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# Derby House

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

This was an unannounced inspection, which took place on 12 and 18 April 2017. The inspection was prompted in part by the notification of an incident following which a person died. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However we wanted to be sure that the service was providing safe care and support to people living at care home. The service was last inspected in December 2015. No breaches in regulation were identified at that time and the service was rated Good.

Derby House provides care and support to up to seven people who may be living with dementia. The home is a large detached Victorian property. Accommodation is provided over two floors and comprises of seven single en-suite bedrooms. There is also a large open plan kitchen, dining and living room to the rear of the property. The home does not have a passenger lift; residents who cannot use the stairs access the first floor by a stair lift. The home is in a residential area of Stretford and is close to Stretford Arndale shopping centre, with good access to public transport and motorway links. At the time of the inspection there were seven people living at the home.

As part of the overall registration of this service, there is no condition that the provider must employ a registered manager at this location. The provider takes on the day to day responsibility for the running of the home along with the sister home, Dover House, next door. 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.

The provider did not have robust and effective systems in place to monitor, review and assess the quality of service to help ensure people were protected from the risks of unsafe or inappropriate care. Better opportunities could be provided for people and their relatives to comment on the service provided.

Care plans were person centred and contained sufficient information about the current needs, wishes and preferences of people. However where risks had been identified assessments and plans to minimise such risk had not been put in place so that staff could quickly respond to people's changing needs.

All information and checks required when appointing new staff were not in place ensuring their suitability for the position so that people were kept safe.

The management and administration of people's medicines was not safe demonstrating people received their medicines as prescribed.

Appropriate action had not been taken to address the shortfalls on the fire risk assessment ensuring people were protected from harm or injury. An up to date check with regards to the gas supply was also required to help ensure people were kept safe.

We found staff had not received on-going training and support to help ensure they had the knowledge and skills essential to their role. Adequate numbers of staff to meet people's individual needs were in place.

Whilst the home was found to be clean and well maintained. Improvements were needed particularly to the laundry facilities so that good infection prevention and control systems were in place.

Where people were unable to consent to their care and treatment the principles of the MCA had not been followed so that decisions were made in the persons 'best interest'. The provider had sought the necessary authorisation for those people deprived of their liberty.

Staff were aware of their responsibilities in protecting people from abuse and were able to demonstrate their understanding of the procedure to follow so that people were kept safe.

People were supported by staff in a friendly and respectful manner. Staff responded promptly when people asked for assistance and were seen to support people in a patient and unhurried manner.

Some opportunities were made available for people to participate in activities helping to promote their independence and choice.

People were offered adequate food and drink throughout the day. Where people's health and well-being was at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

People told us and records showed that people had regular access to health care professionals so changes in their health care needs could be addressed.

People lived in a pleasant, comfortable and well maintained home. Suitable aids and adaptations were provided to promote people's independence.

The provider had a system in place for the reporting and responding to any complaints brought to their attention. People told us they could raise any issues with staff or the provider if they needed to.

During this inspection we identified eight breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medication management, consent to care, recruitment practices, staff training and governance systems. You can see what action we have told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another

inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures."

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate 

The service was not safe.

People's medicines were not managed and administered in a way that ensured people received their prescribed medicines safely.

Risks identified within the environment and to people's care needed improving so that people's health and well-being was maintained.

Required information and checks were not always obtained when recruiting new staff. People were cared for by sufficient numbers of staff who had received training on identifying and responding to allegations of abuse.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Where people were unable to consent to their care and treatment the principles of the MCA had not been followed so that decisions were made in the persons 'best interest'. The provider had sought the necessary authorisation for those people deprived of their liberty.

Opportunities for staff training and development needed improving to ensure staff had the knowledge and skills needed to meet the specific needs of people safely and effectively.

Suitable arrangements were in place to meet people's nutritional needs. Relevant advice and support had been sought where people had been assessed at nutritional risk.

### Is the service caring?

Good 

The service was caring.

People spoke positively about the staff and care provided. Staff were seen to be polite and respectful towards people and were patient when offering assistance. Suitable aids and adaptations were provided to promote people's independence.

Staff spoken with were able to demonstrate their knowledge of people's individual needs and preferences and were able to provide examples of how they encouraged people to be as independent as possible.

People's records were stored securely so that people's privacy and confidentiality was maintained.

### Is the service responsive?

The service was not always responsive.

Care plans were person centred and contained sufficient information about the current needs, wishes and preferences of people. Assessments and plans to minimise areas of risk had not been put in place so that staff could quickly respond to people's changing needs.

Some activities and events, involving people within the local community were provided helping to promote people's health and wellbeing and maintain links with the local community.

The provider had a system in place for the recording and reporting of people's complaints and concerns. This helped to demonstrate people's views were listened to and acted upon.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Robust systems to effectively monitor, review and improve the quality of service provided were not in place to help ensure people were protected from the risks of unsafe or inappropriate care and support.

The provider took responsibility for the day to day running of the home. There was no requirement for Derby House to have a manager who was registered with the Care Quality Commission (CQC).

The provider had notified the CQC as required by legislation of all events, which occurred at the home with regards to the well-being of people.

**Inadequate** ●

# Derby House

## 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 considered information we held about the service, such as notifications and information received since our last inspection. A notification is information about important events which the service is required to send us by law. This inspection was brought forward by a notification of an incident following which a person died. This incident is subject to an investigation; as a result this inspection did not examine the circumstances of the incident but checked to see that people using the service were safe from risk of harm.

Before the inspection, the provider was asked to complete 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 helps to inform some of the areas we look at during the inspection. At the time of this inspection, the PIR had not been submitted to CQC.

This inspection took place on the 12 and 18 April 2017 and the first day was unannounced. The inspection team comprised of two adult social care inspectors. We spent time speaking with three people who used the service, two care staff and the provider.

We looked at the environment and the standard of accommodation offered to people as well as two care files, medication administration records (MARs) for three people, four staff recruitment files and training records as well as information about the management and conduct of the service.

Following the inspection we contacted the local authority commissioners to seek their views about the service. No issues or concerns were raised with us.

# Is the service safe?

## Our findings

We asked people living at Derby House if they felt safe and if their needs were met properly. People told us, "Yes, I've settled well and I'm comfortable", "Yes, I feel quite safe" and "I have my buzzer and can ring for help if I need it."

We were notified of an incident of a fall following which a person died. This incident is subject to an investigation and this inspection was prompted in part to provide assurances that the service was providing safe care and support to people living at the care home.

Whilst looking around the home we saw that a safety gate had been fitted to the doorway leading to the stairs. We were told by staff that this had been put in place following an accident on the stairs and was to prevent those people with mobility issues accessing the stairs independently. We were told and saw that pressure mats had also been put in place in people's bedrooms. The purpose of the mats was to alert staff that people were mobilising and may need assistance. It was unclear if the safety gate was a suitable control measure and helped to minimise the risks to people as the gate had been broken by one person who was able to access to the stairs independently.

A review of people's records did not evidence detailed moving and handling risk assessments and management plans had been put in place to minimise the risk to people when using the stairs. This did not ensure people were protected from harm or injury.

During the inspection we looked at what systems were in place should an emergency arise. The provider had a continuity plan. This detailed a '10 minute assessment' and identified what systems were in place to support staff and people using the service. Information stated that a floor plan and personal evacuation plans (PEEP's) were available. This information helps to assist the emergency services in the event of an emergency arising, such as fire. On the second day of the inspection we saw that these were kept on the ground floor and easily accessible if needed. However there was no information about where the mains cut off points for the gas, electric and water were sited and relevant contact details for agencies should there be a loss of mains, supplies or failures within the building were not included. This information helps staff to respond quickly so that people are kept safe.

We saw that internal and external checks were carried out with regards to fire safety. Up to date servicing certificates were seen and internal visual checks had been carried out with regards to fire exits, equipment and the alarm. We saw a fire drill had last been undertaken in February 2017. However one staff we spoke with, who had been employed in February 2017 said they had not yet taken part in a drill.

Whilst looking around the home we noted that the doors to several rooms were wedged open with wooden blocks. This had also been identified on the fire risk assessment, which was undated, completed on the home. We noted on the assessment that action was identified in a number of areas however there no evidence to show these had been addressed.



Adequate systems and checks to ensure the safety and protection of people were not in place. This potentially placed people living and working at Derby House at risk of harm or injury. This was a breach of Regulation 17(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other records to show equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions were seen. These included checks to the small electrical appliances, mains electric, fire alarm and equipment and call bells. However we did not see an up to date gas safety certificate. We raised this with the provider who agreed to forward this on. Following the inspection an up to date gas safety certificate was received showing the system in place was safe.

We looked to see how people were supported to manage their prescribed medicines. We were told that none of the people administered their own medication. We found that medicine stocks, including controlled drugs (very strong medicines that may be misused) were stored securely. We were told that only those staff trained in the administration of medicines carried out this role. When a trained member of staff was not on duty at Derby House a trained worker from the sister home next door would be called to administer people's medicines. Training records we looked at showed only six of the current 22 staff employed were trained in medication administration. Whilst this did not impact on people receiving their medication the provider told us several staff had been identified to complete training in this area.

We observed the administration of morning medicines. The staff member was seen to check each medicine against the medication administration record (MAR) before administering it. This helped to ensure people received the correct medicines. MARs were signed once the medicine had been taken by the person.

We looked at the MAR's for three people. We found the MAR's did not clearly show that people received their medicines as prescribed. For example, one person was prescribed liquid medication. The MAR had not been supplied by the dispensing pharmacy and had been put in place by the provider. The dosage detailed on the MAR described the item as a 'variable dose'. However this did not correspond with the prescription label on the bottle. Therefore it was unclear how much of the medicine had been administered. We also noted for a second person that partial instructions for one medicine had been crossed out on the MAR. There was no information to show who or why the changes had been made. A check of stock for a third medicine did not correspond with the information recorded on the MAR in relation to what had been administered. As the prescription label differed from the information recorded on the MAR it was unclear if some of this medication was missing or whether staff had administered the dose as stated on the box. When staff were asked to clarify the discrepancies, no answer could be provided.

We also looked at the stocks and records for controlled drugs. A review of the drug register showed that medicines had been administered by two members of staff. This had been done using initials and not full names. There was also no specimen signature list available. This meant that records did not clearly show which member of staff had been responsible for the administration of medication so that any discrepancies could easily be addressed with the relevant member of staff..

A review of the drug register also showed some discrepancies with regards to the stock held and that detailed in the book. We raised this with the provider who acknowledged that errors had been made and that some staff required additional training or assessment of their competence. We asked that the provider to investigate the errors in medication and provide a report to CQC of their findings. Following the inspection the provider sent us copies of the medication returns records which were also used for auditing purposes. Whilst information showed that errors had been identified there was no information to show what action had been taken or their findings in relation to the specific issues identified at inspection.

Daily temperature checks were completed with regards to medication storage and the designated medicine fridge. However there were no minimum and maximum temperatures recorded. This is good practice to help ensure items are stored at correct temperatures and safe for use.

People's health and well-being may be placed at risk if they do not receive their medicines safely and effectively. This meant there was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We noted that other medications such as warfarin were stored in CD cupboard. The provider told us that this was to minimise any risk of error due to the medicine being a variable dose. We recommend the provider refer to good practice guidance with regards to the safe management and storage of controlled drugs.

Following our inspection the provider arranged for an external audit to be carried by the supplying pharmacist on the 4 May 2017. A copy of the report was provided. No concerns were identified.

We looked at what information and checks were completed when recruiting new staff. We looked at the personnel files for four staff employed since our last inspection. The staff files contained proof of identity and an application form. However not all necessary information and pre-employment checks had been gathered. We found on one file there was only one written reference, no references were seen on the three other files, one application form was unsigned and undated and another application form did not contain a full employment history. We noted that the home's recruitment policy referred to an interview record and scoring sheet being completed. Blank copies were seen however completed documents were not available on the files we examined. This information helps to demonstrate that applicants have been thoroughly checked in relation to the skills and suitability for the position applied for.

We saw that Disclosure and Barring Scheme checks (DBS) had been undertaken. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. However records showed that these checks were not received until sometime after the person had commenced employment. We discussed this with the provider who was unaware of the shortfalls as staff recruitment had been undertaken by a senior member of staff who had recently left the service. This was now to be undertaken by the provider and deputy manager.

We also asked the provider what information was sought when agency staff were requested to work at the home. The provider said that confirmation of employment checks and relevant training was not asked for and was therefore unable to confirm their suitability to work at Derby House.

Without robust recruitment processes unsuitable candidates may be appointed potentially placing people at risk. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we had been provided with a copy of the infection control audit undertaken by the local authority infection control lead on the 20 March 2017 at both Derby House and the sister home. The services were rated 'red', meaning 'low compliance and needing urgent action'. An action plan had been forwarded to the provider detailing the action required.

On the first day of inspection we spent some time looking at hygiene standards throughout the home. The domestic worker told us they had recently been employed on a part time basis. It was their responsibility to follow a cleaning schedule for all areas of the home. We found the home to be clean and tidy throughout.

In relation to people's laundry, staff used the facilities available next door at the sister home. We were told that any soiled items were transferred and washed in red alginate bags. Alginate bags are a high density translucent red polythene bag that is designed to prevent the need to personally handle potential contaminated garments. We were told there was no dryer in the laundry and therefore clothes were hung in the bathroom to dry. Staff told us that items would be removed should people wish to use the bathroom.

The provider told us that work to improve this area was being made. We were shown an area within the basement which had been cleared so that the laundry facilities could be improved. However we were told by the local authority infection control lead that this and other issues have been an on-going since 2015 and had yet to be addressed.

The provider had not ensured effective processes and equipment were provided to promote good practice and ensure that the risks of cross infection were minimised so that people are not placed at risk. This was a breach of Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff had access to personal protective equipment (PPE) such as, disposable gloves and aprons and were seen wearing them when carrying out personal care tasks. Yellow 'tiger' bags were also used for the management of clinical waste. The provider had policies and procedures were in place to guide staff in infection control procedures. Whilst records showed that only four of the 22 staff had completed training in infection control procedures we were told that recent training had been provided by the local authority infection control lead. Following the inspection we spoke with the infection control lead who confirmed that 11 staff from Derby House and its sister home had completed training in 2016 on infection prevention and control. This training should help staff to understand what they need to do to minimise the risk of cross infection to people.

We looked at what systems were in place to safeguard people who used the service from abuse. We asked staff if they were aware of the signs and symptoms of abuse and what they would do if someone was at risk. Staff spoken with had a good awareness, could identify the types of abuse and knew what action to take to help keep people safe. We saw that policies and procedures were in place to guide staff and opportunities for staff training had been provided. A review of training records showed that of the 22 staff, eight had completed training in 2016. Further training was needed, particularly for the newest members of the team. This training helps staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected.

We spent some time looking at the staffing arrangements in place to support people living at Derby House. We spoke with people who used the service, looked at staffing rotas and observed the support offered throughout the day.

We were told and staff rotas confirmed that two care staff were on duty throughout the day with part time domestic support. Night staff comprised of one wake in staff member. There was also a sleep in member of staff available at the sister home next door should additional support be required. The provider also lived on the premises and was available should an emergency arise.

People we spoke with did not raise any issues about the availability of staff. One person we spoke with said that staff attended if they called for assistance. From our observations we found that sufficient number of staff were available and responded to people's requests promptly.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) 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 mental 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw information to show that applications to deprive people of their liberty had been made to the relevant supervisory body (local authority). Applications had been made for six of the people living at Derby House.

We saw that information was available to guide staff on the MCA and DoLS procedures. Training records did not evidence staff had completed training in these areas. We spoke with two care staff to check their understanding of the procedures. One staff member said they had yet to receive training in MCA and DoLS however had some understanding of the Act. They were not aware which people living at the home were subject to a DoLS. The second staff member told us they had completed training however were not able to demonstrate their understanding of the MCA principles or DoLS procedures. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

We looked at how people were involved and consulted with about their care and support. On one of the files we looked at we saw that relatives of the person acted on their behalf. Records showed that they had the legal authorisation, 'lasting power of attorney', to be consulted and make decisions on behalf of the person. On the second file we saw that consent had been given to providing care, medication and to having their picture taken. However this was not from the person as we were told they were unable to do so. There was no capacity assessment on the person's file to evidence the person lacked the capacity to give informed consent or information to show that the person acting on their behalf was able to do so. Where people are unable to consent to their care and treatment the principles of the MCA should be followed so the decisions are made in the persons 'best interest'. This helps to ensure people's rights are protected. This was a breach of Regulation 11 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Derby House. We found that a programme of training and support needed improving.

A review of staff records showed that on commencement of their employment staff completed a one page induction checklist. This explored the role of the worker, health and safety procedures and conduct. Records

in relation to the 'Care Certificate' were seen for two members of staff however these were incomplete. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare staff, particularly those new to care work, in carrying out their role and responsibilities effectively.

We spoke with one member of staff who had recently been employed. They told us they had not undertaken an induction on commencement of their employment. However they had shadowed a senior member of staff for approximately one week and worked supervised for another week before going on the rota. This had helped them establish what was expected of them and support people required.

We saw the home had a policy stating that individual supervision meetings would be held every eight weeks. However a review of four staff records showed meetings had not been held with each person or the frequency outlined within the policy. Those staff spoken with did however say they felt supported and that the team worked well together.

We also reviewed information about the programme of training offered to staff. Topics included areas such as; safeguarding, MCA and DoLS, food safety, infection control, dementia awareness, dignity in care, medication and moving and handling. Information showed that whilst a number of staff had completed training in some areas of training other staff had not. The provider said they had drawn up a training matrix, which identified gaps in training that needed to be planned for.

We spoke with two staff members about their learning. One staff member said they had worked at the home for several years and during that time they had completed some areas of training including; safeguarding, first aid, moving and handling, food hygiene, MCA/DoLS and infection control. However a second member of staff told us they had yet to complete training relevant to their role. They said they had completed training in their previous employment however required refreshers. This had been raised with the provider.

During the inspection there was also a college student on placement at the home. The purpose of the placement was to develop their knowledge and skills of residential care. We were told the student's role in the home was more observational as they had not received training to undertake care duties. From our observations the student was generally observing people. It was unclear what support and direction was provided to the college student and how this benefited people living at Derby House.

Opportunities for on-going staff training and development helps to ensure people's health and well-being is safely met by staff with the relevant knowledge and skills needed to do so. This meant there was a breach in Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. Meals were cooked by staff in a large domestic kitchen. A four weekly menu was available showing what was provided for the lunch and tea time meal only. Information was limited stating, 'jacket potato' or 'dippers'. However additional information was recorded in the food diaries completed for each person. We saw that one person had been identified at risk of weight loss. Additional records were completed of their food and fluid intake. This helps to respond promptly to people's changing needs. We observed however that this person was not always encouraged or assisted with their food and drink ensuring they had sufficient intake.

A review of another person's records showed they required a specific diet but that they also enjoyed sweet foods. Records stated that staff were not able to accurately monitor their sugar intake as items were

sometimes brought in by visitors. From our discussions with the provider and staff they were aware of the situation. A review with the persons GP had taken place and arrangements had been put in place as part of the management plan.

Two people we spoke with commented on the meals provided. One person said they were "adequate" whilst another said, "The food is poor; it's not always cooked properly." We raised this with the provider who was aware of people's comments and was looking into how this could be improved.

We noted that a food hygiene inspection had been done in August 2016 and that the home had been rated a '4' out of '5' (5 being the highest rating).

We saw that people had access to other healthcare professionals so that their changing needs were met. Information we looked at showed that appointments had taken place with people's GP, opticians, podiatrists, dentist as well as hospital visits. Records were completed of appointment attended and treatment received. This helped to ensure people changing needs were responded to so that their health and well-being was maintained.

Derby House provides accommodation and support for up to seven people. Bedrooms are provided on the ground and first floor and accessible by a stair lift. Bedrooms we looked had been personalised with belongings from home. People also had access to a large open plan lounge, dining room and kitchen. The home provided comfortable and well-maintained accommodation for people.

# Is the service caring?

## Our findings

During this inspection we spent some time speaking with people who used the service and staff. We also spent time observing how staff interacted and supported people in meeting their individual needs.

Daily routines were flexible with people rising and retiring when they wished. On the first day of inspection we saw the morning routine was relaxed with people coming down for breakfast when they wished. People chose where they spent their time, either with others in the communal lounges or the privacy of the own rooms. This was respected by the staff. One person told us that staff asked them what they would like to do. However they chose to spend their time in their own room. They told us that would start to join others downstairs so they were not as socially isolated.

For those people not able to tell us about their experiences, we spent some time observing how they were supported and spoken to by staff. Staff were seen to refer to people by their preferred name and clearly understood their individual needs and behaviours.

During our inspection, we saw that staff had time to sit and socialise with people. Interactions were seen to be kind, compassionate and good humoured. People were treated with dignity and respect. One staff member commented, "It's quite a friendly atmosphere. Staff talk to residents and the staff are dead friendly. Staff know the residents well and are able to calm them down when they get agitated."

Information on the care records for one person made reference to them being 'dapper' and that they like to pay attention to their appearance. From our observation we saw people had been assisted to address their personal appearance, they looked clean and were appropriately dressed.

We saw that staff encouraged people to maintain their independence and offered support and encouragement when needed. The home provided sufficient aids and adaptations throughout including walking aids, handrails, raised toilet seat and assisted bathing facilities were available to help promote people's independence and safety.

People were also encouraged to take part in household tasks. We were told that one person was encouraged to help lay the table for the lunchtime meal or dry up the washed pots. This was observed during the inspection and helped the person to feel valued and gives them some purpose.

We saw people received visits from family and friends. Interactions with staff were polite and friendly. One person said they also had opportunity to go out with family to the local shops and church. This helped to promote people's emotional well-being.

Staff told us they were kept informed of people's current and changing needs during the handover completed at each shift change. Handovers involved all staff on duty so that they were aware of any areas of work that needed to be completed or appointments attended. This helped to ensure people receive the support needed so their health and well-being was maintained.

Staff told us and we saw that people's care records were stored securely in a kitchen cupboard and the main office. This helped to ensure confidentiality was maintained.

The provider told us end of life discussions were held with people, their relatives and GPs. Two people at the service had DNACPRs in place and care plans that set out their advanced care preferences. DNACPR is a document that is issued and signed by a doctor, which tells your medical team not to attempt cardiopulmonary resuscitation (CPR). Advance care planning gives people opportunity to express and document their wishes and preferences for care provision at the end of their lives.



## Is the service responsive?

### Our findings

We looked at what opportunities were made available to people offering variety to their day. We spent time speaking with and observing people's daily routine. Information about people's hobbies and interests had been explored and were detailed on their care records.

Due to the size of the service the provider did not employ a designated activity worker. Activities were facilitated and supported by staff. We saw a weekly plan of activities displayed, which included nail care, board games and baking. The provider told us outside entertainers also visited the home offering movement to music as well as occasional singers. Care staff and the provider told us the home also maintained close relationships with the local community. Children from a local school visited occasionally taking part in activities and parties held at the home. People we spoke with did confirm that singers sometimes visited the home to entertain them but that there had not been one in a while. The provider said that people's birthdays and occasions such as St Patrick's Day, Easter and Halloween were cause for celebration at the home.

During the inspection we saw little organised activity taking place. However we did see one person get comfort out of using dolls and soft toys. Research suggests this type of therapy can reduce agitation and disengagement. This person was also seen reading a large print picture book. Another person spent their time at their desk and showed us a map of where they use to live. A third person was relaxing watching television and reading the paper. We visited a fourth person in their room. They told us they preferred the privacy of their own room as they were able to watch the television programmes they preferred.

We asked if people's religious beliefs were considered and respected. The provider and staff spoken with told us that arrangements were in place for members of the local churches to visit the home. One person also told us that they would occasionally attend church with their family. This respected people wish to observe their religion should they wish too.

We spoke with the provider about the assessment process when people were referred to the service. We were told they would complete an assessment of the person's care and support needs. This included liaising with the person, where possible and their family. We saw on one file that a person had been admitted from hospital. Information had been sought from hospital staff prior to admission and a copy of the discharge notes had also been received. This information enabled the service to make a decision about the suitability of the placement. We were told that people were able to visit and spend time at the home giving them the opportunity to look around and as well as meet other people and staff.

We looked at the care records for two people to see how their needs were assessed and planned for. The provider was in the process of reviewing and updating all the care files to ensure information was accurate and up to date. The care records we looked at clearly identified people's care needs. Information also included details of people's individual wishes, likes, dislikes and preferences. Care records also identified areas of risk such as risk of falls, nutritional needs, medical conditions, poor nutrition and skin integrity. Whilst information about how to manage risks provided some guidance for staff these were not completed

in sufficient detail. Other areas of risk such as specific medical conditions, foot care and isolation had not been assessed and planned for. Without such information people's changing needs may be responded to in a timely manner so their health and wellbeing is maintained. This was a breach of Regulation 12(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they were mindful of people's changing needs and would liaise with the local authority if they felt people's needs could no longer be met by staff at the home. We were given an example of a recent review that had taken place due to the changing needs of someone living at Derby House.

We looked at how the provider responded to people's complaints or concerns. We saw a complaints procedure was available and included in the brochure about the service. The provider had a 'complaints and compliments file' containing all information received. Records showed that three issues had been raised since the last inspection. One person told us, "I tell them if there's something wrong." They gave us some examples of issues they had raised with the provider. A review of records showed that these issues had been recorded and acted upon.

We also noted that a number of compliment cards had been received with regards to the care and support provided at both Derby House and the sister home next door.

## Is the service well-led?

### Our findings

As part of the overall registration of this service, there is no condition that the provider must employ a registered manager at Derby House as they took day to day responsibility for the running of the home along with the sister home, Dover House, next door. There was also a deputy manager who offered support across both of the services.

We asked people their views about the management and quality of service provided. People told us they were comfortable and settled. Their comments included; "I'm very comfortable, they look after things around here" and "It's well run." From our observations and discussions it was clear that the provider had a good rapport with people and was familiar with their individual needs.

We also asked staff their views about the management of the service. Staff spoke positively about working at Derby House and the support they received. When asked, staff told us there was nothing required to further improve the service and the experiences of people. Staff spoken with told us the provider was "Visible throughout the home or at the end of the phone if you need (them)", "(They know) what's going on even though (they're) not on the floor", "Very supportive and approachable" and "You wouldn't think (they were) the manager because (they) get stuck in and help out."

We asked the provider how they monitored and reviewed the service provided. We found that robust systems were not in place to help identify and address areas where improvements were needed. A review of records showed that audits had been completed with regards to infection control. However these were last undertaken in February 2017. Accident and incident reports were collated to see if there were any patterns developing and weekly medication audits were also undertaken. These checks had not identified the errors found during the inspection. Other checks to monitor areas such as recruitment, staff training and health and safety were not completed. The provider acknowledged that due to work required at the sister home as well as staffing issues, management systems to effectively monitor and review Derby House had not been implemented or maintained.

We saw that policies and procedures were in place to help direct staff in areas of their work. These included safeguarding, medication management, whistleblowing, recruitment, complaints and infection control. Whilst information showed these had been reviewed in August 2016 we found references to outdated legislation within them and our findings during the inspection did not demonstrate these were adhered to.

We asked the provider how they sought the views of people who used the service and their relatives about their experiences. We were told that due to the service being small there were regular discussions with people and their families. More formal methods of seeking people's views through resident meetings and feedback surveys were not carried out.

Robust systems to effectively monitor, review and improve the quality of service needed improving to help ensure people were protected from the risks of unsafe or inappropriate care and support. This was a breach of Regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Opportunities were provided for staff to share their views and ideas about the service. We were told and records showed that regular team meetings were held which involved discussions about all areas of the service. Staff spoken with said; "If you can't attend a meeting then the minutes are provided and you have to sign to say that you have read them." One staff member told us they had missed the last meeting however the provider had discussed with them the key points that were addressed at the meeting.

Before the inspection we checked our records to see if events which CQC needed to be informed about had been notified to us by the provider. Relevant information had been provided.

As part of this inspection we contacted the local authority commissioning team. No issues or concerns were raised with us.

Whilst looking around the home we saw a copy of the last report and rating were held in the visitors signing in book and therefore accessible to people.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people are unable to consent to their care and treatment the principles of the MCA should be followed so the decisions are made in the persons 'best interest'. This helps to ensure people's rights are protected. Regulation 11(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>Clear and accurate records were not maintained to show that people received their prescribed medicines safely and effectively. Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Areas of risks to people's health and well-being had not been assessed and planned for so that people were kept safe. Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had not ensured effective processes and equipment were provided to promote good practice and help ensure that the risks of cross infection were minimised so that people are not placed at risk. Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Inadequate systems and checks to ensure the safety and protection of people were not in place. This potentially placed people living and working at Derby House at risk of harm or injury. Regulation 17(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Robust systems to effectively monitor, review and improve the quality of service needed improving to help ensure people were protected from the risks of unsafe or inappropriate care and support. Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Robust recruitment procedures were not followed so that only suitable candidates were offered employment at the home. Regulation 19(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Opportunities for on-going staff training and development were needed to help ensure people's health and well-being was safely met by staff with the relevant knowledge and skills needed to do so. Regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.