff we spoke with said they had completed infection control training. Staff confirmed they were supplied with the correct personal protective equipment when carrying out infection control procedures. All clinical waste was disposed of appropriately. This included the use of yellow clinical waste bags and sharps bins.

We looked at the cleaning schedules for the home and found daily tasks included sufficient detailed information for staff to carry out these tasks. We saw hourly checks of toilet and bathroom areas were completed. However, we did see that some hourly checks had not been completed for several days between the hours of 6pm and 8pm. One staff member we spoke with told us the care staff did complete the hourly checks but sometimes forget to complete the form.

We saw a copy of an infection control audit which was undertaken daily by unit staff and the person in charge cross-checks.

Staff we spoke with told us the cleanliness of the home was much better, One staff member told us; "It is kept on top of and is much better. No smells now."

One relative we spoke with said, "The unit always looks clean." Another relative said, "It's always clean, the room is immaculate." One relative told us, "The home and room is always clean. I think they do a fabulous job here."

Medicines management practices were examined on all four units to establish how people's medicines were managed so they received them safely.

Medicines administration records (MAR) sheets and the relevant sections of the care plans were looked at on each unit as well as the examination of systems in use for medicines procurement, storage, administration, disposal and record keeping. MAR sheets and care plans were comprehensively and correctly completed and medicines were correctly obtained, stored, administered and recorded.

Is the service safe?

Care plans showed any allergies and sensitivities were clearly marked with a red sticker and the appropriate warning was also recorded on the person's MAR sheet.

There were some discrepancies with topical medication. Creams and ointments were being applied by some care staff in all four units who had not been trained and authorised according to the relevant BUPA procedure and such application was not being recorded correctly on the person's MAR sheet. We observed topical medications were stored in toiletry containers suspended in the clothes cupboards in peoples' bedrooms.

We found all cupboards and refrigerators were locked on the day of our visit. Temperature records for the refrigerator and ambient room temperature were recorded daily and showed all temperatures were within recommended limits.

The Controlled Drugs (CD) cupboard(s) were locked and the CD record book(s) were comprehensively and accurately completed. Sample CD medicines were checked against stock levels in the CD record book(s) and found to be correct. MAR sheets were also checked against the CD record book(s) and found to be correct. Four non-CD

medicines were examined and shown to be in-date and stored in the correct cupboard. It was noted that opened bottles of liquid medicines all had red stickers indicating the day they were opened and staff were aware of the time limits for their use.

We observed scheduled drug administration rounds and nurses told us they ensured that medication was given at the correct time in relation to food intake and there was always an appropriate time interval of at least four hours between administration of 'as necessary' analgesic medication.

Examples of medicines audit carried out were seen and records showed any incidents and errors were recorded properly with appropriate action plans prepared to ensure lessons were learnt and measures put in place to prevent re-occurrence.

A comprehensive range of policies and procedures were seen which covered all aspects of medicines management although one unit had a folder whose policies dated from 2006 and had not been updated. We highlighted this to the registered manager.

Is the service effective?

Our findings

All staff we spoke with said they were well supported. They said they received refresher training and all was up to date. They said they received face to face training which was good. They said they attended daily handovers and staff meetings which covered important information and helped them understand what was expected of them.

We looked at staff training records which showed staff had completed a range of training sessions which included mandatory training. Training was provided as both e-learning and face to face training. These included fire safety, infection control, safeguarding and nutrition and hydration. Records showed a high percentage of staff had completed their mandatory training and induction training. Some specialist training had been provided for staff. This included; behaviours that challenge and care of people with dementia. However, we noted from the training records that only the nursing staff had completed pressure area care training and only nine staff out of 97 had completed first aid training with three staff members completing this in 2011. We were not able to see any separate resuscitation training that staff had completed.

The regional manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. We spoke with the training co-ordinator who told us staff completed all the training during their induction. However, they said not all training subjects had refresher training course as routine. For example, refresher training was not routine for the Mental Capacity Act (2005) and medication management.

We saw there was no training available on end of life care, even though we noted one person was receiving anticipatory medication and end of life care on the day of our inspection. We noted that 40 deaths had been reported to the Care Quality Commission since August 2014. The National Institute for Health and Care Excellence states 'there should be evidence of local arrangements to ensure that health and social care workers receive training appropriate to their role incorporating dealing with loss, grief and bereavement, and basic aspects of spiritual care, common to people of all faiths and none. There should be evidence of local arrangements to ensure that training is informed by current legislation, national competences and good practice guidelines, where available. Also evidence of

local arrangements to ensure that training is followed up with the use of competences as part of appraisals and professional development plans for health and social care workers to ensure that appropriate knowledge, skills and attitudes are embedded into practice and kept up to date'. Therefore, the provider was not following national guidance.

We received a mixed response from staff we spoke with about the frequency of supervision sessions. One member of staff said every few weeks, another said every four to six months. The house manager said records for 2014 had been archived. Records for 2015 we looked at on one unit showed care staff had attended two group supervision sessions. One session discussed infection control and the other group session discussed the application of topical creams. Care staff had not received any one to one sessions in 2015. The house manager said nurses had received one to one sessions and we saw records of these, however, the records were photocopied and said the same on each. This was the same information recorded by the team member [supervisee] and the manager [supervisor]. The records did not show an individual account of what had been discussed.

We looked at supervision records for staff working on all four units and saw supervision was mainly group based. The registered manager said new documentation for appraisal; one to one supervisions and group supervision had been introduced in January 2015. They said the house manager had been given January and February 2015 to complete the one to one supervision using the new documentation. We were not able to see this had been completed. We did see one unit had completed three individual supervision meetings in January 2015. The registered manager told us some appraisals had been carried out in 2014 but not for all staff. We saw a schedule for 2015 for supervisions and appraisals and the registered manager said this was a planned area of improvement. There were varied levels of support for staff and supervisions were inconsistent across the home.

We saw staff completed an induction programme which included information about the company and principles of care. We also saw knowledge checks had been completed and scored to establish staff member's level of understanding around different topics of training during induction. One member of staff told us the induction was really in-depth.

Is the service effective?

Staff training provided did not equip staff with the knowledge and skills to support people safely. There was no evidence staff knowledge and competency was checked following completion of specific training courses. The opportunity was not available for staff to attend regular supervision meetings to discuss their progress and personal development needs. This is a breach of Regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are in place to protect the rights of people using services, by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives or friend to get information about their preferences. The staff we spoke with told us they had completed MCA (2005) training, however, from the training records we looked at some staff had not completed this training since 2010. The training co-ordinator told us refresher training for MCA and Deprivation of Liberty Safeguards (DoLS) was not carried out.

Care staff said the house manager was responsible for completing mental capacity assessments and DoLS applications. The nursing staff told us they completed mental capacity assessment and best interest decision documentation and they could explain about capacity.

We looked at a file which contained a list of eight people, two had DoLS authorised, others had been sent and others were in progress. We saw one person's care file had good information and clearly stated they had capacity and could make decisions. On discussion with the person it was evident they made decisions and said staff checked they were happy with the care being delivered. This was also

confirmed by their relative. Another person's care file had a best interest decision form but the decision to be made was blank. It then stated 'all procedures are explained to [name of person] and his consent sought and gained before embarking on any procedures. Staff to ensure they speak to [name of person] in a way that he 'decodes' what is being said to him'. Monthly evaluations stated family and staff were to continue to make decisions in his best interest. It was clearly recorded throughout the care records that [name of person] was unable to communicate their needs.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. The registered manager told us there were people living in the home who needed an authorisation in place and they had obtained these.

We looked at one person's pre-admission assessment and the mental capacity assessment and DoLS section had not been completed. We saw the choices and decisions section of the care plan stated 'unable to be involved in care planning due to dementia'. This stated a mental capacity assessment was not needed. However, they did require assistance to make decisions. We also saw a request for a DoLS standard authorisation had been applied for but no mental capacity assessment had been completed.

We looked at the care file of a person who was being assessed to move to a different unit. We found conflicting information about the person's mental capacity. We saw the person's capacity assessment had been completed a year ago which stated the person had full capacity. However, we were told the decision to move to a different unit had not been discussed with the person. We spoke with the house manager about this who told us the person's capacity was fluctuating. We asked the manager what they would do if the person refused to move. The manager said, "I hadn't thought about that." Staff we spoke with said they thought the person did not have the capacity to keep themselves safe.

One person's care plan we looked at showed that a mental capacity assessment had been completed prior to DoLS authorisation being granted.

We spoke with the registered manager regarding the discrepancies with people's mental capacity assessments and they told us they would review their procedures and individual documentation immediately.

Is the service effective?

In general people were happy with the food. Comments included, “The food is good. My favourite are the puddings”, “I always get plenty to eat and don’t have any grumbles about the food”, “Best meals I’ve ever eaten and the staff are lovely. The food is lovely and the service is superb” and “The food is quite all right. We don’t do bad at all. We get a choice.” One person said, “The food could be better. It did improve for a while. There was a new menu. There are a lot of pies or casseroles. There’s a preponderance of things with mince and corn beef hash. Sloppy stuff. It tastes ok; it’s just too much slop.”

Relatives we spoke with said, “The food is up and down. If they gave them a banana it wouldn’t be so bad” and “My relative is not a big eater. The food is fantastic.”

We observed lunch on all four of the units during the inspection. We saw the tables were set nicely with clean linen, condiments and a small artificial flower arrangement. We saw menus were displayed in the dining area which included an illustrated night bite menu where people could choose from a range of food and drink items during the night. These included beans on toast, fruit, yoghurt, biscuits and hot or cold drinks.

On one unit we observed a person began to cough and splutter on some food. Three members of staff responded immediately, assisting them to sit upright and patted their back gently. One member of staff went to bring the person a drink, whilst the other staff member sat with them, reassuring them and helping them calm down. Once they had recovered, the member of staff stayed with them and supported them to eat the rest of their lunch.

We saw staff serving from the heated trolley asked people by name what they were having, and were friendly and encouraging. Pureed food was presented in separate identifiable sections, and smelled and looked good. One person had requested a bacon and tomato sandwich, which was provided.

On one unit we saw three people sat at the dining table. Other people were sat in easy chairs with an over the lap table or in their room. We saw lunch was well organised and staff provided support to people. As people finished their meal staff were quick to respond and asked people if they had enough to eat.

One person was served chow mein and staff said this was the first time they had had this meal to meet their cultural needs. The house manager said they met the chef yesterday and agreed to start offering people more meals to meet their cultural needs.

One member of staff we spoke with clearly understood their responsibilities and ensured people had hot meals and good support. They had a good understanding of the different textured meals, special dietary requirements and although preferences were chosen the day before they always checked that people liked what they had. Staff comments included, “Quality of food good”, “The meals are varied” and “There is plenty to eat.”

People told us they could have a snack at any time if they wished, and drinks were freely available in rooms and the lounges. We found drinks and snacks were available for people throughout the day and we observed staff encouraging people to drink to reduce the risk of dehydration.

We found people’s nutritional needs were assessed to see if they were at risk of malnutrition and where risks were identified action was taken. For example, people with concerns of malnutrition had been referred to dietician and a food plan had been put in place. However, one person’s eating and drinking care plan recorded their weight on admission on the 10 February 2015 and again on the 28 February 2015. Their weight was very low. There was no instruction of how often they should be weighed as they were at high risk of malnutrition. We also noted they refused several types of food that were offered during lunch time. One member of staff had confirmed they had eaten breakfast but the person’s food intake was not been monitored. The staff member said, “She likes chips but can’t have them every day.” There was no evidence that this person’s likes, dislikes and cultural preferences were documented. We were not able to see any referral to the dietician or GP regarding this person’s low weight and risks of malnutrition.

We spoke with the registered manager regarding monitoring of nutritional intake and they told us they would review their procedures and individual documentation immediately.

There were separate areas within the care plan, which showed specialists had been consulted with regard to people’s care and welfare which included health

Is the service effective?

professionals, GP communication records and hospital appointments. We saw the provider generally involved other professionals where appropriate and in a timely manner, for example, GPs, tissue viability nurse, the speech and language team, dietician and chiropodists.

One relative we spoke with told us, “My wife had health problems before she moved in and used to be in and out of

hospital. Since coming here she has been better because they are managing her health well.” Another relative said, “They will ring at night. They will usually tell me if she has a GP appointment.” One relative told us, “They always ring if they need a doctor and follow up.”

Is the service caring?

Our findings

People who used the service and relatives we spoke with all told us they felt the staff were caring and supported them or their family member very well. They said staff were friendly and pleasant and treated them with respect. One person said, "I do like a shower, but I fall over. They hold on to me and make sure I don't fall. I feel quite comfortable with them helping me." Another person said, "I have been living here for five years and I love it. You can't fault anything at all. The staff, the food, everything is great." One person told us, "I see the staff as members of my own family because that's how much they care and that's how much confidence and trust I have in them." Other comments included, "The girls couldn't be nicer. I am very happy here", "We're lucky as we know all the staff" and "The staff work very hard to please you."

People's relatives told us they were very satisfied with the care their family member received. One relative told us, "The staff are good. We're happy with them and get on with all of them." Another relative told us, "My wife is really settled. It's always the same nurses and same care workers working in the unit. Things aren't changing all the time which has really helped her settle." One relative said, "The staff are very kind to [name of person]. They talk to me about their care. I feel involved." Other comments included, "The staff, they're lovely, absolutely lovely", "They're very caring" and "She's well looked after."

We saw people who used the service had positive and caring relationships with staff. Staff were seen chatting on a one to one basis with people, offering reassurance and responding to people with understanding and compassion. People were asked what they wanted to do and where they wanted to sit and staff listened. People appeared comfortable in the presence of staff and looked

well-presented and well cared for. They had clean clothes and their hair styled and brushed. There was a pleasant atmosphere throughout the day which created a homely environment.

We observed interaction between staff and people living in the home on the day of our visit and people were relaxed with staff and confident to approach them throughout the day. Staff were confident people received good care. One staff member said, "Residents are happy. They tell you they are. I'm happy working here too."

People who used the service and/or family members were involved in decisions about their on-going care. Care plans we looked at had been completed with input from the person and/or their relative. We saw the person or family member had signed the resident/family document. We saw some people had 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) plans in place and these had been agreed and signed by the person or their relative. These also confirmed the health professional, where appropriate, had worked through the DNACPR with the person and had gained consent prior to the DNACPR being signed.

People living in the home told us they were given appropriate information and support regarding their care or support.

Everyone we spoke with told us their dignity and privacy was respected. We observed staff attending to people's needs in a discreet way which maintained their dignity and staff knocked on people's bedroom doors before entering.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence.

We saw staff assisted people when required and care interventions were discreet when they needed to be. Staff accompanied people to their bedrooms or toilets if support was needed.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care. However, people's histories, interests and life experience had not always been completed or sought.

One person's care plan showed their needs had been assessed and reviewed regularly. The person was involved in their care and support. Good information was recorded about their medical needs. We noted the person had gained weight and saw the chef had spoken with the person about alternative healthy options. Records showed the person was happy with the suggestions and their wishes had been respected.

However, we saw from one person's care plan their pre admission assessment dated 3 December 2013 stated their first language was Chinese. It was also recorded there was a language barrier. Throughout the person's care plans and subsequent reviews they continued to identify there was a language barrier. The care plan stated '[name of person] sometimes responds to very simple instruction. Usually gets muddled'. Monthly care plan reviews dated 05 January 2014 to 20 December 2014 generally identified that communication remained difficult due to the language barrier. We found there was no information about the person's history and we saw a document called 'this is me' where most sections were blank. The history and information about where they had lived had not been completed and there was no information about their life before they moved into the care home. We did see a reference to sons and daughters but no other information. There was no information about how staff should communicate or meet the person's cultural and dietary needs.

We noted another person did not have English as their first language. One staff member told us, "I have tried a variety of different foods, but they refuse." They said they had not tried using an interpreter. The senses and communication care plan stated 'can understand short simple English'. However, there were no examples of what information could be understood and no guidance for staff of how the risk of social isolation was to be managed. It was noted in

the lifestyle section of the care plan 'having a close friend or relative'. Also noted was a social worker but only one contact telephone number was recorded. There was no information about how staff should communicate or meet the person's cultural diet and needs.

We noted some information in the care plan was contradictory. For example, the healthier, happier life care plan stated 'unable to express verbally when in pain, however, it had been identified that their sleep was disturbed when in pain. Another example, the washing and dressing care plan stated 'prefers a shower'. It was not clear how this had been established and we saw they had a bath on the 8 March 2015.

One person's pressure sore care plan we looked at contained a care management plan which included skin integrity checks, pressure risk assessment, malnutrition score, positional change recommendations and a wound management plan. We saw the person was being nursed on a pressure relieving mattress and a static pressure cushion when sitting in a chair. Staff told us a referral to the tissue viability team had been made; however, we could not see evidence of this in their care plan. We saw documented evidence which suggested the pressure damage had considerably reduced with the implementation of the care management plan.

Some care plans we looked at did not always provide the relevant information for staff to look after people effectively. For example, we noted in one person's care plan they were diabetic and on insulin therapy. Staff told us they had consented for their blood glucose to be checked twice daily. We saw the blood glucose levels had been completed. However, we found equipment to check the person's blood glucose level had not been checked or calibrated and there was no records this had been completed. Staff told us they were not aware of how to check the machine. We also noted the person used a catheter. Staff told us they were not aware of the reason for the need of the catheter. We saw from their care plan catheterisation had occurred 13 times over the past eight weeks. We were unable to locate evidence regarding the GP being informed of the catheter problems. Staff were unable to confirm if the GP had been made aware of the ongoing issues. We saw a referral to the community urology team;

Is the service responsive?

however, this was dated 40 days after the onset of the catheter problems. We were not able to find guidance in the care plan for staff on the safe management of the catheter.

The care staff we spoke with said they could access care plans and recorded what people did in the care records. They did not generally read the plans and found out how to meet people's needs through discussions with colleagues, nurses and at handovers.

We found aspects of people's care was not assessed, planned and delivered appropriately. We found different issues to the last inspection and we have concluded there was minor impact at this inspection. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us people living at the home were offered a range of social activities.

We saw a list of activities displayed in the entrance and lounge areas of each unit and these were supported with pictures. These included baking club, cinema morning, coffee afternoon, church service, clothing party and games. On the day of our inspection we saw a range of activities taking place across all the units which included bingo, church service and games.

We saw people engaging with the activities and staff members attempted to involve all the people who were in the area of the activity. People who used the service told us, "There's something organised most days. Quizzes, bingo and things like that", "You can join if you want or you don't. We're all sociable, everyone's friends", "I like most things on offer" and "Oh yes, I am quite happy. It's very friendly." Relatives we spoke with said, "The activity organiser's fantastic. She knows everything about everyone" and "There are always activities, in the garden in summer."

However, we saw some people either stayed in their rooms or sat in armchairs in front of the lounge television. One person said, "Well I go to bingo cos it's on, and it passes the time. It's not really my sort of thing." One person spoke with enthusiasm about his guitar heroes and how he used to

play in a band with some friends. They said, "I've given them some CDs that I had for a bit of variety." One staff member said, "I think there could be more for people who stay in their rooms."

One thank you card we saw stated "No words in a card can ever justify how you cared for our Dad. You and your team have been fantastic. Also the way you have cared for us as a family. We will never forget any of it. Thank you so very very much."

The complaint's policy was displayed in the entrance to the units and we saw it was referred to in the booklet made available to each person when they came to live in the home. We saw a copy of the 'complaints leaflet' and the 'suggestions and compliments leaflet'. One house manager we spoke with said no complaints had been received. People had written information available, to make them aware of their right to complain and they were supplied with information as to how any dispute would be handled within the organisation.

People we spoke with told us they had no complaints. They said they would speak with staff if they had any concerns and they didn't have any problem doing that. They said they felt confident that the staff would listen and act on their concern. One person said, "It's very nice. We're well looked after. I'm happy here. I can't complain about the food or anything. I've no complaints at all, but if I did, I'd talk to any of the staff. They're all very kind and helpful."

We saw evidence of the complaints log. The home manager explained the specific issues, the investigation, the actions that had been taken to resolve the issues and the outcome and we saw e-mail confirmation of this, together with ongoing monitoring regarding maintaining high standards of personal care. Complaints were dealt with to minimise the risk of the same issue arising in the future.

People told us their relatives and friends could visit when they wanted. We observed relatives and visitors arriving throughout the day and saw they were able to maintain relationships with family and friends without restrictions. We saw several members of one person's family had lunch with them for their birthday. One relative we spoke with said, "I'm full of praise. They care for families, not just residents. I feel welcome when I visit. I think they do a fabulous job here."

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The home had house managers and a clinical service manager. The management team worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

People who used the service and visiting relatives said they would recommend the home to others. One person said, "Very much so. I am very happy here." Another person said, "Oh yes, it couldn't be better" One relative said, "Yes, I would recommend the home." Another relative said, "I definitely would recommend the home to others."

Staff spoke positively about the registered manager and the management arrangements and said they were all very approachable and supportive. They said they received good support from the house managers, clinical services manager and the registered manager. They said they were kept informed of all changes that were appropriate to them and their role. One staff member said, "Couldn't ask for a better house manager. Things are well organised." One staff member said, "I enjoy this job, especially this unit. This is where my heart lies". Another member of staff told us, "I enjoy my job. I wouldn't change a thing" However, some staff said they did not think they could share personal information with their unit manager because this would not remain confidential as they told other members of staff about it, particularly people she was friendly with outside of the unit.

We spoke with the registered manager about the key achievements and areas to improve. They said a key achievement was getting around the units and listening to staff on a daily basis and an area for improvement was to look at more activity, entertainment and independence for people.

The registered manager told us they monitored the quality of the service by monthly quality audits, daily walk rounds, resident and relatives' meetings, talking with people and relatives, sampling a dinner from the kitchen, observing the entertainers and asking if people were enjoying the entertainment and meetings.

Quality assurance systems were in place in the home to assess and monitor the quality of service that people

received, which included audits on hand hygiene observations, care records, accidents and incidents, moving and handling, falls, pressure ulcers, medications, equipment and daily walk round checklists. We saw the audits were effective and showed evidence of the follow up action taken by staff.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. We saw accidents and incidents had been recorded and lessons learnt had been communicated to staff through meetings to ensure improvement was driven through the organisation.

The registered manager showed us the 'service improvement plan', which had been completed in November 2014. They told us the results of the 'resident and relatives survey' undertaken in September 2014 was due by the end of March 2015 and then an action plan was to be put in place and followed up quarterly at residents and relatives meetings.

The provider had policies and procedures, which included safeguarding vulnerable adults, privacy and dignity, mental capacity, best interests, Deprivation of Liberty Safeguards, medicines management and infection control. We saw these were available and accessible to members of staff on the provider's intranet. The registered manager told us the policies and procedures were updated centrally and recognised most of the policies and procedures had not been updated by the stated 'review dates'. This meant staff may not be working to up-to-date protocols and thus may compromise the provision of a consistent level of care and support.

We saw resident and relative meetings were scheduled for 2015, outlining meetings every three months. We looked at February 2015 meeting minutes which showed areas of discussion included new documentation in care plans, new chef in place, key to patio door given to people and/or their relatives and refurbishment and furniture delivered. People who used the service and relatives said they were aware of meetings. One relative said, "They are at an awkward time, but I never have any problem talking with the staff about any concerns. The staff are very approachable and responsive." There were mechanisms in place to communicate with people and involve them in decision making in relation to the service.

Is the service well-led?

We saw the meetings schedule for 2015, which detailed the dates of head of department meetings, health and safety meetings, staff meetings and supervisions. We saw staff meetings were held on a regular basis. We saw discussions held were around quality and safety. Recent meeting topics discussed included infection control, maintaining standards and using personal protective equipment; introduction of new documentation, my day, my life; giving resident's choice and best interest decisions and pressure prevention. One staff member said, "I feel listened to and my ideas are listened to."

The registered manager showed us the annual staff survey from October 2014. We also saw the action plan on an A3 poster; however, we were unable to see a date on the action plan. Some direct quotes from the action plan were, "We regularly use feedback from our customers/residents,

patients to better understand and help them; discuss the feedback at staff meetings, daily meetings as appropriate" and "I regularly receive appropriate recognition when I do a good job; embed everyday hero across site, discuss at daily meetings, encourage staff, families/residents to use everyday hero for staff recognition."

Effective mechanisms were in place to give staff the opportunity to contribute to the running of the home. In addition, care issues were discussed which meant that any key risks were communicated to staff about people who used the service, thus care provision was enhanced. We saw compliments and complaints were used as a learning tool to ensure improvements in the service and to provide additional information regarding the standard of the service.

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	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing The registered person did not make appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified and skilled and experience staff to meet people's health and welfare needs. This is a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff There were not suitable arrangements in place to ensure staff are appropriately supported in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard. This is a breach of Regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person did not take proper steps to ensure that each person was protected against the risks of receiving care or treatment that was inappropriate of unsafe. This is a breach of Regulation 9 Health and Social

This section is primarily information for the provider

Action we have told the provider to take

Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.