

A L A Care Limited

Whetstone Grange

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on the 11 and 12 November 2015 and was unannounced.

At our last inspection carried out on 15 December 2014 the provider was not meeting the requirements of the law in relation to respecting and involving people who use services, assessing and monitoring the quality of service provision, consent to care and treatment and staffing. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we looked to see if these improvements had been made. We found that whilst improvements had been made in relation to respecting and involving people who use services and staffing, concerns remained with regard to consent to care and treatment and monitoring the quality of service provision. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

Whetstone Grange provides accommodation for up to 38 people who require personal care. There were 24 people using the service at the time of our inspection including people living with dementia.

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

People had been involved in making day to day decisions about their care and support. However, there was no evidence in people's plans of care to demonstrate that their consent to their care or support had been obtained. Where people lacked capacity to make decisions, there was little evidence to demonstrate that decisions had been made for them in their best interest or in consultation with others.

There were systems in place to monitor the service being provided. These had not always been effective in identifying shortfalls, particularly within people's care records.

The majority of the staff team we spoke with told us that there were currently enough staff members on each shift to meet the care and support needs of those they were supporting. One staff member disagreed. People using the service and their relatives felt there were enough members of staff to support them properly. We observed people's care and support needs being met, however, we found there was little time left for the staff team to spend any quality time with people.

Recruitment processes were not always robust. Gaps in people's employment had not always been investigated and information received within the checks carried out had not always been followed up.

Risks associated with people's care and support had not always been assessed. Where risk assessments had been completed these had not always been kept up to date.

People felt safe at Whetstone Grange and the staff team were aware of what to do if they felt people were being treated badly.

We raised some concerns around fire safety within the service because we found a fire exit to be cluttered and a fire door to be dead locked. Other issues including the suitability of the fire procedure were also raised.

People had received their medicines as prescribed, though there were some inconsistencies within people's medication administration records. Protocols for medicines given 'as required' were well detailed.

The staff team had been provided with a number of training courses which were relevant to their role however, training for specific health related conditions including diabetes, had not always been offered.

People's nutritional and dietary requirements had been assessed and a balanced diet was provided with a choice of meal at each mealtime. Monitoring charts used to monitor people's food and fluid intake had not always been completed consistently.

People's plans of care did not always accurately reflect the care and support they were receiving.

People told us they were treated with respect and the staff team were kind and considerate. Relatives on the whole agreed.

There was no dedicated person employed to provide activities or assist people to enjoy interests or hobbies that were important to them. People spent large amounts of time on their own and without meaningful interactions.

The staff team felt supported by the registered manager and team meetings and supervisions had been reintroduced.

People knew how to raise a concern and they were confident that things raised would be dealt with appropriately however, complaints that had been received by the provider had not always been concluded.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People living at Whetstone Grange told us they felt safe and the staff team knew their responsibilities for keeping people safe from harm.

Recruitment procedures were not robust.

People received their medicines safely.

Improvements were needed with regard to fire safety within the service.

Requires improvement



Is the service effective?

The service was not consistently effective.

People's plans of care did not show that decisions had been made for them in their best interest or in consultation with others. Some staff members had limited knowledge of the Mental Capacity Act 2005.

A balanced and varied diet was provided but records relating to nutrition and hydration were not always completed properly.

People were supported to access healthcare services.

The staff team had been provided with a number of training courses though specific health related training had yet to be offered.

Requires improvement



Is the service caring?

The service was caring.

People told us the staff team were kind and caring.

The staff team knew the needs of those they were supporting and they involved people in making day to day decisions about their care.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was not consistently responsive.

People had plans of care in place but these were not always up to date or accurate.

People had been involved in making day to day decisions about their care and support.

There were little opportunities for people to follow their preferred past times or interests.

Requires improvement



Summary of findings

People we spoke with knew how to make a complaint if they were unhappy about something and were confident that this would be dealt with. There was no evidence to show that complaints received had been concluded satisfactorily.

Is the service well-led?

The service was not consistently well led.

The registered manager was open and approachable and the staff team felt supported by them.

People using the service and their relatives were encouraged to share their views through daily dialogue with the staff team and the registered manager. Meetings to discuss issues had been reintroduced.

There was a quality assurance system in place to monitor the quality of the service being provided. This did not always pick up inconsistencies within people's records.

Requires improvement



Whetstone Grange

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.

We inspected the service on 11 and 12 November 2015. The inspection was unannounced. The inspection team consisted of three inspectors.

Before our inspection, we reviewed information we held about the service and notifications that we had received from the provider. A notification tells us about important events which the service is required to tell us by law. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people that used the service. We also contacted other health professionals involved in the service to gather their views.

We were able to speak with five people living at Whetstone Grange, three relatives, seven members of the staff team and the registered manager.

We observed care and support being provided in the communal areas of the home. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care, 24 people's medication records, four staff recruitment files and training records and the quality assurance audits that the registered manager completed.

Is the service safe?

Our findings

At our last inspection we found that the registered person had not protected people against the risk of receiving unsafe care and treatment because suitable numbers of staff had not been deployed. We found this to be a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following the legislative changes of 1st April 2015 corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us the actions they would take to ensure people received safe care and treatment through the appropriate deployment of staff.

At this inspection we discussed staffing levels with the people using the service and their relatives. People generally felt that there were enough staff members currently on duty to meet their needs. One person told us, "I think there are enough [staff members] when I ring my bell they come quickly." Another explained, "If I need anything there's always someone [staff member] around."

Relative's thoughts on the staffing levels varied, whilst most felt there were enough staff members on duty each day, others did not. One relative told us, "I had to go and find staff to tell them that [a person using the service] was undressing in the lounge. They also stated "Staff are always going outside for a cigarette." Another relative told us, "I feel they [the staff team] work like beavers! It wouldn't hurt to have more carer's." A third relative explained, "I think there is enough staff, there's always someone around that you can call on."

The staff members we spoke with felt that currently there were enough staff on duty to meet people's care needs. One explained, "I feel there are enough for the number of people currently living here but it wouldn't be enough if we were full."

The staffing rota showed that there were three care workers and a senior member of staff on both the morning shift and the afternoon shift and three waking care workers at night. (Night staffing levels had been increased since our last visit.) One staff member told us, "It's good now there are three at night".

People on the whole told us they felt safe at Whetstone Grange and their relatives agreed. One person told us, "I do feel safe, they [the staff team] look after us very well." One

person told us that sometimes they felt safe but other times they did not however, they were unable to explain why. A relative told us, "[Person using the service] is definitely safe here, I feel she is in good hands when I leave."

The staff team were aware of what to do if they were concerned about someone. They were aware of the different types of abuse that could occur and they explained the actions they would take to keep someone safe from harm. One staff member told us, "If I saw anything I would go straight to the senior or the manager." Another told us, "I would report it straight the way. It is our responsibility to keep people safe."

We looked at the recruitment files belonging to four members of the staff team to see that appropriate checks had been carried out before they started working at the service. Although checks had been carried out, we noted in one file that information received within these checks had not been followed up. This was immediately addressed by the registered manager and the necessary paperwork was duly put in place. We noted in two of the files that the staff member's application form had not included all their previous employment and dates of when they were employed did not tally. This information had not been followed up by the registered manager and showed us that robust recruitment processes were not followed. We were told that this would be looked into.

Risk assessments had been completed when risks to people's health and welfare had been identified however, not all of the risk assessments seen were up to date or accurate. We looked at four people's care records and found risk assessments to be in place. These included risk assessments for moving and handling, falls and nutrition. However, on further inspection we noted that some risk assessments did not include all the necessary information and some risk assessments were omitted altogether. The risk assessment for a person who was Insulin diabetic did not correspond with their care plan, it did not include the specific symptoms the staff team should look out for or the actions the staff team needed take in an emergency. Another risk assessment carried out following an incident within the service, had not been updated to reflect recent changes. For a person who had shown signs of aggression, a risk assessment had yet to be completed to assess the risks posed to both themselves and to others.

Is the service safe?

Personal emergency evacuation plans (PEEPS) were in place, but these needed reviewing as identified by the provider's own management report dated October 2015. PEEPS provide details of people's support needs in the event of an emergency evacuation of the building. The registered manager informed us that the PEEPS were too heavily focused on depending on the fire service to evacuate people from the service. The provider needed to consider their own approach for the evacuation of each person using the service.

Regular safety checks had been carried out on the equipment used for people's care, though checks on the environment were not all up to date. This included the emergency lighting check and the fire alarm and detection system check which were both due to be checked in September 2015. We went through these with the registered manager who acknowledged that these checks were still outstanding.

We identified some concerns around fire safety within the service. A fire exit was cluttered and a fire door had been dead locked with the key held in the kitchen. This was seen as a high safety risk. These issues had also been identified by the local fire service who had visited the previous month. The general fire precautions were found to be inadequate and an action plan was to be completed by January 2016. The provider's fire procedure which was displayed stated 'take staff and visitor register with you'. The provider had installed an electronic system of signing into and out of the service which meant there was no register of who was in the building. This meant the fire procedure was out of date.

We walked around the service and it was evident that there were issues with the maintenance, decoration and cleanliness of the building. This included stained furniture, chipped paintwork throughout and general wear and tear. A statement from a relative, included in the provider's monthly management report read 'The place needs some money spent on it'. The registered manager acknowledged this and told us that they were in the process of developing a property maintenance plan with the provider to address the issues identified. They confirmed that a copy of the plan would be forwarded to CQC on completion.

We looked at the way people's medicines were managed. A medicine policy was in place. This included all the

necessary information including actions to take should someone refuse to take their medicine. Medicines were stored safely and an appropriate system for the receipt and safe return of people's medicines was in place.

Medication administration records (MAR) were used to record each person's prescribed medicines. There was a photograph on each of the MAR's to help with identification and reduce the risk of medicines being given to the wrong person. Other information on the MAR included the person's preferred name, any allergies they had and their GP's contact details.

We checked to see that the MAR charts had been completed consistently, we found that on the whole they had. We did note that for people who had creams applied, cream record sheets were used. These gave instruction on how and where to apply their creams. We identified that some staff members were signing the cream record sheet and others were signing the MAR chart. This meant there were inconsistencies within the recording. We also noted that a person who had recently been prescribed a cream had no cream chart in place. This was shared with the registered manager for action. The MAR charts were being checked four times a day to check that they were being completed accurately however, there were three occasions between the 2 and 11 November when night staff had failed to carry out the checks. This meant the providers auditing processes for the medication records were not being followed.

We noted that not all of the creams that were being used had been dated when opened. We also saw occasions when eye drops had not been dated when opened. This meant that there was a risk that creams and eye drops could be used past their recommended use by date.

Protocols were in place for people who received medicines 'as required'. These were well detailed and explained to the reader how much and how often each medicine should be offered.

There were risk assessments in place for the refusal of medicines, however the registered manager could not demonstrate that the risks associated with the use of covert medicines or self administration of medicines had been taken into consideration. We identified one person who was receiving their medicines covertly however, there

Is the service safe?

was no mention of this on their MAR. This meant staff dispensing this medicine did not have clear instruction as to how to administer this medicine safely. The registered manager had corrected this by the end of our visit.

We observed the senior care worker administering medicine to ten of the people using the service. A red 'do not disturb tabard' was worn to alert people that they were handling people's medicines. They assisted people at a pace that suited them, they sat and explained what medicine they were giving and made sure that people had taken their medicine before assisting the next person.

We were told that senior staff had been trained in the safe handling of medicines and it was evident that some competency checks had been completed, though records were not readily available to demonstrate this. The registered manager had recently devised and introduced a senior development plan which would support the medication training and observation process.

Is the service effective?

Our findings

At our last inspection we found that the registered person had not protected people against the risk of receiving care and treatment without their consent or in line with the Mental Capacity Act (MCA) 2005. The MCA is a law that protects people who do not have mental capacity to give consent. We found this to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following the legislative changes of 1st April 2015 corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us the actions they would take to address this.

The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Assessment and authorisation is required if a person lacks mental capacity and needs to have restrictions on certain freedoms to keep them safe.

At this inspection we looked to see that decisions about people's daily lives had been completed in line with the Mental Capacity Act. We found that sometimes they had, whilst other times they had not. Assessments had not always been carried out to assess a person's capacity to make certain decisions. For instance one person, who we were told did not have capacity to agree to the use of a lap strap on their wheel chair, a mental capacity assessment had been completed and a DoLS had been applied for. However, for the use of bed rails on their bed, a mental capacity assessment had not been completed and a DoLS had not been applied for. There was also no evidence to confirm that this decision had been carried out either in their best interest or in consultation with relevant individuals or professionals. The registered person confirmed following our visit that a DoLS for the use of bed rails had been applied for.

Another person's plan of care stated, '[person using the service] condition affects her day to day decisions', however no capacity assessments had been completed for specific decisions regarding their care and support. We spoke with the registered manager and they confirmed that none had been completed.

There was no evidence in the plans of care we looked at to demonstrate that people had given their consent to the care and support they received, though staff members we spoke with told us they always asked for people's consent before supporting them. One staff member told us, "I always ask them [people using the service] if it is ok for me to help them before I do."

We found that the registered person had not protected people against the risk of receiving care and treatment without consent. This was a breach of Regulation 11 HSCA (RA) Regulations 2014 Need for consent.

The staff training record showed us that 12 members of the staff team had received training on the MCA and DoLS. We noted that this was due for updating this month. Not all of the staff members we spoke with were clear of their responsibilities around MCA and DoLS.

The senior members of staff we spoke with explained that the registered manager had plans to train them in completing the paperwork required for a DoLS application and authorisation. This would provide support to the registered manager within the DoLS framework.

People who were able to talk with us told us that they thought the staff team had the skills and abilities to meet their care and support needs and they looked after them well. One person told us, "The staff are very good, they know what they need to do." Another explained, "They [staff team] know what help I need, they are very good."

We checked the staff training record and it was evident that a number of training courses had recently been attended. This included moving and handling training, dementia awareness and falls training. Further training was also being sourced. We did note that specific health related training had not always been provided. An example of this was that only three staff members had received training in diabetes awareness even though one of the people using the service had this condition. We were informed after our visit that a course in diabetes awareness had been booked along with food hygiene and dignity awareness.

An in-house induction had been provided to new members of staff when they first started working at the service though it was noted that this was basic in content. The registered manager acknowledged this and explained that they were in the process of introducing a new more comprehensive induction which would provide new members of staff with the information they needed to carry out their role.

Is the service effective?

The staff team felt supported by the registered manager. There was evidence of some staff receiving supervision. Supervision provides the staff team with the opportunity to meet with the registered manager to discuss work practices and their progress within the staff team. The majority of staff had received supervision in June and July this year and three staff members had received supervision so far this month. It was noted that one of the staff members who had received supervision this month had been working at the service since May and this was their first session with the registered manager. The registered manager explained that she hoped to provide this support every two months in the future.

Competency assessments had also commenced with the staff team. This enabled the registered manager to assess staff member's competencies within their roles. We saw that a staff meeting had been held in September and the registered manager told us that she hoped to hold these on a regular basis.

We asked people for their thoughts on the meals served at Whetstone Grange. One person told us, "I think the food is very good and you get a choice."

During meal times people were offered a choice of where to sit. Tables were set with table cloths and music was playing quietly in the back ground. The opportunity to offer choices during the meal time however, was missed. Orange squash was pre poured and rather than pouring gravy and custard at the table once people were given their meals, these were already added prior to the meals leaving the kitchen.

People who were assisted with their meal were assisted appropriately. The staff member sat beside them and introduced themselves, they assisted at a pace that suited the person and talked with them throughout. We did note at one meal time, the staff members who were assisting two of the people using the service, were having a conversation between themselves rather than talking with those they were supporting.

The cook had access to information about people's dietary needs. They knew about the requirements for people who required soft or pureed food and for people who lived with diabetes. There were four weekly menus in place which provided a variety of meals and choices. The cook explained that a dietician was due to look at the menus and help with changes if needed.

For people who had been assessed to be at risk of dehydration or malnutrition monitoring charts documenting their food and fluid intake were used. When we looked at the fluid charts we noted that there was no recommended fluid intake amount for the staff team to follow. This meant staff could not be sure that they had given people the correct amount of fluids they needed to keep them well. We also noted that when fluids were recorded as being given, the amounts of fluid given were not recorded, just that they had been given tea or juice.

When we looked at the food and fluid records for one of the people using the service, we found that these had not always been completed consistently. The record showed that on the 21 October this year the last thing the person had been offered was lunch at 12 midday, nothing else was recorded as being offered until 8.00am the next day. A gap of 18 hours. On 22 October, the last thing the person had been offered was lunch at 12 midday, again nothing else was recorded as being offered until 8.00am the next day. Another gap of 18 hours. This meant that the staff team could not demonstrate that they had provided this person with the nourishment they needed to keep them well.

The people using the service had access to the relevant health professionals such as doctors, chiropodists and community nurses. A relative told us, "They are very efficient at getting the GP." Another explained, "I am always consulted when they get the GP out." We did note that one person's care plan stated that they were required to be seen by the chiropodist every six weeks. There was no mention of these visits taking place within their records, though the person did confirm the chiropodist had attended.

Is the service caring?

Our findings

At our last inspection we found that the registered person had not protected people against the risk of receiving care and treatment without dignity or respect. We found this to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following the legislative changes of 1st April 2015 corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us the actions they would take to ensure the people using the service were treated with dignity and respect.

At this inspection we observed the staff team interacting with the people using the service. On the whole this was very positive. Staff members got down to people's eye level when they were talking to them and they were respectful, polite and friendly. They spoke with people in a cheerful manner and pleasant conversations were over heard.

People who were able to talk with us told us the staff team at Whetstone Grange were kind, considerate and caring and looked after them well. One person told us, "The carers are lovely, they look after me very well." Another explained, "The staff are nice, some of them are really good."

Relatives on the whole felt the staff team were kind and caring. However one relative felt that 'some of the staff were ok, but some didn't always speak to them'. One relative told us, "The care is excellent, the staff are excellent." Another told us, "They are very friendly people [the staff] here, you always get a warm welcome."

We spoke with the staff team and they explained to us how they promoted people's privacy and dignity when assisting them with personal care. One staff member told us, "I close the curtains and shut the door and make sure they are decent before leaving their room." Another staff member explained, "When I'm asking people if they wish to use the bathroom, I ask them quietly to preserve their dignity."

We saw that whenever possible, people had been involved in making day to day decisions about their care and support. One person's decision not to get up on the day of our visit was respected. Some people chose to eat their meals in their room and people could choose where to sit and spend their day. A staff member told us, "It's all about offering choices and helping people make decisions. Whether it's deciding what to wear, or deciding to come down for breakfast in their dressing gown and then getting dressed later."

We looked at people's plans of care to see if they included details about their personal history, their personal preferences in daily living and their likes or dislikes. We found that they did. The staff team knew what people liked and disliked. For example they knew that one person particularly liked to listen to music, whilst another person enjoyed to draw. These two people were assisted to access these past times during our visit.

The registered manager explained that for people who were unable to make decisions or choices about their care and support, either by themselves or with the support of others, an advocate would be sought. However, there was no information freely available to people in order for them to access this service should they require it.

Is the service responsive?

Our findings

People who were able to talk with us told us they were involved in deciding what care and support they needed. One person told us, “They asked me what help I needed and [the registered manager] regularly checks to see that I’m ok with everything.” Visitors we spoke with also told us that their relative’s needs had been assessed.

People’s care and support needs had been assessed prior to them moving into the service. This was so that the registered manager could assess whether the person’s needs could be properly met by the staff team. From the initial assessment, a plan of care had then been developed.

Care records were stored and maintained electronically. We looked at four people’s plans of care in detail to determine whether they accurately reflected the care and support the people were receiving. We found that not all of them did. The plan of care for one person stated that 15 minute observations were required, however these had not been required for some time. Another part of their plan of care stated that they required weekly foot washes by the district nursing team. This again was not happening. When we spoke with the staff team we found that the person had a specific health issue which required the staff teams support. This was not included in their plan of care. A second person’s plan of care did not include information regarding the pressure area care that they were receiving or that they had been prescribed cream to be applied to their pressure areas for protection. The registered manager acknowledged this and a care plan was produced by the end of our visit. Whilst the plans of care were not all accurate, the staff team were aware of people’s care and support needs.

The plans of care had been reviewed on a monthly basis, however these reviews did not reflect the changes in people’s healthcare needs. We also noted that they had not routinely been reviewed either with the person using the service and/or with their relatives.

The registered manager explained that currently only the senior members of the staff team had access to the plans of care. However, it was their intention to provide access to all of the staff team in the near future. This meant that at the time of our visit, staff members relied on the senior members of staff for information on people’s healthcare and support needs.

At the time of our visit there was no dedicated person employed to provide activities or assist people to enjoy interests or hobbies that were important to them. Rather the staff team were required to provide this around their other duties. One of the people using the service told us, “The only problem here is there’s nothing to do. I would like to play interesting games or make things, it passes the time and gives you a chance to meet with other people.”

On the first day of our visit a member of the staff team encouraged one person to join in an activity with them. This was done in a really warm and friendly manner, unfortunately though, the rest of the people were left to their own devices, sat in one of the lounges watching the television or sleeping. On one occasion the television in one of the lounges was on but the volume had been turned down, the people in this lounge were either sleeping or sat withdrawn. On another occasion in the second lounge the television had been turned on but it was static as it was in DVD mode. After 10 minutes a person using the service fetched a member of staff to turn the television over. This was done and the staff member left, leaving people to again either just sleep or sit without interaction.

At a recently held team meeting the staff team had been encouraged to complete their paperwork in one of the lounges instead of in the dining room. This was to encourage them to spend more time with the people using the service. During our visit we observed the staff team completed their paperwork in the dining room instead of one of the lounges. This was a missed opportunity by the staff team to encourage interaction with the people using the service.

People told us that their relatives and friends could visit any time. Relatives we spoke with confirmed this. One person told us, “My relatives can visit anytime and they are always made welcome.” A relative told us, “They [the staff team] always make me feel welcome when I visit, they are excellent.”

People told us that they knew what to do if they had a concern or complaint to make about the care and support they received. One person told us, “I would talk to [the registered manager] I get on well with her.” Another stated, “I would ask [the registered manager] to come and see me if I had a complaint.” Relatives we spoke with also knew who to talk with should they have a concern. One relative

Is the service responsive?

told us, “I would speak to any of the staff because I know any issues would be passed on.” Another stated, “I would tell [the registered manager] if I had a concern or [the provider] but he is never here (when we are).”

A formal complaints procedure was in place though a copy of this was not prominently displayed. We saw that there had been two complaints since January of this year though there was no evidence to show the outcomes of these. We discussed these with the registered manager

however, they could not advise us as to the outcomes of the complaints as they had been received prior to her taking up her appointment. We did note that one of the complaints was with regard to the decoration of the home. This had been recorded within the provider’s own management report dated October 2015 but as, yet no action had been taken or feedback to the person documented.

Is the service well-led?

Our findings

At our last inspection we found that the registered person had not protected people against the risk of receiving care and treatment that was not effectively assessed and monitored. We found this to be a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following the legislative changes of 1st April 2015 corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us the actions they would take to ensure the proper assessing and monitoring of the service.

At this inspection we looked at the monitoring systems that were in place. Although the registered manager had completed a range of audits to monitor the service being provided, these audits had not picked up the shortfalls identified during our visit. These included shortfalls within the food and fluid charts, care plans and risk assessments that we checked. For example, we found that people's food and fluid intake was not always recorded effectively or accurately. People's optimum amount of fluid required was not recorded and the amount consumed was not always clear or up to date. This meant referrals to healthcare professionals may have been missed or delayed. For a person who required their blood sugar levels to be monitored, their plan of care stated that 'blood sugar levels should be between 4 and 15, if it becomes higher seek medical advice'. We checked the records held and found that their blood sugar levels were often over 15. There was no evidence to demonstrate that medical advice had been sought and monthly audits of people's records had failed to identify this.

We found that the registered person had not protected people against the risk of receiving care and treatment that was effectively assessed and monitored. This was in breach of Regulation 17 HSCA (RA) Regulations 2014 Good governance.

People who were able to talk with us told us they felt the service was properly managed and the registered manager and staff team were open and approachable. One person told us, "The manager works really hard and is always around to talk too." Another person explained, "[The registered manager] came to my room when she first started, it's nice to know people are here if I need them."

Staff members we spoke with told us they felt supported by the registered manager and they felt able to speak with them if they had any concerns or suggestions of any kind. One staff member told us, "I feel 100% supported by my manager I can't fault her in that." Another told us, "I feel very much supported, the manager is very approachable."

Some staff members did feel that communication between the staff team could be improved at times. One staff member told us, "Sometimes communication is not so good across the board. Other members of the staff (care staff) know things before the seniors. Seniors aren't always the first to know and things aren't always passed on, for example, when a GP visit is coming up."

People using the service and their relatives were encouraged to share their views of the service provided. This was through daily dialogue with the staff team and the registered manager. We were told that meetings were held though these had not been held for some time, with the last meeting being held on 31 May 2015. One person told us, "It is ages since we had a meeting but Sundays, the manager comes in and we can talk about any worries we might have. Relatives can come too." A visiting relative explained, "I have completed a survey in the past."

The staff members we spoke with were aware of the provider's aims and objectives though a copy of these was not readily available at the service. One staff member told us, "We are here because we want to be, we want to provide care in a dignified and respectful way, they put their trust in us, it is the least we can do." Another explained, "Our aim is to keep people safe and happy and to provide person centred care, it is all about them."

The registered manager knew their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. A procedure for reporting and investigating incidents and accidents was in place at the service and the staff team were aware of these.

A business continuity plan was in place in case of foreseeable emergencies. This was well detailed and included the contact details of relevant support agencies.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

How the regulation was not being met:

Suitable arrangements to obtain the consent of the people using the service in relation to their care and treatment provided in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards were not followed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Systems and processes in place were failing to assess, monitor and improve the quality of the service.