

Mrs D Roussel

# Aspen House Care Home

## Inspection report

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Date of inspection visit:  
18 December 2017  
19 December 2017

Date of publication:  
31 October 2018

### 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 

# Summary of findings

## Overall summary

The inspection took place on 18 and 19 December 2017, the first day was unannounced and the second day was announced.

Aspen House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can provide accommodation and personal care for 15 older people in one adapted building. The home provides support for people living with varying stages of dementia and some with mobility and sensory needs. There were 12 people living at the home at the time of our inspection.

The home had a manager who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. At the time of the inspection the registered manager was on planned absence and had notified the CQC of this as is legally required. They had made provision for the deputy manager to be supported by a consultant during this time and were also available if the deputy needed guidance.

At the last inspection on the 19 July 2016, we found one breach of the regulations and that the provider had met previous breaches of regulation. The home was rated as 'Requires Improvement' and we asked the provider to provide us with a report on the actions they planned to take in response to the breach. The provider wrote to us to say what they had done to meet the legal requirements in relation to failing to display performance assessment ratings. We undertook a comprehensive inspection on 18 and 19 December 2017 in response to information of concern we had received about the home, and to check whether the required action had been taken to address the breach previously identified. This report discusses our findings in relation to this.

At this inspection improvements had been made in some areas, for example the ratings of the home were now clearly displayed, so there was no longer a breach of this regulation. People had more choice in relation to their food choices and overall meal time experience. However, further areas of improvement were identified, including breaches of regulation in relation to safeguarding people from abuse, providing safe care and treatment and notifying us of significant incidents.

People were not always protected from the risk of abuse or potential abuse. Staff could tell us about different types of abuse and how they should report it. However, in at least three incidences, peoples' wellbeing was not promoted as the registered manager did not effectively identify, or act on evidence that abuse may have occurred. They also failed to notify the CQC of these incidents and the local safeguarding bodies, or do so in a timely way.

People were not always protected from the risk of harm as risks to safety and incidents were not always

identified or effectively managed. Where accident and incidents had been identified and records completed, action had been taken to reduce the risk of reoccurrence. However, one person's care records contained body maps detailing three separate potential injuries relating to skin integrity. On each occasion, although the staff took action to ensure medical advice and treatment was accessed, the cause of the injuries were noted as 'unknown' and not investigated or analysed to effectively mitigate the risk of further injuries.

Practice around the administration and storage of medicines was not consistently safe. People's prescribed medicines were not always available or given in a timely way. Staff did not always ensure that medicines were securely stored, monitored, and available or kept at a suitable temperature.

Communication at the home was not consistently effective. Staff and relatives told us the registered manager and deputy manager were always very accessible at the home. They were also confident that they could discuss concerns with them and they would be heard. However, we had some feedback from relatives that the provider had not always been open to feedback or communicated in a timely way in relation to a change in needs or wellbeing.

People living with dementia and additional complex needs, such as reducing mobility did not always receive personalised care and support. The changing needs of people living with dementia and additional mobility issues were not always considered and consistently supported by detailed care plans. We have made recommendations in relation to the sourcing of information about the design of homes for people with living with dementia.

The provider had systems in place to monitor medicines, health and safety and environmental risks through audits and checks of accidents and incidents. However these systems did not always identify risks where individual's needs changed or identified poor practice. For example 'as required' medicines being available.

People told us that the staff caring and nice. We observed people and staff interacting in a happy comfortable manner.

Complaints were recorded and people and relatives knew how to complain if they needed to. However, the provider did not always identify or act suitably to concerns that needed to be addressed through the local authorities safeguarding procedures. Therefore people's rights to be safe from the risk of potential abuse and harm were not always protected.

Improvements in supporting people's food choices had been made. People were involved using pictures to help them decide what meals they wanted. People told us they liked the food, and had more food options to choose from. People's dietary and nutritional needs were met. We have made recommendations in relation to the sourcing of information and training to inform compliance with the Accessible Information Standard.

Relatives and visitors told us that overall the care was good. People's initial preferences and choices for care and support were considered. Relatives told us that staff were knowledgeable and encouraged choices and recognised that the needs and capacity of people living with dementia changed. One relative told us, "On the whole I am happy with the way they are being looked after."

People's practical needs were met by sufficient numbers of staff and safe recruitment processes were followed. Staff were very positive about how the home was managed. Staff told us that they felt well supported and that regular supervisions and team meetings took place. Staff received support and guidance and had good access to training that ensured they had the skills required for their role in care.

People received support from healthcare professionals when required. GP's, district nurses, opticians, and chiropodists regularly visited to support people to maintain good health. A relative told us that their relative was visited regularly by health professionals and that, "I like the fact that others are there to look out for them". Records demonstrated that people regularly had appointments with health professionals.

Staff we spoke with understood the requirements of the MCA and people had access to advocacy services to promote their choice and rights in line with legislation. People were supported in line with the principles of the Mental Capacity Act (MCA) 2005. People felt that they could make some choices and relative felt they were treated as individuals and that their privacy was respected. One relative told us, "They treat my relative as an individual; they talk to her, rather than at her".

We found breaches of the 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.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe

People had not always been protected from risk of abuse as the service were not always effective in identifying when an incident or concern should be raised with the safeguarding body.

People's medicines were not always managed and administered safely and risk assessments were not always in place to protect people from avoidable harm

There were sufficient staff to meet people's needs and safe recruitment processes were followed

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People with dementia and mobility issues could not use there mobility aids freely in some areas of the home.

People and their relatives told us that their preferences and choices for care and were considered. The care given was good overall and that people's

People were asked for their consent before being supported and the service worked towards the principles of the Mental Capacity Act.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to healthcare services to maintain their health and wellbeing.

### Is the service caring?

**Good** ●

The service was caring

People were cared for by staff that were kind and caring

People's differences and diversity were respected and staff would adjust their approach to meet their needs.

People had access to advocacy services so that they could be actively involved in decisions they made

### Is the service responsive?

The service was not consistently responsive

Care records and plans did not give enough detail and guidance to staff to ensure people had personalised and consistent care.

People living with dementia and additional complex needs such as reducing mobility did not always receive suitably responsive care.

Staff were sensitive to the needs of people living with dementia and gave people time to make the decisions about how they wanted to spend their time. Relatives were welcomed and involved in the home.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led

The provider did not always notify the CQC of incidents that fell under the criteria for notifications of other events.

The provider did not always communicate effectively or in a timely way with relatives in relation to the health and wellbeing of people.

The provider was committed to improving the quality of the home and worked with partners to inform best practice.

**Requires Improvement** ●

# Aspen House Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on the 18 and 19 December 2017. The inspection was brought forward due to information shared with the CQC that raised a number of concerns relating to poor personal care and the inappropriate conduct of staff and management, as well as allegations of abuse that are being looked at by the local authority under safeguarding. The inspection was carried out by one inspector and an assistant inspector.

Before the inspection we checked the information that we held about the home and the provider. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This included previous inspection ratings and statutory notifications sent to us by the registered manager that tells us about incidents and events that had occurred at the service. A notification is information about important events 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.

During the inspection we observed care and support in the communal spaces and people's rooms to help us understand the experience of people who could not talk with us. We read six people's care records and six medicine administration records. We care pathway tracked people living at the home. This was so we could look at people's care planning in depth and match this with their experiences and our observations. We also read other records which related to the management of the home such as staff files, training records, policies and procedures and quality assurance information. We spoke with five people, four staff and the deputy manager and observed how people were supported during the day and with their meals. Subsequent to the inspection we contacted four relatives, four health professionals, including three district nurses and a member of the Care Home In Reach Team (CHIRT), an advocacy professional and one local authority quality team, so that we could further understand their experiences of people living at the home. We have included their feedback in the main body of the report.

The last inspection of the home was 19 July 2016 where we found a breach of regulations and areas of practice that needed to improve. The home was rated 'Requires Improvement'.



# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "It feels safe, it's quiet and people are nice on the whole". Relatives told us that they felt people were generally safe, looked after and that the building was secure. One relative told us, "I think it is very safe, staff talk to my relative, know where they are in the building and give them lots of attention". However, although people and relatives gave positive feedback about overall safety, we received some variable feedback from relatives and social care professionals about how concerns were managed, and we found some areas of practice that required improvement.

Staff told us they had access to safeguarding training, policies and procedures and were aware of how to whistle blow and report different types of abuse that older people may experience. They also told us that they would be happy to raise any concerns with their manager, or the local authority and that they were confident they would be taken seriously by their managers. One relative told us that concerns would be taken seriously by the provider and that the provider showed genuine concern for people's wellbeing. However during the inspection a number of safeguarding concerns where the provider had not identified that abuse or potential neglect may be occurring. For example, one relative who was legally entitled to be advised of changes in wellbeing of their loved one, told us that there had been, "a bit of a delay" in being informed that their relative was injured during an incident involving another person. They told us that the incident had left their relative feeling unsettled and had affected their confidence within the home.

During the inspection we noted two complaints from one person and their relative concerned about inappropriate staff conduct and the administration of medicines. There were also concerns noted in the complaints file made by a previous staff member that discussed allegations in relation to staff conduct and poor personal care that they had seen when working at the home. The provider investigated these allegations as complaints but did not identify them as potential safeguarding concerns or alerted the appropriate bodies in line with the local authority safeguarding arrangements and their own policies. Instead the provider and deputy manager responded to the complaints by monitoring the situation. They also discussed some complaint details with the Care Home in Reach Team (CHIRT) as they were looking at developing the staff skills in managing behaviours that may have contributed to the initial complaint. CHIRT told us that they had identified that the complaint may fall under safeguarding and had signposted the registered manager to the local authority at this time. However, the registered manager did not pursue this at the time and failed to identify that the concerns raised by people, family members and staff were safeguarding incidents. The registered manager failed to report the incidents to the local authority, so that they could be fully considered and investigated. This demonstrated that the provider failed to ensure that there were systems, processes and practices in place to protect people's rights to be safe from the risk of potential abuse and harm. This is a breach of Regulation 13 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We shared our concerns with the deputy manager that the complaints described could meet the threshold for safeguarding enquiries to be alerted, and they completed a safeguarding alert in relation to two concerns.

People were not always supported to receive their medicines safely. Medicines were administered by staff that were trained and assessed as competent to administer medicines. People's medicines administration records (MAR) sheets noted that daily medicines were being given and signed for. However, we found a number of areas of poor practice that demonstrated that medicines were not always being given safely or as prescribed. For example, medicine cabinet temperatures were not being monitored to ensure that medicines were being stored at a temperature that would ensure their effectiveness as a treatment. People's medicines were being administered at later times than those printed on the MAR sheet. For example, during the inspection one person's antipsychotic medicine was administered several hours later than stated on their MAR sheet. The medicine was prescribed to be taken at three times a day with at least a four hour gap between doses. The deputy manager added the time of administration to the back of the MAR sheet record, and told us they would adjust the following administration times. However on four previous dates when the medicine handover sheet noted that medicines had not been given in the morning. The medicines were signed for at the scheduled times on the MAR sheet record. This meant that medicines were not always being administered as prescribed.

During an observation of one person's medicines being administered, staff left the person's other packaged medicines for several minutes in a communal space where other people could access them. This was brought to the deputy manager's attention, who acknowledged it was poor practice and that they would address this with the staff member. Another person's 'as required' medicine for agitation was not available to them as the home did not have it in stock. We shared our concerns about the medicines not being available as prescribed for the person who staff and other people living at the home had told us could be agitated at times. The deputy manager told us that the medicine had not been used for some time, but if the person required it they could access some from the local pharmacy. These examples demonstrated that the management of medicines was not suitably robust and that the provider was not consistently providing people with safe care and treatment.

People were not always protected from the risk of harm as risks to safety and incidents were not always identified or effectively managed. Where accident and incidents had been identified and records completed, action had been taken to reduce the risk of reoccurrence. However, not all incidents of injury or harm were recorded or investigated. For example, one person's care records contained body maps detailing three separate injuries relating to skin integrity and bruising. Staff took action to ensure medical advice and treatment was accessed on each occasion. However, the cause of the injuries were noted as 'unknown' and not investigated or analysed by the provider to effectively manage the risk of further injuries. There was no risk assessment in place to guide staff on how to manage the risk to skin integrity and what actions were required, such as the application of barrier cream, or when to seek advice from the district nursing team. The failure to assess, mitigate risks and provide safe medicines administrations practices was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had risk assessments in place that considered the potential hazards, risks and control measures for several activities. These included going outside without support, walking indoors, and stairs, refusing medicines and self-administering medicines. Personal emergency evacuation plans (PEEPs) were in place to ensure people's individual ability to evacuate the building in the event of an emergency was considered and planned for. Where people had experienced falls, the risks were reviewed using a falls risk assessment and possible risk and hazards such as 'cluttered areas' identified and measures to reduce risk such as ensuring people had drinks, call bells and glasses within easy reach put in place. People were protected by the prevention of infection control. Staff attended regular training in this area and PPE (personal protective equipment) was used and available when required including aprons and gloves.

People and relatives were aware and had been involved in how some areas of risk were supported to ensure

their safety. One person told us that they kept safe on the stairs by using the stair lift. One relative told us that they had requested that their relative had access to a ground floor room when their mobility began to reduce, as they were concerned they would not be able to evacuate in the event of a fire. Another relative told us, "They watch my relative on the stairs and they have a sensory mat if they get up in the night." However, these assessments were not always reviewed in a timely manner, nor were they fully personalised to the individual needs and a visiting Relevant Person's Representative (RPR) said that they had told the deputy manager that within one person's risk assessment they had noted references to another person's name and another gender. This is an area that needs improvement.

Environmental risk assessments, audits, team meetings and a programme of regular health and safety checks demonstrated that measures were in place identify potential risks and reduce the potential for harm. The provider had oversight of health and safety through audits and checks of accidents and incidents, fire safety, risk assessments, COSHH and Legionella checks and emergency plans. However, during the inspection electric heaters were in use in the communal lounge and one person's room. They were hot to the touch and presented a risk of harm to people. The deputy manager removed the heaters and confirmed that there were no risk assessments in place for their use, but that staff were present when they were in use. Staff were aware of this; however they were not present in the lounge when we observed them, and there were people present. This demonstrated that the registered manager had not assessed the risk in this instance.

We recommend that the provider seeks guidance from a reputable source such as the Health and Safety Executive (HSE) with regards risk assessments and the suitability of the use of temporary heat sources within the home.

There were a sufficient number of suitable staff on duty to provide practical support for people. During the day there were three care staff on duty in the morning and the afternoon. In addition the deputy manager was available throughout the day and a cleaner and cook were available during the weekday mornings. At night there were two staff available, one sleeping, and one waking. A dependency tool was in place to ensure staffing levels were reviewed and sufficient. People and relatives told us there were enough staff and that staff were always around if you needed them. Staff told us that there enough staff as they always finished their tasks and were able to spend time with people and provide activities.

Staff files demonstrated that the provider ensured new recruitment processes were followed to ensure that new staff were safe to work with people. Staff files included previous work history, application forms, and proof of identity, interview records and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to ensure staff were suitable to work with people or children. The DBS is a national agency that keeps records of criminal convictions.

## Is the service effective?

### Our findings

At the July 2016 inspection people's dignity, choice and independence had not always been promoted in relation to their food and dining experience. This was because there was a limited choice in relation to the food provided and staff did not always promote independence and engage with people meaningfully when supporting them at mealtimes. At this inspection improvements had been made and that people's nutritional needs were consistently met. For example, there was a visual menu plan available for people to refer to when making choices about what they wanted to eat. The cook knew people likes and dislikes well and that the menus were planned four weeks in advance, taking into account people's likes and dislikes and people's dietary needs such as a low sugar diet. People were involved using pictures to help them decide what meals they wanted. Menus available were designed to be balanced and nutritious and staff recorded what people had eaten. People were offered at least two choices of food and drink at mealtimes and had access to drinks and snacks during the day. One person was not feeling well and was offered a lighter alternative meal. People and relatives told us that they enjoyed the food, one person told us, "The food is fantastic" another told us the food was, "Very nice". A relative told us, "They generally eat well, they need help with cutting the food, due to their dexterity and staff make sure this happens". People were able to choose where they ate their meals, for example two people chose to eat their lunch in their room. The dining room was decorated for Christmas and tables were laid with placemats, cutlery and glasses. We observed that people could choose where they sat and could eat independently and at their own pace without being hurried. However although we found improvements had been made, we found some areas of practice that needed to improve.

People living with dementia and additional mobility issues had access to communal spaces and private spaces in the home. There was a lounge, dining room, quiet room and well maintained garden. However, there was not always enough space for people to move around freely without risk of harm. The dining area was compact and when all the people in the home were seated at tables it was difficult for them to use their mobility aids freely or for staff to sit with them to encourage them to eat or check on their wellbeing. We observed that as people left the dining area staff were able to have conversations with people who were eating more slowly and ensure they had what they needed. One person was observed to smile and relax as the room became calmer and spoke in an engaged way. The home utilised some signage and contrasting colours to enable people living with dementia to navigate their way around. Colour contrast was used around the doorways of toilets to help the viewer identify the toilets even their personal ensuite toilets, however the use of colour was not fully explored. However, some of the signage observed could confuse a person with dementia for example; visual signs showing a bathroom were also used for toilets. This is an area that needs to improve.

We recommend that the home considers the National Institute for Health and Social Care Excellence: Supporting people to live well with dementia guidance as this will give further guidance on how to design and adapt the home for people with living with dementia.

People, relatives and their visitors told us that the care given was good overall and that people's preferences and choices for care and support needs were considered. Relatives told us that staff were knowledgeable

and encouraged choices and recognised that the needs and capacity of people living with dementia changed. People received support from specialised healthcare professionals when required. The deputy manager and records confirmed that staff liaised with health professionals such as GP's, district nurses, opticians, chiropodists, speech and language therapists to support people to maintain good health. A relative told us that their relative was visited regularly by health professionals and that, "I like the fact that others are there to look out for them". Records demonstrated that people regularly had appointments with health professionals, that their food and nutrition was monitored. One person's GP told us that when they visited the home staff demonstrated a good rapport with the people and had a good awareness of their communication needs. They told us that staff were genuinely caring about people and would contact them if they identified concerns about people's wellbeing. A GP visited the home during our inspection staff had arranged the visit as they had concerns about their wellbeing.

Staff told us that they felt well supported and that regular supervisions and team meetings took place. These arrangements and an open door policy meant that they could receive support and guidance about their work and discuss training and development needs. Current staff had received an induction that ensured continuity of practice. The deputy manager confirmed when they had had a period of unplanned absence; one newly recruited person had not received an induction. The deputy manager acknowledged this was not suitable and that they and the registered manager had agreed that the induction scheduling should not just be delegated to one person in future.

Staff told us they had good access to training that helped them support people's needs. One staff member told us "I feel I have enough training and am confident in what I do". Training was specific to the needs of the people using the home and included dementia, equalities and diversity, MCA, infection control and moving and handling. One staff member told us that they had learnt that when working with people living with dementia that you needed to be patient and reassure people listening carefully. Training was made available to all staff including the cleaner, cook and night staff. The PIR stated that the registered manager recognised the importance of best practice and continual professional development. Staff had access to the Skills for Care certificate. The Skills for Care certificate is a set of standards for health and social care professionals that ensures that workers have the safe introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. The deputy manager told us that the home had recently received advice and training from the Care Home Intervention Team (CHIRT). This involved CHIRT working with the home and exploring areas that the home needed to improve awareness of best practice around including dementia, sexuality and dementia, personalisation and meaningful activities and occupation.

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Care Act (MCA) 2005. There were policies in place and staff told us they had completed training, and had access to guidance within peoples care plans about consent, restrictive practices, MCA assessments and DoLS.

Staff demonstrated a good understanding of the importance of consent and working towards the principles of the MCA. For example, one staff member told us that they would always ask for consent if they were supporting people with personal care, and would offer to come back at a later time and ask again if people did not give consent the first time. Health and social care professionals told us that staff demonstrated a

good understanding of the principles of the MCA and that the deputy manager was knowledgeable about older people with dementia and also had a good awareness of MCA and DoLS. People told us that staff asked for consent before entering their rooms, and we observed staff asking for consent when offering support with personal care and offering activities.

CQC is required by law to monitor the operation of the Deprivation of Liberty Standards (DoLS). DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. Four people with DoLS authorisations in place had access to a Relevant Person's Representative (RPR). An RPR is an independent Best Interest Assessor who supports a person for the duration of their DoLS and is able to speak on a person's behalf, when they may not be able to do so for themselves. The RPR told us they were supporting one person who liked living at the home but was keen to return to living in the community and was supporting their right to challenge the DoLS authorisation that currently advised they should remain in the home. They told us that the staff worked positively with them and the person they were supporting, and had been open to feedback in relation to improving their mental capacity assessments in relation to how the person's finances were managed.

## Is the service caring?

### Our findings

People were cared for by kind and caring staff. Throughout the inspection people and their relatives, their advocacy and health care professionals were positive about the caring approach of staff. We spoke with relatives and visitors and observed how staff and people interacted. People told us that the staff were nice and caring. Relatives gave examples of how staff were caring. One relative told us, "Staff are always caring, the deputy is lovely, they always talk to my relative, and I can tell by their mannerisms and how they approach my relative they are caring".

The atmosphere in the communal spaces was comfortable and consistently relaxed and friendly. One person was not feeling well and staff and the activities person made time and tried offering different choices to improve their mood and establish what they needed. People who communicated verbally used humour with staff and were equally as relaxed with the deputy manager as they were with others. In response to communication needs of people living with dementia staff made good eye contact with, adapted their tone, spoke slowly and responded to questions in a reassuring and consistent way. One person was concerned about their previous home and was reminded by staff that they had a letter in their bag that explained what had happened, they were reassured by the letter. A relative told us that on an occasion when their relative became embarrassed because they could not remember a familiar staff members name and used another, the staff member had reassured them that it was ok as they had, 'fun working out that they meant them' as a response, to reassure and reduce their embarrassment.

Staff told us and demonstrated that they had a good knowledge of people's needs, backgrounds and likes and dislikes. Relatives described visiting the home regularly. A relative told us that they and friends were always welcome to visit and could arrive at any time. They told us, "Staff answer the door quickly, they are really nice and the atmosphere is good". Another relative told us, "The staff I have seen have a good awareness of dementia and communication needs when they interact with my relative, she seems happy, they communicate with her pretty well and use touch to get her attention or guide her gently".

People had access to relevant advocacy services so that they could be actively involved when making decisions about their care. The deputy manager and staff told us that people who did not have relatives involved had statutory advocates involved, such as an Independent Mental Capacity Advocate (IMCAs) and Relevant Person's Representative (RPR). An IMCA provides a legal safeguard for people who lack capacity to make specific important decisions; these can include making decision about where they live and about serious medical treatment options. One person's RPR told us that staff had everything they could to make the person feel comfortable in the home.

People were offered choice in an accessible way as staff adjusted their communication to support this. For example, one person's RPR told us that on one occasion when a person was agitated the deputy manager had been very helpful in supporting the person to calm down so that they could take part sooner in an important discussion. The deputy manager had been able to communicate with the person because they knew them well and what to say to help them relax.



Personal spaces were personalised with photographs, pictures and furniture and reflected individual needs and taste preferences. Rooms varied in natural light, size and furnishings. The provider noted in the Provider Information Return (PIR) that people could bring their own personal belongings and furniture. People and their representatives confirmed this was the case. One person had changed their room due to their mobility needs changing, and told us that they much preferred their room as it had a good view.

Peoples' independence was encouraged. A relative told us that "My relative lost confidence when living by themselves and didn't go out in their local community, but the home encouraged them to bring an outdoor coat with them when they moved and encourage them to walk as much as they can within the home to build confidence". An RPR told us that one person had told them that they liked the carers, and 'liked the fact that they let them get on with their own thing'.

Peoples' differences were respected and staff would adjust their approach to meet their needs and preferences. Staff told us that they occasionally spoke with one person about the history of the country they were born in and wished them happy new year in their first language when New Year was celebrated. However, they also respected the fact that the person did not identify with the country of their birth at all times, and would take their lead on entering these conversations. People were able to maintain their identity; they wore clothes of their own choice and could choose how they spent their time. We observed that people had a choice to participate in communal activities or spend time in their own space and could eat with other people or separately.

Peoples' diversity was respected and some aspects such as religious beliefs considered within care planning. Staff told us that one person was very religious and had a lot of religious pictures in their room, they could go to church if they got up in time, and received communion. One person told us, "I am not a Christian but I enjoy celebrating Christmas because the world around me does", this was reflected in their care plan and activities offered included seasonal and regular opportunities to sing religious songs or attend celebrations. Staff told us that people were all treated fairly and that they had not seen anyone treated discriminated against because of their ethnicity, gender or sexual identity

Peoples' dignity and privacy was considered and promoted. Staff delivered personal care in a discreet and sensitive way. Staff told us that it was important that people felt important and that they always were given choice and that their privacy was respected. A relative told us, "Personally when we are there they respect privacy". Privacy, in relation to the information held about people, was promoted and records were stored in locked cabinets in the office.



## Is the service responsive?

### Our findings

People and their relatives told us that staff were responsive to their needs and that staff listened to them and had a good understanding of their care needs. One relative told us, "Staff take time to listen to my relative and always check what they are saying clarifying any confusion they may have, so they come to an understanding of what they want." People and their relatives were involved in the initial planning and assessment of their social, physical and health needs and their preferences and choices respected and included within their care plans when they first moved to the home. For example, one person had requested a room downstairs when they moved in and this was provided. However, despite some positive feedback we identified areas of practice that need improvement.

The care that people received was not always responsive to the needs of people living with dementia and additional complex needs such as reducing mobility. People's dementia needs were not fully discussed as there was a lack of detailed information about how people's dementia presented or guidance to follow if, for example, someone became distressed. Daily records of the care and support that had been given to people were not always completed with details of task based activities such as assistance with personal care and moving and handling not recorded.

Some people had more control than others over what choices they could make and what they could access within their home environment and in their day to day lives. Some people were dependent on staff and visitors to access social interaction, health needs and community activities. These people were more reliant on good personalised care and support plans being available to detail their preferences and guide staff. Initial assessments were carried out prior to people moving into the home, and care plans were produced around the needs of the person. However, care plans, risk assessments and daily records and care planners were not consistently reviewed, detailed or personalised and did not always capture people's changing needs. There was a lack of detailed guidance explaining what staff needed to do; to ensure that needs were consistently met. For example, one person's care plan stated that their continence needs should be supported 'on a regular basis', but did not guide on frequency of support or how to promote good practice to ensure their skin integrity was safely managed. The care plan detailed that the person's mobility was poor and restricted due to health and weight issues but gave no further guidance on how to promote the person's mobility other than communal spaces should be clear, and they used a stand aid. The person's relative told us that they mostly visited their relative in their room and that they had concerns that they were becoming more socially isolated due to this. This demonstrated that people were not always supported with personalised care and support plans did not always inform staff in detail of how to respond fully to people's changing needs. A Relevant Person's Representative (RPR) told us that care plans they had seen were not as personalised as they could be in terms of people's life history and personal choices and skills around finances. This is an area that needs improvement.

Relatives told us that the home did not always communicate effectively. One relative told us that the home had been, "A bit slow on a couple of things" in relation setting up chiropody and optician appointments, but was appreciative that the visits took place in the person's home. Another relative with the legal authority to be advised of health and wellbeing issues told us they had not been made aware of an illness in a timely

way, or given full clarity on how an injury had occurred on another occasion. They told us, "I did get quite cross about this". They told us that overall the home was caring, but had not always communicated with them in a timely manner about changes in activities, health appointments or incidents involving their relative's wellbeing. This demonstrated that the home did not always communicate effectively with relatives in relation to people's health and changing needs. This is an area that needs to improve.

There were systems in place to record compliments, concerns and complaints. People and their relatives were aware that they could make a complaint and told us that they believed their concerns would be taken seriously. However, we received some variable feedback from relatives on how feedback was used to improve the home. One relative told us that they had been unhappy with aspects of their relatives personal nail care and had noted that soap was not clean; the deputy manager had provided fresh soap straight away. However, two relatives told us that they had reported that on arriving at the home or changing rooms, they had asked that some items that had belonged to the previous occupant should be removed from their relative's room, but they were still present. This demonstrates that lessons were not consistently learnt and is an area that needs improvement.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet peoples' information and communication needs. People's care plans included some information on communication needs relating to dementia, vision and hearing. Some information was available to people in accessible format. For example, we observed a door signage, large numbered clocks, pictorial food choices and menus. However, this had not been fully developed. For example, there were no personalised objects of reference for known likes or dislikes used for people to make choices with if they could not use speech. There was also a lack of flagged records that supported a heightened awareness of specific critical needs, for example where people lived with diabetes, or epilepsy. The deputy manager had an awareness of AIS through discussions with the local authority; however they had not developed a policy or established training on how to fully implement the standard.

We recommend that the provider obtains information, sources training and implements policies and procedures in relation to compliance with AIS.

People told us that they could make choices about activities and how they spent their days in the home. There were planned group and individual activities each day including bingo, relaxation to music, films, popular hymns and a reminiscence quiz. An external entertainer visited four days a week and staff led groups when on the days they did not visit, or in the afternoons. We observed an exercise to music session led by the external entertainer who knew people well and engaged well with people. People joined in with the activity by singing along, tapping their toes. One person told us during the session, "It's a good laugh". One relative told us that they regularly joined in with the activities of painting and singing which their relative enjoyed. We also met a person who had just received a regular 'beauty session' that included a visit from a hairdresser and having their nails done. An RPR told us that one person who had been frustrated as they had previously lived independently was being supported to go shopping and for a coffee once a week.

Relatives regularly visited the home and joined in with the activities that took place on a daily and seasonal basis. One person told us that there was a barbeque during the summer and that relatives came. One relative told us that all the family were invited to a Christmas celebrations and Christmas day dinner and that there were always parties when it was peoples' birthday which they told us, "was a nice touch".

Staff demonstrated that they promoted some positive outcomes for people living with dementia. We saw that people were kept informed about what would be happening next during the day, and given choices

about whether they took part in joint activities or spent time in quieter spaces. Staff took time to explain options to people and gave them sufficient time to consider what they wanted to do as well as supported them to achieve this.

When needed, the home provided end of life care for people. Staff told us that good end of life care involved, ensuring people were comfortable, without pain and that their relatives and suitable health professionals were involved. A health professional told us that the home had been very supportive when, "Opening up a conversation with a family about advance care planning", This enabled the discussion to take place and a few days later a best interest decision and advance care plan was agreed.

## Is the service well-led?

### Our findings

At the last inspection in July 2016 the provider had not been fully aware of their responsibility to comply with registration requirements and had not displayed their CQC performance assessment ratings conspicuously at the home. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider told us this was because they were not aware of this requirement. Following our inspection the provider confirmed that the rating was displayed.

At this inspection we noted that the July 2016 inspection ratings were clearly displayed and that the breach was met. However, we found further areas of practice that required improvement.

The provider did not demonstrate that they understood their full responsibilities in relation to their registration with the Care Quality Commission (CQC). The provider had not consistently submitted notifications to CQC as is required by law and as stated in their own CQC notification policy. At the time of the site inspection the CQC had not received statutory notifications in respect of Deprivation of Liberties Safeguards (DoLS) authorisations since June 2015 and had not received any notifications of safeguarding allegations. However, prior to and during the inspection, we were made aware of at least two safeguarding enquiries completed by the appropriate safeguarding bodies that fell under the criteria for notifications of other incidents. The deputy manager also confirmed that 11 people living at the home had DoLS authorisations in place. The deputy manager advised that they were unclear of the requirement to notify, but our records demonstrated that they had been involved in the initial four DoLS notifications in June 2015. This is a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 and will be dealt with outside of the inspection process.

Quality assurance systems were in place to monitor the running and overall quality of the service, however there remains a concern regarding the providers overall ability to maintain standards and to continually improve the quality of care. This is the third consecutive time that the home has been rated as Requires Improvement.

We observed audit schedules and reports for fire safety and regular health and safety audits including accident and complaints files and medicines audits. However, the systems of quality assurance were not suitably robust and had not fully ensured people received safe care. For example, people were not always protected from the risk of harm as accidents and incidents were not always investigated, or effectively managed. People did not always receive their medicines as prescribed and the management of medicines were not suitably robust. People were not protected from the risk of potential abuse and harm as the provider failed to identify safeguarding concerns and ensure they were shared with the appropriate bodies to ensure they were investigated fully.

This demonstrated that people were placed at risk, as the provider did not have adequate systems and processes in place to enable them to fully assess and identify where safety was compromised and to respond appropriately and without delay. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager discussed in their Provider Information Return (PIR) that they encouraged an open and transparent culture. There was a policy in place in relation to the Duty of Candour that detailed the provider's responsibilities under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment of people. We received variable feedback in relation to communication at the home. The deputy manager told us that the manager was very approachable and that they could discuss anything with them and were supported well. Relatives told us that they would discuss any concerns they had with the managers and were confident they would be heard. However, they were not always consistently satisfied that the home communicated in a timely way, or that the registered manager was consistently open to their comments. One relative told us, "The registered manager doesn't always like to be pulled up on things; they can be very protective of their staff, which is understandable". This demonstrated that the home was not consistently open to feedback from relatives. This is an area that needs improvement.

The registered manager was also the provider and they were supported by an established deputy manager and two senior support workers. During the inspection the registered manager was on planned absence and had notified the CQC of this as is legally required. They had made provision for the deputy manager to be supported by a consultant during this time and were also available if the deputy needed guidance. The deputy manager confirmed that this support was in place.

People, relatives and staff told us that the registered manager was very present at the home. Staff and relatives told us that there were defined roles and lines of accountability and responsibility within the management arrangements. A relative told the deputy manager, "Was a people person" and the registered manager, "Did more of the office work, but was always available". The availability of management was demonstrated on the day of the inspection through observations of staff interactions with the deputy manager, and staff designated tasks. For example, the deputy manager told us that medicines were administered by themselves, the registered manager or the senior support worker.

The registered manager and staff worked closely with health professionals such as the local GP's and health specialists when required. We contacted health professionals who all gave positive comments about the caring approach of the home. The deputy manager told us they worked very closely with all professionals they were in contact with, to ensure people received the correct care and treatment required. They told us, "We work well as a team together and have good communication with relatives and district nurse teams". A health professional with the Care Home in Reach Team (CHIRT) told us that they had positive relationships with the deputy manager and the registered manager. They confirmed they were working towards a best practice action plan with the home to promote more 'creative' responses to supporting people's needs. .

The PIR stated the home was planning to introduce a mission statement to underpin its values that would link with and form part of the staff induction and Care Certificate, as well as inform and build on a positive culture in the home. The provider also described within the PIR the need to be consistent, to lead by example and to be available to staff for guidance and support. During the inspection some of these underpinning values of promoting compassion, dignity and respect were demonstrated by the deputy manager by how they spoke to and about the people they supported and their staff. Staff were positive about their role and supporting people living with dementia. One staff member told us, "I have been here many years and I enjoy my job, and love looking after older people". People, relatives and staff spoke positively of how the home was led. One relative told us, "The provider generally does a good job when I have been here, they have a handover at 2pm, and I think it's managed quite well". Another told us, "The deputy manager and staff know what they are doing and are always about, doing something". Staff also spoke positively about how the home was led. One staff member told us that they felt the home was managed well, "Staff come back to work here and families come back to say hello, even when their relative has gone, that's a good sign".

The deputy manager confirmed that they were also aware of our revised Key Lines of Enquiries that were introduced from the 1st November 2017, and that this had been an area of focus at a recent meeting they had with the local authority quality assurance team. The home also had an annual development and action plan dated January 2017 to February 2018 that set out actions for areas of improvement relating to staff training, care plans, activities, policy reviews and property refurbishment. These demonstrated that the home regularly oversaw and designed action plans in response to the homes development. For example, one action related to the purchase of moving and handling equipment and this had been completed. This demonstrated that they monitored and made adjustments to the home to improve systems and develop staff skills. The deputy manager also spoke of their own recent period of absence from the home and the impact of this on the home between September and November 2017. For example, administrative tasks induction planning for a new staff member had not been as comprehensive as they should have been during this time. The deputy manager told us they had reflected on this with the registered manager and it was acknowledged that some of the deputy's tasks needed to be reviewed and delegated to other senior staff, to ensure better continuity for the home in future. This demonstrated that the home was aware that its business continuity planning required further consideration and was learning from recent unplanned management absence.

Recent satisfaction surveys provided people and relatives with an opportunity to feedback about the quality of the service provided. The survey outcomes were consistently positive. People confirmed that they were happy with the quality of staff support, food and activities. Relatives confirmed that they were happy with the quality of care, cleanliness and friendliness of the staff. One relative said, "Staff are polite and my relative is clean". Another relative said, "Always a warm welcome". In relation to improvement that could be made, relatives spoke about having more knowledge about which staff supported people and that previous occupants belongings should be removed from rooms prior to new people arriving. During the inspection relatives told us that more recently they had been made aware of key support staff names.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>12 (1) (2)(a)(b)(c)</p> <p>The provider had not ensured people were provided with safe care and treatment by assessing and mitigating risk to service users health and safety or ensuring the safe and proper management of medicines</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>13 (2)(3)</p> <p>Safeguarding service users from abuse and improper treatment.</p> <p>The Provider had not ensured that service users were protected from abuse and improper treatment by investigating immediately on becoming aware of, any allegation or evidence of such abuse.</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  17(1)(2)(a)(b)  The provider had not ensured that the quality and safety of the service was assessed , monitored and improved, or that risks relating to health and safety were assessed and monitored to mitigate risk

### **The enforcement action we took:**

Warning Notice compliance required by 30 June 2018