

Bupa Care Homes (BNH) Limited

# Dene Place Care Home

## Inspection report

Ripley Lane  
West Horsley  
Surrey  
KT24 6JW

Date of inspection visit:  
13 December 2016

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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?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection was carried out on the 13 December 2016. Dene Place Nursing Home provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 30 people. At the time of our inspection 25 people were living at the service.

There was a registered manager in post however they were on leave on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Instead on the day we were supported by the deputy manager. At our last inspection on 24 September we found breaches of regulation around person centred care, dignity and respect, capacity assessments, safe care and treatment, safeguarding, good governance and staffing. We carried out this fully comprehensive inspection to check to see if improvements had been made.

Care and treatment was not always provided with the appropriate consent from people and staff did always not work within the principles of the Mental Capacity Act 2005. People did say that staff asked them for consent before providing care.

Not all aspects of the management of medicines were safe. Medicines were not always properly accounted for or dispensed safely. People's Medicine Administration Records did include appropriate information about people.

There were insufficient systems and processes in place to identify improvements in the service and records were always not up to date or accurate.

Clinical staff did not always receive appropriate supervision in relation to their role. Other care staff did receive regular one to ones with their manager to review the work they completed.

There were sufficient staff deployed to meet the needs of people. People told us that there were enough staff.

People said that they felt safe. There were systems in place to protect people from the risk of abuse. There were appropriate recruitment practices in place and staff were suitably trained in relation to their role.

Staff understood the risks to people and steps were taken to reduce the risks. Incidents and accidents were dealt with appropriately. There were plans in place to protect people in the event of an emergency.

People told us that they liked the food at the service and said they had enough to eat and drink. Appropriate assessments of people's nutritional and hydration needs were undertaken and people had access to

professionals to maintain their health.

People told us that staff were kind and caring towards them and that they felt included in their planning of care. We observed that staff treated people with respect and dignity. Family and friends were welcomed at the service.

Care was delivered to people in a personalised way and pre-admission assessments were detailed before people moved in.

There were sufficient activities for people and people said they enjoyed the activities on offer. We have recommended that work is undertaken to ensure that people are able to go to activities outside of the service.

Complaints were investigated thoroughly and people said that they were satisfied with the way complaints were dealt with.

People and staff were asked for their feedback on the service provided and improvements were made as a result.

People and staff felt the service was managed well. Staff said they felt supported in their role and they felt valued by the management team.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events.

We identified continued breaches of the Health and Social Care Act 2008. You can see what action we have taken at the end of this 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 always safe.

Medicines were not always administered and stored safely. However people's Medicine Administration Records were detailed with people's needs.

There were enough staff at the service to support people's needs.

People had risk assessments based on their individual care and support needs.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff failed to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs however clinical supervision was required.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

### Is the service caring?

**Good** ●

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy were respected and promoted.

Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The service was organised to meet people's changing needs.

People's needs were assessed when they entered the home and on a continuous basis.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the service. However more activities needed to be provided outside of the service.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

The provider did not always have systems in place to regularly assess and monitor the quality of the service the home provided. The provider had not met breaches in regulation from the previous inspection.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly and supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the

service and staff would report any concerns to their manager.

The management and leadership of the home were described as good and very supportive.

# Dene Place 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 was an unannounced inspection that took place on the 13 December 2016. The inspection team consisted of two inspectors, an expert by experience in care for older people (an expert by experience is a person who has personal experience of using or caring for someone who uses this type of service) and a nurse specialist.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the deputy manager, nine people, one relative, two visitors and six members of staff. We looked at a sample of four care records of people who used the service, medicine administration records and supervision and one to one records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection was on the 25 September 2015 where breaches were identified.

# Is the service safe?

## Our findings

At our previous inspection the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough staff at the service to meet people's needs. The provider sent in an action plan that addressed the levels of staff on duty and we found on this inspection that this had improved.

People and relatives told us that there were enough staff at the service. One person said, "When you want someone they (staff) come quickly. I don't have to wait too long." Other comments included, "As far as I'm concerned there are enough staff" and, "(Staff have) time to give people attention." One visitor said, "When (the person) uses their buzzer staff come straight away."

During the inspection there were sufficient staff to meet people's needs. Staff provided care and support when people needed it. Morning personal care was completed within a reasonable time and people did not have to stay in bed longer than they wanted. When people used calls bells they were responded to quickly by the member of staff. The deputy manager told us that they had problems recruiting permanent staff due to the location of the service but that the gaps were always filled with agency staff. They said that they used the same agency staff to ensure continuity of care. The deputy manager reviewed the staffing levels regularly dependant on the needs of people. According to the rotas there were always the correct numbers of staff on duty each shift. One member of staff told us, "With agency there are enough staff. Everything runs smoothly and you have time to spend with people" whilst another said that felt there were enough staff on duty as they able to get to people when the person wanted.

People told us that they felt safe living at the service. Comments included, "I feel completely safe living here, I could stay here for the rest of my life", "The staff are very caring and that's what makes me feel safe" and, "I feel safe the fact that the carers are always popping in to see me." One visitor said, "I know he is safe as there are always carers around him."

Despite these comments there were aspects to the care that were not safe. People's medicines were not always managed safely. There were several manual entries on people's Medicine Administration Record (MAR) chart that indicated a change in the prescription of the medicine. The GP or another registered nurse had not countersigned these which is best practice. One member of nursing staff was unsure why this had not been done and thought the prescription may have been changed however there was no evidence of this available during our inspection. There was a risk that the person may not have been receiving the correct dosage of medicine. In another person's MAR chart there was one medicine that was not signed for and no note was made on the back of the MAR to evidence why this medicine was not given.

Medicines stored in original packaging were dated on opening. We reviewed the balances of six medicines belonging to people. Four balances were correct, however, two balances were not reflecting what should have been there. One of those was a pain relief tablet and the other was a time specific medicine used to treat Parkinson's disease. The medicine used to treat Parkinson's was stored in a bottle containing 100 tablets. It stated that the bottle was opened 17th October 2016. There were only 30 tablets left in the bottle



which did not reflect how many should have been given from date of opening. This suggested that the person may have had more medicine than was needed. We raised this with the deputy manager who contacted us after the inspection to inform us that the wrong date of opening had been written on the bottle and that although this should not have happened they were satisfied the person had not been given more medicine than they needed. There were medicines prescribed on an 'as required' (PRN) basis and the majority of those had protocols for their use, however, there were some that did not have protocols in place to guide staff on when these medicines needed to be given.

We observed a nurse administering medicines on the day of the inspection. A senior care assistant countersigned the drug register to witness the administration. The senior carer had not yet received medication training. It is required as per the Royal Pharmaceutical Society (and reiterated by BUPA's policy) that the witnessing person should be appropriately trained. We also saw the member of staff providing the medicine to the person stating to them, "This is your pain killer". On reviewing the person's MAR chart we found that they were prescribed more than one painkiller and it was not specified when they gave it to the person which one they were giving them.

There was also an occasion when a person did not get their medicine on time which was important for their health condition. The medicine should have been given at 14.00; however when we checked at 15.00 it still was not signed as being given. The member of staff signed the MAR chart in front of us and stated that they gave it at 14.20 due to them attending the GPs round. No steps had been taken to ask a senior carer (who was trained in the administration of medicines) to give the person their medication as the nurse was busy.

As medicines were not always being managed in a safe way this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were aspects to the management of medicines that were safe. Medicines were stored appropriately in medicine trolleys that were locked and fixed to the wall. There was a locked room containing stocks of medicines not currently used in the trolley, fridge, controlled drug cabinet and also topical medicines and dressings. Temperatures for both the room and the fridges were checked daily and a staff member was able to explain what they would do if any of the temperatures rose above the appropriate levels. There was a list of all the nurses' signatures at the front of each MAR chart. A sheet containing a clear up-to-date photograph, and clear allergy status preceded each MAR chart. All people that were identified as having an allergy had a red sticker at the front of the MAR to alert staff.

At our previous inspection the service was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always protected from the risk of abuse as staff did not have appropriate knowledge. The provider sent in an action plan that addressed staff knowledge around safeguarding incidents. We found on this inspection that this had improved.

Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "I would report any concerns to the manager, put my concerns in writing, reassure the person and tell them that their concerns are confidential." Another member of staff said, "I'd report it to the manager and go higher if necessary. There is a number that I can ring (if they had concerns)." There was a safeguarding adults policy and staff had received training in safeguarding people.

Assessments were undertaken to identify risks to people. We identified however that the records that related to people's risks had not always been updated to reflect the care that staff were providing. We have mentioned this in more detail under Well Led. The environment at the service was clear, well lit; the corridors wide and people were able to move around the service. Where people needed they had walking

aids and wheels chairs to assist them. The staff were attentive and assisted people that required this to move. When clinical risks were identified appropriate management plans were developed to reduce the likelihood of them occurring. Other risks were also assessed in relation to people's nutrition, mobility and skin integrity and risk management care plans to minimise, if not to eliminate risks. Staff were aware of potential risks to people and understood how to manage them.

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. We followed up on recorded incidents and found that steps had been taken to reduce the risks. One person had fallen a number of times and as a result of a referral to a health care professional they had been provided with a new walking aid. When asked how they would deal with an incident or accident one member of staff said (when discussing a fall), "I would press the red alarm bell to alert staff and ask the nurse to check them over, complete a report and discuss it with my colleagues."

There were appropriate plans in place in the event of an emergency. In the event of an emergency such as a fire each person had a personal evacuation plan which was reviewed regularly by staff. These were left in the reception area and could be accessed quickly and easily if needed. Staff understood what they needed to do to help keep people safe. There was a business continuity plan in the event the building needed to be evacuated. There was an agreement that nearby services would take people in if needed.

People were protected from being cared for by unsuitable staff because robust recruitment was in place. Staff told us about the selection procedure that they went through to ensure that they were safe to start work. Staff told us that they were interviewed for the job and had to provide two references and had to undergo police checks. We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. Notes from interviews with applicants was retained on file and showed that the service had set out to employ the most suitable staff for the roles. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

## Is the service effective?

### Our findings

At our previous inspection the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not effective systems in place to ensure that capacity had been assessed. We found that there had not been sufficient improvements in this area.

The Mental Capacity Act 2005 (MCA) is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. We found 'Do Not Resuscitate' (DNAR) forms in place for people that had been signed by the GP that stated that the person lacked capacity. However throughout the care plans it stated that the person had full capacity to make decisions. The provider had not identified these contradictions or asked the GP to review these decisions. One DNAR stated that this was 'not discussed (with the person) in view of dementia', however their care plan stated, 'has variable capacity. (The person) likes to be involved in choices and decisions over care'. Another person had a diagnosis of dementia as stated on their hospital discharge letter. There was an assessment of capacity that stated that they had full capacity but there was also a falls assessment stating the person, 'lacks insight into personal safety'. The person had bedrails in place by choice according to their care plan. It was assessed that they had full capacity but the bedrails consent stated they were unable to sign and their relative had signed the form instead.

Another care plan stated that on admission the person had 'full capacity' and that they consented to care and treatment. The person had bed rails but there was no evidence that the person had consented to these being used. An MCA had taken place around this particular decision and stated the person had full capacity however a best interest meeting had then taken place to assess whether they needed bed rails. This would not have been necessary as the person had been able to consent to the use of these.

The PIR completed stated that, 'Mental Capacity assessments are present in each care plan. Where a resident does not have capacity, or has variable capacity, relatives and friends are involved where appropriate. Other members of the multi-disciplinary team are involved where appropriate, for example a Doctor, to ensure that decisions are made in each resident's best interest' however this did not reflect our findings on the day.

The interim manager contacted us after the inspection and advised us that the GP had been asked to review the DNARs in place for people that lived at the service.

Failure to follow the principles of the Mental Capacity Act (2005) was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff asked their consent to care and we saw that staff obtained consent before carrying out any care for people that included personal care and before they were given medicines. Staff had received training around MCA and how they needed to put it into practice. One member of staff said, "If someone doesn't have capacity I still make sure I give them choices." They said that if they doubted a person's capacity they would ask for the person to be assessed. They were able to describe examples of

where a best interest meeting needed to take place if a person started refusing aspects of care.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that DoLS had been completed and submitted in line with current legislation to the local authority for people living at the home for example, in relation to bed rails. Staff had knowledge of DoLS and how to put this into practice. One member of staff said, "You look at the least restrictive way of providing care."

At our previous inspection the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not suitably supported, trained or supported in their role. We found that non-clinical staff were being suitably supervised however improvements were still required in the clinical supervision of the nursing staff.

Care staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. One member of staff said, "I have supervision each month. It helps me feel supported and I get feedback on my performance." However there were gaps around the clinical supervision with the nurses. At the time of the inspection there was not sufficient evidence that nurses were assessed on their clinical practices. There was no clinical lead at the time of the inspection. The deputy manager told us that they were aware of this shortfall and steps were being taken to recruit to this position. One health care professional told us that they did not have concerns about the clinical care being provided.

We recommend the registered provider ensures that all staff receive appropriate and on-going periodic supervision in their role to ensure that competence is maintained.

Staff were sufficiently qualified, skilled and experienced to meet people's needs. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. One member of staff said, "The training is good, I undertook a week of induction and shadowed a member of staff." We saw another member of staff shadowing care staff on the day of the inspection. There were not providing care but observed care and read people's care plans. Another member of staff said, "I had induction which included training, paperwork and tests and shadowing." They said they asked for additional shadowing so they were confident before working on their own. Staff were kept up to date with the required service mandatory training (including clinical) that included areas specific to the people who lived there.

People told us that they enjoyed the food at the service. Comments from people included, "It's very nice food here" and "You get plenty of choices and plenty to drink." One person said that although they were on a restricted diet they were still given choices. We asked people in their rooms if they always had drinks available to them and they said they did. One person said, "The chef is very accommodating and does anything I want. He comes into my room to see me. If I don't like what's on the menu I choose something else and he cooks anything I want. Sometimes curry or eggs on toast."

We observed lunch being served in the dining room. We fed back to the deputy manager that people were seated for lunch but had to wait around 30 minutes before the meal was served. They told us that this was not acceptable and told us that this would be addressed. Menus were displayed on each table and we saw people referring to them. People were offered choices of meals before lunch (including people in their rooms). The dining tables were tastefully laid with Christmas decorations and serviettes for people. The chef

had records of people's individual requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. The chef told us that the nurse would update this list regularly to ensure they had the most up to date information. They said that they would meet with any new people to establish what their likes and dislikes were. All people who were on a restricted diet including pureed meals and vegetarian diet were offered a choice. In between meals there were fruit, cakes and sandwiches freshly prepared for people.

Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People's weights were recorded and where needed advice was sought from the relevant health care professional. Where people needed to have their food and fluid recorded this being done. When asked about how they would ensure people had enough to eat and drink one member of staff said, "We monitor people's weights every month. We look to see if people's lips are dry or if their eyes are sunken (to indicate if they are dehydrated). If people are losing weight we contact the GP and start a food and fluid chart."

People were satisfied with the care that they received. One person said, "I get looked after really well." They said that as they had to stay in bed staff always made sure that they were positioned comfortably. Another person said, "They (staff) are very competent."

People's care records showed relevant health and social care professionals were involved with people's care. One person told us, "They organise outside help like doctors if you need them." Whilst we were at the service the GP was visiting people. Records showed involvement of the diabetic nurse, dietician, Speech and Language Therapist (SALT) and the local hospice. Staff followed the guidance provided by the health care professionals.

# Is the service caring?

## Our findings

At our previous inspection the service was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always treated in a caring and dignified way. We found sufficient improvements had been made.

All the people we spoke to were very complimentary of the caring nature of the staff at the service. Comments included, "The staff are such nice people and they chat to you", "I'm very happy here. They (staff) are lovely", "Staff on the whole caring", "The carers are nice" and, "The care here is good, they couldn't be kinder." Relatives and visitors also felt staff were caring with comments including, "Staff always have courtesy and kindness" and, "Staff greet (their friend) nicely, he always smiles back at them." One health care professional told us that staff genuinely cared for people.

During the inspection we saw examples of staff showing care and affection to people. One staff member came into the lounge with one person and they said, "Would you like to sit in this chair with your friend, X?" As the person sat down, the staff member said, "Nice and steady." Another example was a relative asked a staff member if they could reposition their family member in bed as they said their feet hurt (against the end of the bed). This was at lunch time and staff were busy but despite this the member of staff fetched another member of staff and acted straightaway. On another occasion a member of staff was heard saying, "Hello X, how are you doing?" The person responded, "I'm uncomfortable in this chair and I can't get out of it." The staff member said they would lie it back a bit to see if that was better. They did this and the person said, "That's better, thank you." We heard a staff member singing Christmas Carols to one person whilst they were supporting them with their lunch in their room.

We observed that staff always approached people with gentleness. People were not made to hurry to do anything. People were always given choice and adequate time to respond. We heard kind interactions from staff when talking to people. One member of staff asked a person what they wanted to eat. The person was not able to respond quickly and the member of staff was patient and waited for their response. Staff told us how it made them feel to work at the service. One member of staff said, "Staff here are caring, I love the residents, they mean a lot to me, they make me feel good." We asked staff how they showed people that they cared. One member of staff said, "I am smiling, positive, I ensure I have good body language and I'm aware of my tone of voice." They said, "Working here makes me feel amazing. We could be the only people that they see; I want to have a good impact on people." A third member of staff said, "I show love for people and look after them like my mother. I like to think there's someone with love inside them."

Staff spoke with people in a respectful manner and treated people with dignity. We saw staff knocked on people's doors before they entered their rooms. When any personal care was being delivered staff ensured that doors and curtains were closed. We asked staff how they would show respect towards people. One told us, "Ask people if it's ok before you do something. Ask them what they would like to be called. Get down on their level and rather than talking above them." We saw this in practice on the day. Men were clean shaven and staff ensured that people were supported to be dressed in an appropriate way to maintain their dignity.

People were supported to be independent. One person was moved to an area in the service where they were able to access the garden easier when they wanted without calling staff each time. They said that this promoted their independence. Another person said, "The staff come and help me when they can, but I like to be independent although I need help with the hoist." We saw staff ask people if they wanted help to cut their food or they were happy to do this themselves. Staff told us that they would encourage people to undertake their own personal care if was appropriate to do so. When asked how they would encourage people's independence one member of staff said, "There is one lady who can walk, so we try and encourage her to take a few steps each day, rather than always using the wheelchair." The environment was set up for people to walk around the service unsupported by staff which gave them independence.

People were able to make choices about when to get up in the morning, what to eat, and what to wear and activities they would like to participate in. People were able to personalise their room with their own furniture and personal items so that they felt more at home. Each room was homely and individual to the people who lived there. There was detail in people's care plans about things that were important to people. One member of staff said, "We read the care plans, look at their lives, what's important to them. Whether people liked to wear jewellery. It's the little things that make a big big difference." Where people were unable to verbally communicate there was guidance in care plans on how best to talk to people. One person had a white board by their side that they wrote on. They said staff gave them time to write what they needed to communicate.

Relatives and friends were encouraged to visit and maintain relationships with people. One relative said, "Staff couldn't be kinder when I come here. I always feel welcome." A visitor told us, "I feel welcomed and comfortable." People confirmed that they were able to practice their religious beliefs. We saw that religious services were held in the service and these were open to those who wished to attend.



## Is the service responsive?

### Our findings

At our previous inspection the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment was not always being provided that met people's needs. We found that there had been sufficient improvements in this area.

People or their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. Pre-admission assessments provided information about people's needs and support. This was to ensure that the service was able to meet the needs of people before they moved in. There were detailed care records which outlined individual's care and support. For example, personal hygiene, medicine, health, dietary needs, and mobility. Staff always ensured that relatives were kept informed of any changes to their family member.

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. One member of staff was able to tell us about a change in one person's needs that they had been notified about at the handover. Daily records were also completed by care staff to record each person's daily activities and personal care given. We have raised in Well Led that nursing staff were not always completing daily clinical care notes. Staff had up to date information relating to people's care needs. One member of staff told us they verbally shared information to ensure the correct care was being provided.

People confirmed that there was a range of activities for them to take part in if they wished to. One person said I join in the activities and enjoy them."

There was a game of 'ageless' golf taking place in the morning. This was a competition run across the BUPA homes in the area and there were 10 people taking part in this activity. They were all congratulating each other when they did well. There was a lot of engagement from everyone in the room. During the afternoon people were making paper chains in the lounge area. A member of staff was helping one person to do this. Another member of staff took some glue and paper chains up to a person in their room and spent time with them. Later in the day two musicians visited the service and played music for people in the lounge and visited people in their rooms. Other activities being planned were, 'minced pies and mulled wine', arts and crafts, cookery club, church services, school visits, Zumba and seated dance. On the previous inspection we had recommended that more outings should be considered for people. At this inspection we found that people in their wheelchairs were still unable to go on outings as there was not a suitable vehicle. The deputy manager informed us after the inspection that they had contacted Community Transport to arrange for minibus hire, so that outings could be arranged to include people in wheelchairs to start in January 2017.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People knew how to complain, comments from them included, "I would talk to reception and they deal with it. I feel confident that complaints are dealt with" and, "I think complaints would be dealt with but I don't have any complaints. No improvements about the place spring to mind."

Complaints had been investigated thoroughly and people and their relatives were satisfied with the



response. One person was unhappy about the room that they were given, as a result the person was provided with a different room.

## Is the service well-led?

### Our findings

At our previous inspection the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not effective systems in place to quality assure the service that was being provided. We also found at the previous inspection that records of care were not always accurate. We found at this inspection there had not been sufficient improvements in this area.

Where some audits were undertaken by the provider and had identified gaps these still had not been addressed. On the 15 November 2016, it had been recorded in a staff meeting that staff were over ordering stocks of medicines. We found that this was still taking place. According to the records that we reviewed there was overstock of some medicines and most entries in the medicine waste sheets stated 'overstocked' or 'new cycle' as a reason for disposal. In addition to this a clinical member of staff informed us that they did not routinely undertake a handover of controlled drugs after each shift but instead conducted a weekly check. There was evidence of stock checks in the drug register; however, these were not consistently done on a weekly basis as required. There was a risk that medicines may not be accounted for or whether medicines had been appropriately administered. The deputy manager informed us that the checks should have been happening after each shift each day. They told us that they would look into this.

Records at the service were not always kept up to date and accurate. One person required hourly checks to ensure their safety when they were in their room. The person had been temporarily moved to a different room however the records of their daily checks had been left in their old room and were not being completed. Although we saw that the person was being checked on staff were not recording that they had done so to provide assurance to other staff. Care plans at the service did not always reflect the care that was being provided. In one care plan there was a comprehensive life history completed stating that person had 'no problems with sleep'; however this was not the case and the person was on sleeping tablets. In another care plan it stated that the person was mobile with a (walking) frame however this person needed to be mobilised with a hoist and was no longer able to use a frame. There were gaps and incorrect records around people's wound assessments. In one care plan it stated that the person had a wound in one area, however the photo taken of the wound was in a different area. There was no updated photo of this wound to show improvements. We found this was the case for other care plans. Daily records that were required to be completed by nurses around the clinical care that people received were not always completed. There were gaps of several days in the notes that we reviewed. There was a risk that new staff (who we saw reviewing care records on the day of the inspection) were not being provided with the most up to date and appropriate information for people.

The responsibility for updating people's care records was down to the one nurse on duty. The deputy manager informed us that a member of staff had been brought into the service temporarily to help update people's care plans. However we reviewed one of the updated care plans that still had the old care needs for people. The nurse that had been brought in to review care plans told us that they did not know the residents needs well. The deputy manager told us that this member of staff reviewed care with the nurse that worked at the service. We found that this was not always happening as the nurse was busy elsewhere providing care to people.

There were aspects to the quality assurance that were not effective and had not identified the gaps that we had identified on the day. We reviewed the service 'Home Improvement Plan' where areas for improvement were colour rated dependant on whether they had achieved. Where improvements had been completed they were rated 'green'. We found that MCA assessments, PRN protocols being in place, weekly stock take of certain medicines and records of nurses daily notes were all rated as 'green.' However this was not the case. The PIR that the provider completed did not highlight the areas for improvement that their audits had identified.

As systems and processes were not established and operated effectively, and records were not up to date or accurate this was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives all told us they were happy with the management and running of the service. Comments included, "I met the manager (referring to the deputy manager) once and they are wonderful", "The manager is very good. I can speak to them", "I see the (registered) manager and she is a very nice lady" and, "He (the deputy) has a manner about him that he is in control and we feel listened to."

Staff were complimentary about the management at the service. One told us, "X, he's brilliant. He's very friendly", "I feel listened to by (the management)", "I find it easy to approach the manager. I can go and see them whenever I want to." Whilst another said, "I feel the service is managed well." We saw during the inspection that the deputy manager had an open door policy, and actively encouraged people and staff to voice any concerns. Senior staff engaged with people and had knowledge about the people living at the service.

People's and relatives feedback about how to improve the service was sought. People and relatives confirmed they attended meetings at the service. Minutes of the meetings showed that discussions took place around the environment, laundry, CQC inspection (the report was available in reception), recruitment, food and menus and activities. As a result of discussions more vegetarian menus were being provided and a manicurist was now visiting the service. One family member had requested that their relative been provided with a pendant alarm and we saw that this was now in place. Surveys were completed each year and any actions needed were addressed. After each survey and meeting the registered manager displayed a 'You said, We did' form stating what improvements had been made. For example, people had asked for the windows to be replaced in one of the rooms and that was taking place on the day of the inspection.

Staff feedback about how to improve the service was sought. There were regular meetings for staff where they discussed what steps they could take to improve the care being provided to people. One member of staff told us, "I feel we are listened to. We asked at a carers meeting if we could be allocated corridors instead of numbers of people to care for. We put across our issues and it was dealt with very quickly. This works better." Other matters that were discussed included recruitment, sickness levels, activities and care planning.

Staff morale had improved since the last inspection. Staff worked well together as a team. One member of staff said, "I feel valued, they say thank you for what we have done." In the staff meeting minutes we saw that staff were congratulated on their performance and achievements at the service. The deputy manager informed us that a staff awards scheme had recently been introduced to thank staff for their hard work.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were kept securely.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The provider had not ensured that the principals of the Mental Capacity Act (2005) were being followed.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had not ensured that medicines were ays being managed in a safe way.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had not ensured that systems and processes were established and operated effectively, and that records were up to date or accurate