

## Westholme Clinic Limited

# Westholme Clinic Limited

## Inspection report

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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?

Requires improvement



### Overall summary

Following an inspection on the 10 and 13 February 2015 to Westholme Clinic Limited, breaches of legal requirements were found in six areas and we took enforcement action with regard to three of them. Warning Notices were issued in respect of care and welfare of people, management of medicines and assessing and monitoring the quality of service provision, which were to be met by 4 April 2015. A responsive inspection was carried out on 13 May 2015 to follow up on the warning notices. At that visit we found that improvements had been made and the Warning Notices had been met.

We undertook an unannounced comprehensive inspection of Westholme Clinic on 6 January 2016. This inspection was carried out to confirm that improvements had been sustained and to check that the service now met legal requirements in the breaches of the regulations we found in February 2015. At this inspection we found that improvements had been made and the service was no longer “inadequate.” However we have identified some areas for further improvement.

# Summary of findings

Westholme Clinic Limited provides personal and nursing care for older people living with dementia and other mental health conditions. It is registered to accommodate up to 55 people and at the time of our visit 50 people were living at the home.

The service had not had a registered manager in post since April 2015. The person currently managing the home had not yet been registered with the Care Quality Commission (CQC). We have referred to this person as 'The manager' throughout the report. 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's medicines were not always managed safely. There were some medicines that were used as stock medicine for a number of different people. We found inconsistencies and poor practice in relation to medicines records, including transcribing of medicines and accuracy in recording medicines given. Staff were not fully aware of best practice guidance in relation to managing and recording medicines.

Before anyone moved into the home a needs assessment was carried out. However due to their needs, people did not always understand a care plan had been prepared for them. Only one relative said they were included in the development of their relative's care plan. People's care plans provided information for staff on how people should be supported. However care plans were task orientated and not person centred. There was little evidence that people were consulted and involved in the planning of their care so people were not always involved. This meant that care may not always be delivered in the way they preferred.

The manager used a needs dependency tool to assess the required staffing levels to meet people's needs. People told us there were enough staff on duty. Relatives considered there were enough staff to meet people's needs and we observed that there were sufficient staff on duty at the time of our visit.

People told us they felt safe. Relatives had no concerns about the safety of people. There were policies and

procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm. Appropriate recruitment checks were carried out to check staff were suitable to work with people.

Care records contained risk assessments to protect people from any identified risks and helped to keep them safe. Although these gave information for staff on the identified risk there was not always clear guidance on reduction measures contained in the risk assessment. There were also risk assessments for the building and contingency plans were in place to help keep people safe in the event of an unforeseen emergency such as fire or flood. **We have made a recommendation regarding risk assessments.**

Staff received training in a variety of subjects and the manager told us 80% of care staff had a national qualification in care such as a National Vocational Qualification (NVQ). Since the last inspection additional training has been provided for staff in areas such as caring for people living with dementia. The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Newly appointed staff received an induction to prepare them for work and staff received regular supervision.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager and staff understood the basic principles of DoLS and acted in people's best interests if they did not have capacity to consent to their care and support. However greater understanding of the Mental Capacity Act 2005 (MCA) and DoLS is needed. **We have made a recommendation regarding MCA and DoLS.**

People were satisfied with the food provided and said there was always enough to eat. People had a choice at meal times and were able to have drinks and snacks throughout the day and night. Specialist diets were catered for such as softened food textures and consideration was given to certain conditions such as diabetes. The advice of specialist services such as the Speech and Language Therapist were sought so people could be supported to eat and drink safely and according to their needs.

Staff supported people to ensure their healthcare needs were met. People were registered with a GP of their choice and the manager and staff arranged regular health

# Summary of findings

checks with GPs, specialist healthcare professionals, dentists and opticians. A visiting GP told us people's health care needs were met and appropriate referrals were made when medical assessment or treatment was needed. Appropriate records were kept of any appointments with health care professionals

People told us the staff were kind and caring. Relatives had no concerns and said they were happy with the care and support their relatives received. Staff respected people's privacy and dignity and staff had a caring attitude towards people.

People told us the manager and staff were approachable. Relatives said they could speak with the manager or staff at any time. The manager operated an open door policy and welcomed feedback on any aspect of the service. Regular meetings took place with staff, people and relatives.

The provider had a policy and procedure for quality assurance. The manager and senior staff carried out

weekly and monthly checks to help to monitor the quality of the service provided. Quality assurance surveys were sent out to people and relatives at six monthly intervals to seek their views on the service provided by Westholme Clinic.

It was evident the manager and provider had invested time and effort into improving the service following the previous inspection. We noted improvements in all the areas identified during our previous inspections. Staff told us that the manager had made improvements to the service. They reported that the manager and provider had involved staff in discussions and decision making regarding improvements the service needed to make.

We two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The provider did not have appropriate arrangements in place to safely manage people's medicines.

Risk assessments were in place, however these did not always provide staff with the information they needed to mitigate any risks identified.

People said they felt safe. Staff understood safeguarding including the signs of abuse and what action to take.

There were sufficient staff on duty to keep people safe and meet their needs. Recruitment practices were thorough.

**Requires improvement**



### Is the service effective?

The service was not always effective.

The provider, manager and staff did not fully understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff received training to support them in their role. Staff performance was monitored by supervision and appraisal.

People had sufficient to eat, drink and maintain a healthy lifestyle. People had access to health care professionals to maintain good health.

**Requires improvement**



### Is the service caring?

The service was caring.

People were treated well by staff. Relatives confirmed staff were caring and respectful in how they treated people.

People were supported by care staff to ensure their privacy was respected. People and staff got on well together

**Good**



### Is the service responsive?

The service was not always responsive.

Care plans were not person centred and did not take into account people's wishes and preferences about their needs and how they wished to be cared for.

A range of organised activities was available to people on a daily basis.

Complaints were addressed and managed appropriately in line with the provider's policy. Complaints were dealt with promptly

**Requires improvement**



# Summary of findings

## Is the service well-led?

Some aspects of the service were not well led.

The manager had not yet registered with the Care Quality Commission.

Formal systems and processes were being developed to measure the quality of care delivered.

People and their relatives felt the manager and staff were approachable and said they could speak with them at any time.

**Requires improvement**



# Westholme Clinic Limited

## 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 checked 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 6 January 2016 and was unannounced. Two inspectors, a nurse specialist advisor and a pharmacist inspector undertook this inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that some people at the home were living with dementia not all people were able to share their experiences of life at Westholme Clinic Limited. We did

however talk with people and obtain their views as much as possible. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During our inspection we observed how staff interacted with people and supported them in the communal areas of the home. We looked at care plans, risk assessments, incident records and medicines records for six people. We looked at training and recruitment records for four members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with eight people and five relatives to ask them their views of the service provided. We also spoke to the manager, two Registered General Nurses (RGN) three domestic staff, the maintenance person, the cook and five members of care staff.

The previous comprehensive inspection took place on 10 and 13 February 2015 when we found the service was Inadequate.

# Is the service safe?

## Our findings

At the last comprehensive inspection in February 2015 we found the service was not safe in relation to their storage, administration, recording and disposal of medicines. We issued a Warning Notice in relation to this breach of regulation and at the inspection in May 2015 we found they had met the Warning Notice and taken action to meet the requirement. At this inspection we identified new concerns in relation to storage, administration and recording of medicines.

The medicines room was found locked and on entering the room was found to be clean but the surfaces were somewhat cluttered and untidy. Environmental temperature monitoring was in place however temperatures were not correctly maintained. This meant that the quality of some medicines could be degraded if they were kept outside the designated temperature range. This appeared to be a lack of understanding on staff's part rather than a failure of equipment.

On top of the medicines trolley a tray held external products to include topical creams, eye drops and inhalers and even one resident's insulin. Throughout the inspection these items remained on the tray. This meant when staff removed the trolley from the medicines room to carry out the medicines round they were not securely stored. The trolley was crowded and due to lack of space. One resident's individual boxed medication of Movicol sachets had been used to store the same medicine for other people. This meant that other people's medicines were being stored in one person's box of prescribed medicine. The manager pointed this out to us and was very open and transparent throughout the inspection. We explained that this was poor practice as checking the individual medicines label is part of good practice and the label is the authority to give the medicine.

We saw there were hand transcribed MAR charts to include those for antibiotics. Controlled drugs and other items were found to be written with insufficient information added and in some cases with no signature to identify who had written the chart or evidencing the charts had been checked. The manager and staff spoken to were not fully aware of the NMC guidelines or managing medicines in care homes or National Institute for Health and Care Excellence (NICE) guidelines relating to transcribing medicines.

We checked medicines administered against the stock of medicines remaining and found some discrepancies with the dose numbers left in stock when cross referenced against MAR charts quantities and signatures. These discrepancies were agreed with the registered nurse on shift who was responsible for medicines. The discrepancies included medicines to treat an infection, high blood pressure and psychosis where there was a difference between the medicines recorded as given and the stock remaining. There were also discrepancies in the recording of controlled drugs in the Controlled Drugs Register and the MAR charts to confirm when medicines were given. This meant that some people may not have received their medicines as prescribed.

On the day of inspection two residents were having medicines administered covertly. The manager had evidence of requesting the GP's support in this matter and there were authorisations signed by the GP. Pharmacy advice was recorded as having been sought although we noted that the pharmacy advice and recommendation had not been clearly documented. The registered nurse responsible for medicines explained in one case medicine would be added to the person's breakfast but there were no records or information in place to document how this would be safely managed to ensure the resident had consumed the dose and that other residents would not be at risk of ingestion.

We found that topical creams were stored in people's rooms. There was a date on the cream when they had been dispensed however there was not date of opening. This meant staff did not know how long the cream had been in use. Because the shelf life of certain creams can be dependent on the date of opening staff would not be aware of when they were out of date for use.

We observed the registered nurse preparing a medicine which required dissolving in water. The registered nurse then brought the medicine to the person it was for, explained that they needed to drink the medicine and encouraged them to do so. However after a few minutes the registered nurse left the resident with the medicine and did not return to check if they had drunk it. Some time later we observed the person had fallen asleep, had not had anything to eat or drink and had only drunk half of the



## Is the service safe?

liquid in the beaker containing the dissolved medicine. This meant that the person may not have the correct dose of the medicine prescribed and there was a risk that this could have been taken inadvertently by another person.

The manager could evidence that monthly audits were taking place although they did not identify all the issues evidenced on the day of the inspection.

People living at the home were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the proper and safe management of medicines. **This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We reviewed the current MAR charts which were separated into the three accommodation units A, B and C. The majority of items were only on the third day of the new monthly cycle. Allergy status recorded on the medication profiles in the MAR folders matched those recorded on the MAR charts and residents had up to date pictures to aid identification of residents before administration of medicines. In general the charts were tidy and up to date.

We observed the lunchtime medicines being administered. Two registered nurses were involved in the process. One read from the MAR and the other prepared the medicine and took it to the individual resident in the dining room. After administration the first registered nurse signed the MAR. The manager had recently introduced this system to improve safety and had also rewritten the medication procedure. The manager confirmed that medication training by the pharmacist is booked for February 2016. She also told us she was going to be supported with medication audit training by the pharmacy now supplying their medicines.

People could at times present behaviour which was challenging to others. The risk assessment explained the behaviours one person exhibited and provided staff with information on risk reduction measures for this person. Manual handling records were in place and they included information on the equipment and staff needed to ensure safe moving and handling. There was a fire risk assessment for the building and we saw environmental risk assessment were in place for the following: Garden safety, smoking, use of bathrooms, leaving people unattended in communal area and exiting the front door.

People's risk of developing pressure ulcers had been assessed using Waterlow, a tool specifically designed for this purpose. Registered nurses monitored and dressed people's pressure ulcers and involved other specialists such as tissue viability nurses or consultants for advice. For one person we saw the Waterlow score was increasing – last completed December 2015 This person was currently nursed on a pressure relieving mattress to reduce the risk of pressure areas developing. Staff told us that the risk of falls had improved one said “the risk has lessened since we had the new chairs and sensor mats.” Individual risk assessments were contained in people's care plans but these did not always give staff the guidance they needed to help keep people safe. For example one person had a risk assessment in place as they were at a high risk of falling. The risk assessment stated that the person was at risk but did not contain any information on how the risk could be minimised. We did see information in other areas of the care plan folder on how the person should be supported when mobilising. The care plan indicated that two people should provide support and the person should use a Zimmer frame however the risk assessment did not reflect this. There was another example that a person living on the first floor had a high risk of falls it also stated the person refused to use their Zimmer frame. Whilst both the risk assessment and the care plan identified that the person was at a high risk of falls there was nothing documented about ways to minimise the risks. For example, increased supervision through observation or supporting them to come downstairs in the morning as there was a significant risk associated with the unprotected staircase on the first floor. **We recommend that the provider seeks advice and guidance from a reliable source to ensure that risk assessments provide sufficient information to staff on how identified risks can be minimised.**

Each person had a personal evacuation plan which recorded any specific actions required in the event of an evacuation and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

People told us they felt safe in the service. For example, one person said, “I am quite happy, It's a good place” Another person said “The staff are good and there's always someone to help you”. Relatives also said they felt people



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were safe at the service. One relative said “I placed my relative here because my father in law was here previously, I know the home and people are safe and well looked after”.

We looked at staffing levels across the home. The manager told us that between 8am and 8pm there were two Registered General Nurses (RGNs) and eight care staff on duty. Between 8pm and 8am there was one RGN and four care staff on duty who were awake throughout the night. The manager showed us a dependency tool they used to assess people’s needs and this helped to ensure there were sufficient staff employed to meet people’s needs. In addition to care staff there was a housekeeper, three cleaners, two laundry assistants, two cooks, two kitchen assistants, a gardener and two maintenance people. These staff worked flexibly throughout the week. We looked at the staffing rota for the previous four weeks and these confirmed the stated staffing levels were maintained. People we spoke with were complementary about staff they said there were sufficient staff around to support them. One person said “There is always staff around to help”. From touring the home we saw staff were supporting people in different areas of the home. The manager told us that one member of staff was permanently based in the main lounge area so they could monitor people and provide support as required. We saw that this level of staffing was maintained and that staff tended to congregate in this area as it was the main focal point in the home. There was a quiet lounge where some people choose to sit and we saw that although staff were not permanently based in this area, staff checked to see if people required any help or support as they passed by. Relatives considered there were enough staff to meet people’s needs and we observed that there were sufficient staff on duty at the time of our visit.

Recruitment records for staff contained all of the required information including two references, one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. Terms and conditions of employment were also contained in the files. We spoke with staff who

told us their recruitment had been thorough. We checked that all trained staff had current NMC registration. Seven RGNs had 2016 re-registration dates. The manager told us that staff will re-register as and when required.

People said they felt safe living at the home. The provider had an up to date copy of the local authority safeguarding procedures. The manager knew what actions to take in the event that any safeguarding concerns were brought to their attention. Staff confirmed they had received training with regard to keeping people safe and knew how to report any safeguarding concerns to their manager or to a member of the local authority safeguarding team. Staff were able to describe the types of abuse they may witness or be told of and knew what action to take.

At the inspection carried out on the 10 and 13 February 2015 we found Westholme Clinic Limited was in breach of Regulations associated with maintaining a safe premises. At this visit we found that improvements had been made and they were now meeting the requirements of the regulation.

We toured the home and the manager told us the home had been repainted in certain areas and refurbishment was on going, including some of the bathrooms. The home looked generally comfortable and clean. We received positive comments from a relative in relation to the décor; they said “Things have generally improved in the last six months with the décor. It lacked a coat of paint before and there are new pictures. The fish tank was reeking and now it is lovely and clear”.

People’s safety was protected by the use of suitable and safe equipment to meet their needs. There were wide corridors with handrails to assist people with mobility. There were different styles and shapes of chairs including recliner chairs. Specialist mattresses for pressure relief were in use and there was other suitable equipment including, full body hoists, sit on weighing scales and walking aids as well as wheelchairs.

The manager told us that regular maintenance checks of the building were carried out. There were two maintenance staff who shared day to day maintenance tasks. If staff identified any defects they were recorded in a log and reported to the maintenance team who signed these off as each defect was rectified. We looked at maintenance records and these were up to date and showed checks had taken place on portable and electrical appliances, fire

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extinguishers and lifting equipment. The manager said that any defects were quickly repaired and this helped to ensure people and staff were protected against the risk of unsafe premises.

At the inspection on 10 and 13 February 2015 we found the provider was in breach of Regulations associated with quality monitoring as there was no effective system for monitoring trends related to accidents and incidents. At this inspection we found that improvements had been made and they were now meeting the requirements of this regulation.

There was an accident/incident reporting system and staff were aware of the reporting procedures. The accident file showed a record of bumps and falls sustained by people with the outcomes reported on. The incident file recorded three incidents. There were actions and outcomes recorded so that learning could take place. One of the action plans instructed that a member of staff should be stationed in the lounge area to monitor people and help prevent falls.

# Is the service effective?

## Our findings

People told us they got on well with staff and they were well supported. People said that staff were competent and skilled at their roles. Relatives said the staff were good. Comments included “The staff are excellent, I can’t fault them”. Another said “They know everyone by name and whenever I visit there are always staff in the main lounge area chatting and supporting people”.

We looked at the training provided for staff. The manager had a file which contained completion certificates for staff training. We examined a training matrix which had a spread sheet outlining mandatory training such as; moving and handling, health and safety, safeguarding, infection control, first aid, food hygiene and fire safety. These detailed the dates the training had been completed. The most recent training date was October 2015.

There was a column on the spread sheet where ‘additional training’ was documented. The additional training list had details of a number of training courses staff had undertaken. We saw that some of the dates for this additional training went back to 1987. This meant that this additional training may not now be up to date or relevant. The current systems in place at the home did not always identify if all training was up to date and relevant and did not enable the manager to forward plan and remind herself and staff when any training updates were due. One of the RGNs told us that they had had no medication training other than briefing by the manager and said “I need to further my knowledge. I have clinical supervision but I don’t ask for training”. The manager told us that there was some training delivered that was not on the matrix including the recent Mental Capacity Act and Deprivation of Liberty Safeguards training and a 16 week dementia course which had been provided by the West Sussex ‘in reach’ team. Staff we spoke with felt they had sufficient training to meet the needs of the people they supported

One staff member said “Training is generally good, the manager has arranged dementia training for everyone and it’s really good”. Another told us “The new manager works alongside us and provides advice all the time. I am confident in my role”

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Staff told us they received an induction when they started work which prepared them for their role.

We were shown an induction form used by new staff. This included; orientation to the service and information about policies and procedures such as; confidentiality, philosophy of the service, dress standards, accident and incident reporting, fire and clinical waste disposal. Staff told us that they shadowed experienced staff before they worked on their own. The manager told us that any new staff would be enrolled on the new Care Certificate induction programme, which is a nationally recognised standard of training for staff in health and social care settings.

Staff had the skills required to meet people’s needs effectively. The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people’s needs and support people effectively. Staff confirmed they were encouraged and supported to obtain further qualifications. The provider employed seven RGNs who were all registered with the NMC. There were 19 care staff, four were nurses in their own country but were not registered to practice with the NMC, six staff members had National Vocational Qualifications (NVQ) at level two, one had NVQ level three. These are worked based awards that are achieved through assessment and training. One member of staff had completed the Care Certificate and one had a social work degree.

Staff told us they were well supported by their team leader or manager. The manager told us that until she had taken over as manager staff had not received supervision as regularly as they should. However since she had been appointed regular supervision sessions had been introduced for all staff. Records confirmed that all staff were receiving supervision. We saw from the supervision

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documents that both the member of staff and the supervisor had an opportunity to raise items for discussion. There were also records for staff appraisal for nine staff members in 2015 where training needs and action plans were included. These were signed by the manager and member of staff. The manager told us that she was working her way through staff appraisals. More frequent supervision of staff would ensure any training or development needs were addressed and would monitor how staff provide effective care to people.

At the inspection carried out on the 10 and 13 February 2015 we found Westholme Clinic Limited was in breach of the Regulation associated with consent to care and treatment. At this visit we found improvements had been made and they were now complying with this requirement.

Following the previous inspection the provider had arranged training for the manager and staff regarding The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. (DoLS).

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. (DoLS). The manager had made applications under (DoLS) for all people who were living with dementia as they may have been restricted from going out into the community unescorted. A number had already been authorised by the local authority, while others were being dealt with on a priority basis.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions for people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with understood the basic principle that people should be assumed to have capacity unless it has been established that they lack capacity. The manager understood that should anyone lack capacity a best interest decision was needed. We saw that capacity assessment were being undertaken, however best interest

decisions were not always recorded. For example one person who needed bed rails and bumpers in place to keep them safe in bed had these in place without appropriate consent being obtained and recorded. The manager had recently acquired a copy of the Mental Capacity Act 2005 Code of conduct to assist her in this area. **We recommend that the provider seeks additional training from a reliable source to ensure that the manager and staff fully understand the implications and requirements of the MCA 2005 and DoLS.**

Staff said although some people had problems remembering things they were able to make their own day to day decisions and could make their wishes known to staff. We observed staff supporting people and saw people were consulted as much as possible. Staff took time to explain things to people in a way they understood. People told us that they made choices about how they spent their time. They told us staff respected and listened to them. One person told us, "The (staff) are very good".

People were supported to have sufficient to eat, drink and maintain a balanced diet. One person said, "The food is good, yes". People were happy with the choice of food and drinks available. One person said "The food is always nice". Another told us "I like the food, we are well fed". People said they could choose where they wanted their meals and that they were happy with the choices available. Meals were prepared in the main kitchen. There was a four week rolling menu with a choice of meals for breakfast, lunch and supper. The lunchtime meal was the main meal of the day and this was served at 12.15pm. Food was served through a serving hatch direct from the kitchen to the dining area. We observed staff plating up meals for people and they appeared appetising and well presented. We observed lunch in the main dining area and the atmosphere was calm and relaxed. Staff were constantly reminding and encouraging people to eat and drink. Staff were attentive and caring and checking that people had enough to eat and had finished their meal before removing their plate. Some people ate at the dining table while others had meals in chairs with a side table. We saw people were well supported by staff and people who took longer to eat than others were afforded the time to do so.

We saw that care plans contained the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify people who are malnourished, at risk of malnutrition or over weight. People who had been

## Is the service effective?

identified as being at risk had their weights monitored weekly. The cook told us and showed us a list of those people who had special diets and those with diabetes whose food choices needed to be considered. We saw that the cook had made two types of custard for dessert. One made with reduced sugar for those people with diabetes. This allowed everyone to have the same food but people's special diets were catered for. The cook also had a list of anyone who needed the use of any supplements to increase the calorific value of food. The cook told us how they made milk shakes with added cream for people to increase its calorific value. There were also meal supplements prescribed for certain people. The cook said that communication between kitchen and care staff was good. Care staff advised the cook of changes made to people's diets following input and advice from visiting professionals, such as speech and language therapists.

Food and fluid charts were in place to monitor how much people had eaten and drank on a daily basis. However these were not always completed each time people had any food or fluids so it was unclear how accurate these were. For example we saw that one resident refused her meal. No alternative appeared to be offered or any note taken of this, we did not see staff noting how well residents had eaten or any recording of this, no apparent food and fluids charts were completed during or after lunch. We spoke with the manager about this who said she would instruct staff to make recordings each time people were given food or fluids and to ensure any recording was accurate. This was an area that required further improvement

At the last comprehensive inspection in February 2015 we identified a breach of regulation in relation to people's care and welfare because people's health needs were not consistently monitored or met. At this inspection we found that improvements had been made and they were now meeting the requirements of this regulation.

People's healthcare needs were met. Each person had a health care plan and this contained a health assessment with information about the person's health needs. People also had a 'hospital passport'. This was a document which provided important information about the person should there be a need to go to hospital. There was information such as: 'Things you must know about me'. 'Things that are important to me' and 'My likes and dislikes.

People were registered with a GP in the local area. Staff told us they were able to access support and advice from GPs, dietician, speech and language therapists and they were supported by the local In Reach team and community mental health services. In addition an optician and dentist also assessed people in the home. People who had pressure areas had clear plans in place on how staff should manage the situation and people had suitable equipment in place such as pressure relieving mattresses. Care plans gave staff information on the correct setting for these. Staff were knowledgeable about people's health care needs. We saw a care plan for one person with diabetes who required daily insulin. This care plan had been rewritten with clear instructions for staff and provided clear information relating to insulin dose and administration, there was also regular recording regarding blood sugar monitoring to closely monitor any changes.

Staff said appointments with other health care professionals were arranged through referrals from people's GP. A record of healthcare appointments was kept in each person's care plan together with a record of any treatment given and dates for future appointments. This helped people to stay healthy and meant people's needs were monitored and care and support was planned and delivered in accordance with their individual needs and care plans.

People said they were happy and comfortable with their rooms and we saw that some people had brought in their own possessions to make their rooms homely. Since the previous inspection the provider made a number of improvements to the environment, which were on-going at the time of the inspection. We saw adaptations had been made to the environment so that people living with dementia were assisted to find their way around the home. The handrails along the walls were picked out in different colours with colour coordinated walls. There were pictures on the corridor walls and textured hangings on some walls. Toilet doors had been colour coded to assist people to recognise them. People's own rooms had a picture of the person displayed. These changes had been put in place to introduce a more homely feel and to aid those people who were living with dementia. The manager said that improvements to the environment were on going, she said she wanted to make the garden more dementia friendly but this would have to wait until the spring. However there was no written plan for redecoration and the manager was unclear of the time scales for future improvements.



# Is the service caring?

## Our findings

At the previous comprehensive inspection in February 2015 we found that people's privacy and dignity were not consistently respected and people were not always involved in decisions about their care and treatment. At this inspection we found improvements had been made to staff practice in these areas.

People were happy with the care and support they received. People said they were well looked after. Comments from people included: "You can have a good laugh with the staff, they are all nice," "Very happy the staff are always cheerful" and "They (staff) are so helpful". Relatives were happy with the caring attitude of staff. Comments included: "The staff really care; you can tell by the way they interact with people", "The staff are lovely, so kind and helpful" and "Mom loves it here, it's the staff that make all the difference". Another visitor told us "The staff are friendly and helpful" and "the staff are very friendly as far as my relative is concerned they are well looked after". One visitor told us about the care and support their friend received. They said, "the care here is perfect for him, we were recommended as I was no longer able to manage him at home. He took to it with no hesitation. He has been here for 2 years. His room is personalised and everyone knows him, they are interested in him and talk to him about his life and his work. I know everyone by name, it feels like a family".

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file.

Staff respected people's privacy and dignity. We observed them knocking on people's doors and waiting for a response before entering. Staff said that they always treated people with dignity and respect. Staff used people's preferred names, closed doors on undertaking personal care and had private conversations. One member of staff told us, "We all get on well".

We observed staff talking and engaging with people when providing support. Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions and protected their rights. There was a good rapport between staff and people. We observed

positive interactions and saw staff speaking kindly with people and sharing laughter. When talking to people staff got down to the same level so they could maintain eye contact. For example we saw a staff member talking to a person in the lounge area, the person was sitting in a chair and the staff member was on one knee so they could talk face to face. Staff spoke to people kindly and used gentle touch to reassure and support people.

We saw staff tending to a person with end of life care needs. We observed the interaction between the staff member and the person while giving her a drink. The staff member approached this person with sensitivity and patience, taking things at the person's own pace.

A number of people liked to walk around the home, staff would stop them and engage with them having a chat and then letting them go on their way. Staff explained what they were doing whenever providing any support. For example one person who was sitting in a chair was starting to slump into an uncomfortable position. A staff member said, "Let me help you get more comfortable, I am just moving your pillows so you can sit up better". Staff always found time to listen and respond to any questions and comments. We observed staff supporting people in communal areas and staff consulted people using their preferred form of address and explained to people what they were doing. We observed staff supporting one person to the table for lunch, they explained that it was lunch time and told the person about the food on offer, giving reassurance. One conversation overheard involved a member of staff who was assisting a person to read a magazine, they read an article to them and showed them pictures so they could better understand. This was a kind and supportive approach which demonstrated care for the person.

Throughout the course of our visit we observed staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them and when assisting them to eat. Staff respected people's choice for privacy. People were seen to spend time where they wanted some in communal areas, others in their bedrooms. Visitors were seen to come and go throughout the day without restriction. Although people were enabled to make choices and staff listened to their

## Is the service caring?

views, the provider did not have formal mechanisms to involve people or their representatives in decisions about their care or treatment. We have identified this as a breach of regulation in the 'Responsive' domain.

Everyone was well groomed and dressed appropriately for the time of year. We observed that staff spent time listening to people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff engaged with people in a warm and friendly manner.

All interactions observed throughout the day were kind and caring, particularly the care team supporting people during the afternoon musical entertainment, care team members were singing and dancing with people in the large communal room on the ground floor.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in

public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a nurse communication book where they recorded specific information about people and nurse staff shared this information with staff. This helped to ensure only people who had a need to know were aware of people's personal information..

There was information and leaflets around the home about local help and advice groups that people or relatives could use such as advocacy and older people's support groups. These gave information about the services on offer and how to make contact. The manager told us they would support people or relatives to access an appropriate service if people wanted this support.



# Is the service responsive?

## Our findings

People told us they were happy with the care and support they received. They said staff did a good job and were always around to help. People said that staff were quick to respond if they used their call bells. The majority of people were not aware that they had a plan of care or understood what this meant as they were living with dementia. A relative said they knew about their relative's care plan and they had been invited to the review.

At the last comprehensive inspection in February 2015, we identified a breaches of regulation related to care and welfare and involving people in decisions. The care assessed and planned for people's health conditions was not adequate and care planned did not evidence people's involvement in this. At this inspection we found that improvements had been made to people's care plans and they were better designed to understand and meet people's health and well-being needs. However we identified further areas for improvement in relation to person-centred care planning.

Since the inspection in February 2015 the manager had been working to improve the care planning system at the home. However this was still a work in progress. There was evidence of the manager's recent involvement in writing the care plans and in supporting her registered nurses to develop their skills in care plan writing. The home was in a period of transition from task led to more person centred care and there was evidence of this in the way that people are cared for.

We saw that improvements had been made to care plans for people who had been losing weight. For example one person's weight had been recorded monthly. They showed the person's weight in August 2015 was 70.8 kg and in November 2015 this had gone down to 66.4kg. A total weight loss of 3.4kg in 4 months. This had been partially attributed to a hospital admission. However since returning home and following involvement of specialist support the person had regained her weight and is currently back to 70kg. There was other information in care plans regarding pressure area care. Regular skin integrity assessments were carried out and where required suitable pressure relieving equipment had been obtained. We saw a detailed end of life care plan for one person and this included monitoring for pain or distress. Suitable medicines were in place to support the persons palliative and end of life care.

Each person had an individual care plan and these included information regarding: activities of daily living, eating and drinking, safe environment, communication, mobility, elimination, skin integrity, hygiene and dressing, personal care, moving and handling and a night care plan.

Each person had an individual care plan and these included information regarding: activities of daily living, eating and drinking, safe environment, communication, mobility, elimination, skin integrity, hygiene and dressing, personal care, moving and handling and a night care plan.

The care plan for one person stated they could at times challenge the service. However there was no investigation of why the person communicated in a way that indicated their distress and resulted in staff feeling challenged. There was information for staff 'To comfort and reassure and present a firm boundary for the person'. In the planned interventions section it stated 'To encourage the person to come to activities once they had settled in'. There was no information regarding the person's preferences for activities which might increase the chance of them taking part. The plan also informed staff 'Try to reflect to the person that demanding behaviour is unacceptable and that they do not have to do these things in order to have our attention, because we are wanting to give them our love and help. When possible try to give love and affection if they can accept it in a good way.' There was no evidence that staff had tried to investigate why the person acted in this way and to identify ways that might minimise the occurrence of their distress. The plan also stated 'One of the things the person likes to do which can be rather irritating is to ask to go to bed at all times of day and night. As soon as they are in bed they get out five minutes later'. The negative language used "irritating" reinforces to the care staff that it is acceptable to label the person's behaviour as irritating rather than an expression of need that triggers an inquiry about why and what support could be offered. The team have recently had training in managing challenging situations and it was evident that this has made a difference to their approach to caring for people with dementia. However, this care plan reflected the further development that is required to ensure more individualised, person-centred responses to minimise distressed behaviours when they occur.

Care plans lacked information about people's choices and preferences. For example there was evidence within one person's care plan that they enjoyed music and singing and

## Is the service responsive?

there was a plan for her to have a music therapy session weekly. This care plan stated 'Provide [named person] with a programme of mental stimulation and physical activity' but there was no evidence that this had taken place. Another care plan reflected the need to support a person with personal hygiene and appearance. There was a suggestion that the person might be resistive to care or refuse. There was a strategy of leaving the person and returning in 10 minutes. However there was no information for staff on how to communicate and support the person to feel confident about receiving personal hygiene. There was no information for staff on what actions to take in their best interests in the event that they continued to refuse personal care.

Staff told us they understood the importance of explaining to people what they were doing and allowing people to do as much for themselves when providing support. Care plans were task led and although care plans identified the support people needed, they were not always person centred and did not include information on how people wanted their support to be given. Therefore it was not clear how people were consulted and involved in the care planning process. We spoke to the manager about this who told us she involved people and relatives as much as possible and had been working with senior staff to update care plans and had been advising them of how she wanted this to be done. The manager was working with a number of senior staff in updating care plans and some had progressed more than others. The manager said she would get one care plan fully up to date so that staff had a clear example of how each care plan should be laid out. Currently care plans were not person centred. There was no evidence that people had been involved in the care planning process. People's preferences in how they wanted care to be given were not included in care plans and therefore it was unclear how the care was led by people's wishes and preferences.

Daily records compiled by staff detailed the support people received throughout the day. Care plans were reviewed every month to help ensure they were kept up to date and reflected each person's current needs. However there was no evidence that people had been involved in their review. Recording was only one or two lines and reviews did not contain an evaluation of how the plan was working for the person concerned so it was not clear how progress or lack of it could be monitored.

### **The above evidence is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

On a board in the main lounge area we saw a wipe board which contained information about what day it was, the time of year and what the weather was like. There were also pictures of the staff team and pictures of recent events such as Christmas day lunch and other group activities.

There was a comprehensive handover at the start of each shift. This included any issues that had occurred and any appointments or specific information for individual people. Care staff handed over to each other and senior staff gave a hand over to the oncoming senior staff. The senior staff member completed a planning sheet to inform staff of their responsibilities. This gave details of what staff would be supporting people in each of area of the home. Staff said they were consulted and were able to have input to help ensure people were appropriately supported in a meaningful way. This ensured staff provided care that reflected people's current needs.

People were confident to approach staff and requests for support were responded to quickly. If staff were busy giving support elsewhere they would acknowledge the request and ask another member of staff to give support. This meant that people who had urgent personal care or support needs were supported appropriately.

Staff said that people could express their wishes and preferences and these would always be respected. Staff said people needed different levels of support and they gave individual support to people whenever it was needed. One staff member said "We are always busy but we work together to give people the support they need." Another staff member told us "We always talk with people and explain as much as possible what we are doing and why". They said if a person refused support at a particular time they would respect their decision and go back later and offer the support again. This enabled staff to respect people's choices but also ensured that they responded to people's needs.

We looked at the activities provided for people. There was a list of activities for December 2015 on the notice board but no list for January 2016. The manager told us that there were activities organised and planned but she had not yet got round to putting these on the notice board. There was no activities coordinator and activities were organised by

## Is the service responsive?

staff. There were regular activities provided by people who came into the home to organise particular sessions. Staff told us there were lots of activities such as craft sessions and visiting entertainers. Staff said "Sometimes we do baking sessions with people. We sit and chat with people and try to engage them in activities throughout the day. We try to chat to people about topical news issues. We also do outings and have taken some people to the gardens in Goring by Sea or to the local carvery." The manager told us that one person who was keen on gardening last year had grown tomatoes in the garden. She said she was hoping to get some raised beds in the garden so more people could be involved in gardening.

On the day of our visit we observed a singing and dancing session from a visiting musician who told us that she visited about once a month. This was very lively and care staff were dancing with 14 or 15 residents and encouraging them to join in. There was good interaction and eye contact with residents from staff and a good atmosphere was observed. This session demonstrated how residents could interact physically and mentally when activities were available to them. We noted that there was little activity during the rest of the day apart from music playing in the background and a TV.

We used our Short Observational Framework for Inspection (SOFI) tool to monitor staff interaction with people in the lounge area for a 40 minute period before lunch. A few residents slept most of the time in chairs, two people were constantly walking about but staff interacted with these people as they moved around the area. For other people although there were no formal activities there was good interaction with people by staff.

The provider had a clear complaints procedure. We saw that there were two complaints recorded. Both complaints had been responded to appropriately and in accordance with the timescales set out in the provider's policy. Actions had also been taken to learn from complaints to prevent them occurring again. For example putting systems in place to ensure that next of kin were informed of incidents related to their relatives. There was also a compliments book which had several comments from relatives about the good care received by their relatives and comments stating that the generally things have improved over the last six months.

# Is the service well-led?

## Our findings

Since the inspection in February 2015, a new manager was appointed to manage the service. This manager had submitted an application to register but this had not yet been fully processed by CQC. The service has not had a registered manager since April 2015 and therefore the provider was in breach of this condition of their registration. The new manager did, however, act in accordance with CQC requirements in relation to sending appropriate notifications of important events that affected the service.

People and staff said the manager was good and they could talk with them at any time. Relatives confirmed the manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said “The manager has made a number of changes for the better and the home is well run. She is easy to talk to and always keeps me up to date with any issues regarding my relative and I can speak to her whenever I want”. Another relative told us “It has changed for the better since the new manager took over, she’s always pleasant”.

The provider aimed to ensure people were listened to and were treated fairly. The manager told us they operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring their attention to any problems. The manager said she would not hesitate to make changes if necessary to benefit people. We received positive feedback from everyone we spoke with about the manager throughout our visit and were told that things had improved in the last 6 months since she took up the post.

The manager was able to demonstrate good management and leadership. She had instigated regular management meetings with senior staff and heads of departments and these enabled everyone to be involved and to influence the running of the service and make comments and suggestions about any changes. The manager said that she was also working closely with each individual registered nurse and was acting as a mentor to show them how to look at records, care and nursing practice with a critical eye. This was taking a lot of the manager’s time and we emphasised to a representative of the provider that the

manager would need additional support to enable her to keep the service moving forward. Currently the manager at times carried out nursing duties and this was distracting from her management responsibilities. The manager said she enjoyed doing some ‘hands on’ work as this enabled her to identify good practice or areas that may need to be improved. However she acknowledged that she would benefit from more support and dedicated time to further develop the service. At the time of the inspection there was no deputy manager or anyone else employed to share or delegate management responsibilities to keep the service moving forward.

The manager showed a commitment to improving the service that people received by ensuring their own personal knowledge and skills were up to date. The manager said she attended any available training and monitored professional websites to keep up to date with best practice. She told us she would be attending management meeting arranged by the local authority to share best practice with other managers. The manager said that if appropriate she would pass on knowledge and information to staff so that they, in turn, increased their knowledge.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Records of staff meetings that took place in October and December 2015 showed issues were discussed regarding safeguarding, training, uniforms and daily records. One staff member told us “I think the management is good there are staff meetings and we can put in proposals and find a good way. If we have a problem we can look at how we can improve and look at how it’s working at the next meeting”.

Staff told us that since the inspection in February 2015 the management team had addressed the issues raised in the last inspection report. A staff member said there had been an “open and frank” discussion with the service’s management and staff about the previous report. This staff member said everyone was involved in a discussion about the changes that were required. The manager told us at the time of the last inspection she recognised the culture of the staff team needed to change. A staff member said the manager had organised the staff team and had motivated staff to improve their performance. They said “The home is now well organised and everyone knows how much work

## Is the service well-led?

has been put in to improve the service.” We observed the manager was frequently present in the communal areas of the service and took time to stop, listen and talk with people and staff.

A staff member told us “The best thing about working here is the staff they are very good people and we are all colleagues together, the character of the staff is good. The home and the procedures and treatment for residents had improved. The main thing is the manager, she allows us to change and we can discuss things. It is completely different here now and we can discuss things with her, she lives her life in the home.”

The manager had introduced meetings for people and relatives to obtain their views and keep them informed. These were planned to take place three or four times a year. Following our visit in February and May 2015 the manager and provider had arranged meetings to inform people and relatives of the findings of our visits. The inspection reports were discussed openly and these gave the provider and manager the opportunity to apologise to people and to explain the changes that were going to be implemented to improve the service. They also provided an opportunity for people to put ideas forward to help improve the service and to ask any questions or discuss any ideas they may have to improve the service. This demonstrated the provider’s compliance with Regulation 20, Duty of Candour, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which specifies providers must act in an open and transparent way. We were shown copies of minutes of meetings that had been held since we last visited. They demonstrated that the findings of our last inspection had been discussed openly together with the action plans that had been drawn up to make the required improvements. One relative told us “I’m astonished by what the manager has done, she spends time with me including involving me in Deprivation of Liberty and End of Life plans. The atmosphere is lovely. The staff know how to validate my relative, they say things they know he likes. I never have to worry. They have even been able to reduce his medication since he has been here”.

At the inspection in February 2015 we identified a breach of regulation in relation to quality monitoring of the service as

we found there were not effective systems for monitoring and improving the quality of the service provided. At this inspection we found that improvements were made and the service was meeting the requirements of this regulation. However we found that further time was needed to ensure new systems were embedded and improvements sustained.

We found the provider had a policy and procedure for quality assurance. Quality assurance systems had been put in place and we saw documentary evidence of checks and audits that were carried out. These included: Audits and checks of the environment, cleaning audits, equipment safety checks and maintenance checks. An analysis of falls, accidents and incidents of infection audits had begun to determine if there were any patterns which could be learned from. The manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. These included health and safety checks of the environment, medicine audits, care plan reviews, audits of defects and maintenance, fire equipment checks and audits of medicines. The manager also audited falls, accidents and incidents to see if any patterns were emerging together with any learning that could be obtained to help prevent any re-occurrence. This meant the provider and manager had systems in place to identify any areas for improvement. However these systems were still in the early stages and as yet were not yet embedded in practice. The provider and manager still had more work to do together in this area to build on the improvements already made.

Questionnaires were sent out to people and relatives every six months. We saw the responses of questionnaires that were sent out in June 2015. 34 questionnaires were sent out with 14 people responding. The Responses were generally positive with comments such as “The staff are so helpful, (named person’s) admission was managed brilliantly with great sensitivity and expertise” and “My mom has been with you for five or six years, she is very happy and the care is superb, such lovely and friendly staff”. This feedback was used to determine people’s satisfaction with the service and identify areas which could improve further.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**How the regulation was not being met:** The provider did not have appropriate arrangements in place for the safe management of medicines. Regulation 12(2)(g).

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The registered person did not ensure that the care and treatment of service users was appropriate, met their needs and reflected their preferences**  
9(1)(a)(b)(c)(2)(3)(a)(b)(c)(d)(e)(h)(i)