

Roseberry Care Centres GB Limited

# Haythorne Place

## Inspection report

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Date of inspection visit:  
29 June 2018

Date of publication:  
10 September 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 29 June 2018. This was an unannounced inspection which meant the staff and registered provider did not know we would be visiting. The service was last inspected on 22 May 2017 and was rated as Requires Improvement.

Haythorne Place is a 'care home' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. Haythorne Place is registered to provide accommodation, nursing and personal care for up to 120 people. The service is divided into six houses and a main office. Each house can accommodate up to twenty people. One house accommodates younger people with physical disabilities, another house specialises in the care and support of people who live with mental ill health. Four houses accommodate older people. Two of these provide support for people living with dementia. At the time of our inspection, 111 people were living at the service.

The manager had registered with the Care Quality Commission. 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.

At our last inspection in May 2017 we found concerns about the premises and equipment at the service. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan with details of the improvements they planned to make to meet the requirements of the regulation. At this inspection, we saw that action had been taken and was still on going to continuously improve the premises and equipment at the service. We found sufficient improvements had been made to meet the requirements of the regulation.

Following the inspection, the group director of operations and compliance informed us that all the outstanding premises and equipment action had been completed, meeting the provider's deadline of July 2018.

During the inspection, we found some concerns about the staffing levels in some of the houses. This was reflected in the feedback we received from some of the people using the service and relatives we spoke with. Some of the staff we spoke with also shared some concerns about staffing levels at the service. We shared these concerns with the regional operations manager and the registered manager.

Following the inspection, the regional operations manager informed us the staffing levels within some of the houses would be increased immediately and the registered manager would recruit additional care staff for the service to cover the increase in hours. We will monitor this at our next inspection.

During the inspection, we found some concerns about cleanliness within some of the individual houses.

Following the inspection, the registered manager confirmed action had been taken to improve the cleanliness of these areas. We have made a recommendation about the management of cleanliness at the service. We will monitor this at our next inspection.

We received mixed reviews from people and relatives about the quality of care at the service. Some people and relatives we spoke with were satisfied with the quality of care provided, whilst others were less satisfied. We saw the level of satisfaction expressed by people and relatives corresponded to concerns about staffing levels and/or cleanliness within the house people lived in.

The registered provider had a process in place to respond to and record safeguarding concerns. Staff confirmed they had been provided with safeguarding vulnerable adults training so they understood their responsibilities to protect people from harm.

People had individual risk assessments in place so that staff could identify and manage any risks appropriately.

The recruitment systems were designed to make sure new staff were only employed if they were suitable to work at the service.

The service had appropriate arrangements in place to manage medicines. However, we saw the storage of medicines required improvement to ensure they were stored at the right temperature.

People told us they received care and treatment from external healthcare professionals when required. People's care plans and risk assessments were reviewed regularly and in response to any change in needs.

People's nutritional needs were monitored and actions taken where required. We received mixed views about the quality of the food provided at the service.

People and relatives, we spoke with made positive comments about the activities that had been provided at the service. Some of the people and relatives we spoke with were concerned that one of the two activities workers had recently left. The regional operations manager told us the registered provider was actively recruiting another activities worker, who would work full time at the service.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People we spoke with told us they felt consulted and staff always asked for consent. The care staff spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

Staff underwent an induction and shadowing period prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles.

We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns.

Resident and relative's meetings took place so people had opportunities to feedback about the service and

suggest improvements.

Accidents and untoward occurrences were monitored by the registered manager and provider to ensure any trends were identified.

We found some of the regular checks completed at the service were ineffective in practice. During the inspection we found concerns about staffing levels, the cleanliness of the service and the storage of medicines.

At this inspection we found two breaches of the Regulations of the Health and Social Care Act 2008. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

We found the staffing levels at the service required improvement.

We saw the cleanliness of some of the areas within the service required improvement.

Most people told us they felt 'safe'. Safeguarding procedures were robust and staff understood how to safeguard people they supported.

There were thorough recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with vulnerable people.

**Requires Improvement** 

### Is the service effective?

The service was effective.

People told us they received care and treatment from external healthcare professionals when required.

People were supported to have maximum choice and control of their lives.

People's nutritional needs were monitored and action taken where required.

Staff received induction and refresher training to maintain and update their skills. Staff were supported to deliver care and treatment safely and to an appropriate standard.

**Good** 

### Is the service caring?

The service was caring.

People and relatives we spoke with made positive comments about the staff.

**Good** 

Most people we spoke with told us they were treated with dignity and respect.

We saw that people responded well to staff and they looked at ease and were confident with them.

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

**Good** ●

The service was responsive.

We found people's care plans and risk assessments were reviewed regularly.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

Complaints were recorded and dealt with in line with organisational policy.

People expressed how much they had enjoyed the activities at the service.

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

**Requires Improvement** ●

The service was not always well led.

We found some of the checks completed at the service were ineffective in practice.

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations.

The registered provider actively sought peoples and their representative views, by sending out surveys and holding regular meetings at the service.

# Haythorne Place

## Detailed findings

### Background to this inspection

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

This inspection took place on 29 June 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, two assistant adult social care inspectors and two experts by experience with expertise in the care of older people, people living with dementia and mental health. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The local authority told us they visited the service in March 2018 and found there was a mixture of different practises across the different houses, with some being of a higher standard than others. This information was reviewed and used to assist with our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived at the service. We spent time observing the daily life in the service including the care and support being delivered in each of the houses. We spoke with 34 people living at the service, 8 relatives, the registered manager, the regional operations manager, the deputy manager, two nurses, eight care staff, one activities worker, the administrator and the head chef. We spoke with three visiting healthcare professionals. We visited each house at the service and looked at the communal areas, bathrooms, toilets and with their permission where

able, some people's rooms. We reviewed a range of records including the following: people's care records, people's medication administration records, staff files and records relating to the management of the service. For example, medication audits and staff meeting records.

# Is the service safe?

## Our findings

At our last inspection, in May 2017 we found concerns about the premises and equipment at the service. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 15 Premises and equipment. The registered provider sent us an action plan with details of the improvements they plan to make to meet the requirements of the regulation.

At this inspection, we saw action had been taken to improve the premises and equipment within the service and these improvements were still on going. These improvements were being monitored by the registered manager and provider. We found sufficient improvements had been made to meet the regulations, but we saw further improvement was required. A few people we spoke with saw the environment in their house had not been improved like some of the other houses at the service. People's comments included, "House 1 is much better than ours" and "Why can't we have a nice garden." This was reflected in the feedback received from some of the relatives we spoke with. One relative said, "I'm not really sure if they are planning any improvements."

Following the inspection, the group director of operations and compliance informed us that all the outstanding premises and equipment action had been completed, meeting the provider's deadline of July 2018.

During the inspection, we noted one person's call bell was not working in their room and was not in easy reach for them to use. We shared this information with registered manager and regional operations manager. They assured us that appropriate action would be taken. The regional operations manager told us that people's call bells would be re checked.

On our arrival the registered manager was completing a walk round of the service and was organising staff cover for some unexpected staff absence. The registered manager told us that the service had bank staff they could call or they could ask staff to work additional hours. The feedback from some staff told us the arrangements to ensure staffing levels were maintained due to unexpected staff absence and annual leave required improvement. Staff told us it was difficult to obtain staff to cover, as staff did not always want to work extra shifts.

All the people we spoke with told us they felt "safe" except for one person. Comments included, "I do like it here and feeling safe and secure is important to me" and "I feel safe here." One person we spoke with did not feel as safe as other people. We shared these concerns with the registered manager and deputy manager so reassurance could be provided.

Although most people told us they felt safe, some of the people we spoke with expressed concerns about the staffing levels within the house they lived in. They also told us their calls for assistance were not always responded to in a timely manner. Comments included, "The staff seem a lot busier over that past few months, you have to wait for assistance in the mornings" and "The staff are not bad all really, I like them, there just aren't enough. There are no staff up here now, you try looking for one." We also received concerns

about the staffing levels from some of the relatives we spoke with. Comments included, "I feel sorry for the staff. They really do care about people here, but people here need such a lot of help that it's hard for them to spend a lot of time with one person," "The staff get very busy, the meals can be late sometimes" and "I feel that [family member] is safe here, there are just not enough staff."

Our observations during the inspection told us some of the houses at the service did not have sufficient staffing levels to ensure people's wellbeing was monitored appropriately, particularly where people had a medical condition which increased their risks. For example, a person with epilepsy or a sensory impairment. In one house we also saw one person living with dementia opening a person's bedroom door. The person in the bedroom was receiving nursing care in bed and was unable to call for assistance. There were no staff in the vicinity to call for assistance. We encouraged the person to leave the person's room. During the inspection we saw some people were kept waiting when they needed assistance from staff. For example, we observed one person waiting for a staff member to be available to support them to eat their meal; the staff member was supporting another person to eat. We also saw that a few people had not been supported appropriately to maintain their personal appearance. For example, their clothes had food spills on them, their nails required cleaning or they had not been supported to shave.

Although there should have been an organised activity provided during the morning of the inspection, the activities worker had been asked to provide care instead. This also affected the timing of the coffee morning that people had been looking forward to. The coffee morning did take place, but at the later time of 11.30 am.

Some staff we spoke with expressed concerns about the staffing levels at the service. Comments included, "The hourly observations are a real problem it takes time away from the residents" and "We are short of staff in the afternoons, on the mornings we have a floater, but she went at two, so now it's just me up here, although I can call downstairs for help if I need it." During the inspection we saw some staff were focussed on completing tasks. One person we spoke with told us that staff just talked to one another and then they went off. We shared these concerns with the regional operations manager and registered manager.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Following the inspection, the regional operations manager informed us the staffing levels would be increased by a further eight hours per day within the houses that had reduced staffing levels in the afternoon, this would cover meal times and busy times of the day. The registered manager would recruit additional staff to provide this. Staff levels would be monitored to ensure sufficient action had been taken to ensure people's wellbeing was monitored appropriately and people's experience of care had improved. We will monitor this at our next inspection.

During the inspection some of the relatives we spoke with expressed concerns about the cleanliness of some of the houses. During the inspection we saw the standard of cleanliness in the some of the houses was well maintained. However, in some of the houses we found some people's individual rooms required deep cleaning as they did not smell clean and a few of the bathrooms were not sufficiently clean. We shared these observations with the registered manager and regional operations manager so appropriate action could be taken to ensure standards were maintained in each house.

We would recommend the service seek advice and guidance from a reputable source about maintaining and checking the cleanliness of the service.

Following the inspection, the registered manager sent us confirmation that these concerns had been actioned and would be monitored. We will monitor this at our next inspection.

We reviewed the management of medicines at the service. We saw there were arrangements in place to ensure people received medicines at the right time. We saw regular audits of people's medication administration records (MARs) were undertaken to look for gaps or errors and to make sure full and safe procedures had been adhered to. We saw the organisation and administration of medicines varied between the houses. For example, we saw the medicines trolley was better organised in some houses so it was easier for staff to locate people's medication. In one house we saw the senior care worker was being interrupted by care staff whilst completing the morning medicines round. These interruptions increase the risk of errors being made. We shared this information with the registered manager. They told us they would speak with staff and review the arrangement for completing the medicines round.

We saw medicines were stored safely at the service. We saw evidence the temperature of medicine storage rooms and medication fridges were regularly checked. We did not identify any concerns about the temperature of medication fridges. However, records showed the temperature of some of the medicine storage rooms were exceeding the recommended temperature due to the hot weather. For example, on the day of the inspection we saw staff had tried to reduce the temperature in one the medicines storage room by using a fan, but this action did not reduce the temperature enough. Medicines should be stored under conditions which ensure that their quality is maintained. The temperature of storage is one of the most important factors that can affect the stability of a medicine. If medicines are not stored properly they may not work in the way they were intended, and so pose a potential risk to the health and wellbeing of the person receiving the medicine. We shared this feedback with the registered manager and regional operations manager. They told us they would look at different measures to reduce the temperatures in medication storage rooms. For example air conditioning units.

Some of the people using the service were prescribed controlled drugs. We reviewed the arrangements in place to manage controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are stored and dealt with. We saw that controlled drugs were being stored correctly. We looked at the controlled drugs records in four of the houses and found them to be in good order.

We saw medicines were disposed of appropriately. Unwanted medicines were recorded in a book and collected by a licensed waste disposal company. This helped prevent mishandling and misuse.

The registered provider had a process in place to respond to and record safeguarding concerns. Staff confirmed they had been provided with safeguarding vulnerable adults training so they understood their responsibilities to protect people from harm. We found there were satisfactory arrangements in place for people who had monies managed by the service.

We looked at the procedures for recruiting staff. We checked six staff recruitment files. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. We saw there were robust recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with people.

We looked at a sample of people's care plans across the service and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. We

saw these risk assessments were regularly reviewed by staff to ensure they were still relevant to the individual.

The service had a process in place for staff to record accidents and untoward occurrences. We saw there was robust monitoring system in place to identify any trends and prevent recurrences where possible. The provider's regional operations manager also reviewed these records to ensure appropriate action had been taken.

A fire risk assessment had been undertaken at the service to identify and mitigate any risks in relation to fire. Staff undertook fire awareness training and there were regular fire drills at the service. Personal emergency evacuation plans (PEEPS) were kept for each person for use in an emergency to support safe evacuation. During the inspection we identified one person's PEEPS plan required updating to reflect their change in mobility. We shared this information with the registered manager so appropriate action could be taken. Following the inspection, they confirmed the person PEEPS plan had been updated.

## Is the service effective?

### Our findings

Care and nursing staff, we spoke with during the inspection were able to describe people's individual care needs and preferences. In people's care records, we found evidence of involvement from other professionals such as doctors, opticians, tissue viability nurses and speech and language therapists. The local GP visited the service each week. People we spoke with told us they saw the doctor when they were not feeling well. One person said, "If I'm not very well, they [staff] get the doctor to see me. They are good like that." Some of the relatives we spoke with confirmed their family member saw the GP, chiropodist and optician when they needed to. During the inspection we spoke with three visiting healthcare professionals, they did not express any concerns about the quality of care being provided. For example, the district nurse told us they did not have any concerns about the support being provided to the person they had visited. The person's condition was improving so this showed the staff were supporting the person appropriately.

A verbal and written staff handover was undertaken in each house, this enabled information about people's wellbeing and care needs to be shared between staff.

We received mixed views about the quality of care from people we spoke with. Some people were satisfied with the quality of care whilst others were less satisfied. We saw people's experience of care corresponded to the staffing levels in the house they lived in. For example, people who told us they had to wait for assistance from staff were less satisfied with the quality of care provided.

We also received mixed views from relatives we spoke with. Some relatives were satisfied with the quality of care that had been provided to their family member, whilst some relatives expressed concerns. Some of these concerns were about the staffing levels and/or cleanliness in the houses their family member lived in. Relative's comments included, "They [staff] try their best. They seem to have awareness of the different ways dementia affects people and how to respond to the individuals," "Me and my brothers and sisters can rest assured he [family member] is well cared for," "He [family member] couldn't receive better care" and "I come every day, so I get a good idea of what's going on, some of the staff are great, but there are less staff here these days." During the inspection we shared this feedback with the registered manager and regional operations manager. Following the inspection, the regional operations manager told us the staffing levels would be increased in some of the houses.

The Mental Capacity Act (MCA) 2005 is an act which applies to people who are unable to make all or some decisions for themselves. It promotes and safeguards decision-making within a legal framework. The MCA states that every adult must be assumed to have capacity to make decisions unless proved otherwise. It also states that an assessment of capacity should be undertaken prior to any decisions being made about care or treatment. Any decisions taken or any decision made on behalf of a person who lacks capacity must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person. The registered provider was complying with any conditions applied to an authorisation.

We reviewed the services weight-monitoring records kept in the main office. We saw the registered manager had a robust system in place to monitor the weight of people using the service and ensured appropriate action had been taken by staff when weight loss had been identified. Care plans examined also evidenced that people were regularly weighed. This showed people's nutritional needs were monitored and action taken where required.

During the inspection, we saw some people's fluid intake was being monitored as part of their plan of care. We did not identify any concerns in the records we reviewed. Due to the hot weather we saw people using the service would benefit from being encouraged to drink more so they remained hydrated. A few of the relatives we spoke with were concerned people were not being actively encouraged to drink more fluids during the hot weather. We shared this feedback with the registered manager; she told us she would speak with staff.

We spoke with the head chef at the service. There was a system in place to obtain people's meal choices. They were aware of the people who needed a specialised diet and/or soft diet. For example, one person using service required a Halal diet. The chef had a copy of each person's dietary needs and preferences. This told us that people's preferences and dietary needs were being met.

We observed the arrangements in place at mealtimes in four of the houses. We saw staff were patient and kind with people and the atmosphere was relaxed. We received mixed views about the quality of food provided at the service. Positive comments from people and relatives included, "The food is quite nice. We'll be having fish and chips today because it's Friday. I look forward to that," "I think the food here is good and [family member] has put on some weight since [family member] has been here which shows [family member] is eating well," "The food here suits me just right, its good traditional food, although you can choose from curries from time to time" and "I like all the food they give us, thee nothing to complain about." However, a few people we spoke with told us they would like more choice and sometimes the food was cold. Comments included, "It's cold most of the time," "Today there is no choice, its fish or fish" and "Sometimes it's [the food] cold, I'm not going to eat this meal, its cold." This showed the monitoring of food temperatures in food trolleys would benefit from being more robust.

We received mixed views from staff about the support provided. Some staff felt well supported; whilst others felt the support provided could be improved.

We found there was a system in place to ensure staff received regular supervision and an annual appraisal and this was monitored by the registered manager. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

Staff underwent an induction and shadowing period prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. We saw some staff had completed specialist training to meet the needs of people they supported. This training included heart

failure, diabetes awareness, wound care and Parkinson's disease. The service had a clinical training programme planned for September 2018 to June 2019. This training would cover a range of areas including, wound care management, gastronomy management, epilepsy and diabetes care.

Since the last inspection the registered provider had appointed a gardener to work at the service. On our arrival we saw the communal areas at the front of the houses were pleasant and inviting. One relative commented, "The outside areas are beautiful, everyone enjoys being outside in this lovely weather." The service was participating in of a 'Bee Friendly' planter a trail project with a local school. The bee friendly planter had been put in a prominent position so people using the service and visitors could enjoy it. People using the service and staff had been asked to water the planter in dry and hot conditions. On the morning of the inspection we saw a group of schoolchildren visiting the 'Bee friendly' planter with a teacher.

We saw the service premises had been improved, but we found there were areas within the service that were still awaiting improvement. Where improvements had been made, we saw this had improved the environment in which people lived. For example, people in house one told us they had enjoyed planning and designing the area and had recently been out to a local DIY store to choose a water feature. This garden was easily accessible for people who restricted mobility. We saw the rear garden in house four had not yet been improved. For example, the plants were dead and many weeds were growing. We saw this area had been included in the services improvement plan.

Following the inspection, the registered manager told us the service's gardener had attended to house four's garden.

Relatives we spoke with told us the service provided sufficient aids and adaptations including handrails, assisted bathing, raised toilet seats and grab rails. These helped to promote people's independence and keep them safe.

## Is the service caring?

### Our findings

There was a welcoming atmosphere on our arrival at the service.

Most of the people we spoke with made positive comments about the staff and told us they were treated with dignity and respect. Comments included, "They're [staff] all lovely with us," "Everyone is kind to me and they make sure I don't fall," "They are kind," "They [staff] help me with things I can't do on my own. They're all nice" and "The staff don't mind doing anything for me, if I want anything I can just ask, I know they are there for me." Two out of the thirty four people we spoke with told us they did not feel like they were always treated with respect. One person told us some staff called them "Mr Grumpy", and they did not like that. We shared this information with the registered manager, as this was not treating the person respectfully. Another person we spoke with told us they did not like one of the staff members because they did not treat them like an adult. They had told a member of staff about how they felt. The registered manager and deputy manager told us they were aware of the person's concerns and providing support.

Most of the relatives we spoke with made positive comments about the staff and that their family member was treated with dignity and respect. Comments included, "The staff know and love my [family member]," "Staff have such dedication," "The care is genuinely kind," "They are all very kind to [family member]," "The staff are amazing" and "The staff are such fun, and they are all friendly." One relative spoken with told us staff were patronising when they spoke with them so this did not make them feel confident their family member was receiving the care they required.

During the inspection, we saw in some of the houses staff had time to stop and speak with people. We saw that staff had a good rapport with people and people were enjoying the interaction with them. However, in some houses we observed staff were very busy and focussed on tasks. Following the inspection, the regional operations manager informed us the staffing levels within some of the houses would be increased so staff would have more time to spend with people.

We saw that people could move around each house freely and had access to their bedrooms and the outside rear of each house when they wanted. Staff respected people's decision to spend their time in the privacy of their own room. During the inspection we observed staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas.

Staff promoted people to be as independent as possible and to make choices for themselves. One staff member said, "We are here to support people's choices and support their way of life." This was reflected in the feedback received from people. Comments included, "The staff are right behind me when promoting my independence," "I am allowed to be myself, that's so important to me, the staff do all they can to support me and my family" "I do like to be on my own, the staff have no problem with that" and "They [staff] look after me well, they support me with my rights."

In the main reception area and in individual houses we saw there was a range of information available for people and/or their representatives. This included details of advocacy services, Alzheimer's Society and the

provider's complaints procedure. An advocate is a person who would support and speak up for a person who does not have any family members or friends that can act on their behalf.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights.

## Is the service responsive?

### Our findings

In the care plans we reviewed, we saw people's personal preferences were reflected in their plan of care. Most of the care plans we looked at contained an account of the person, their personality and life experience, their religious and spiritual beliefs. One person had not yet completed their 'This is me' documentation. We found there was a record of the relatives and representatives who had been involved in the planning of people's care. We found that people's care plans were regularly reviewed to check they were still relevant to the individual. Most of the relatives we spoke with told us they had been fully involved in their family member's support planning.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. The service had participated in the Project Extension of Community Healthcare Outcomes (ECHO) in 2017. The project helps staff to develop the skills and confidence to effectively discuss end of life care planning with people using the service and their families, which allows people to make informed decisions about their preferred place of care, as well as other decisions surrounding the end of life care.

We looked at what the service was doing to meet the Accessible Information Standard. We saw there was information available in different languages and formats to enable people to access information. For example, information was available in an easy read format.

At the time of our inspection the service had one activities worker employed on a full-time basis. The other activities worker had recently left the service. We spoke with the activities worker; they had a good understanding of people needs and abilities and encouraged people to take part in activities. They told us they had spoken with people and their relatives about things they were interested in and then drawn up an activities programme. The activities included the following, baking, sewing, bingo, table top games, dancing and singing (with outside entertainers) and visits from the Zoo Lab [animals]. There were community activities for people to participate in. For example, watching the World Cup tournament, cinema evenings and ice skating trips. Some of the people we spoke with told us how much they had enjoyed participating in these activities. On the day of the inspection people in house four was busy planning a barbecue for the evening's meal.

Some of the people and relatives we spoke with expressed concerns that one of the service's activities workers had recently left and whether they would be replaced. People and relatives, we spoke with described how much they valued the activities at the service. Comments included, "We had a great Royal Wedding Party last month, it was such fun," "I love the singers and entertainers that come in" and "[Family member] really benefits from the activities," "There are some great events, all kinds of parties and social occasions" and "The activity people have made a big impact on our [family member] and has helped them settle in well." The regional operations manager told us the service was actively recruiting an activities worker, who would work 35 hours per week. They would provide daily meaningful activities in two houses daily during the week.

Following the inspection, the regional operations manager told us staffing levels would increase in some of

the houses in the afternoon so staff would have more time to engage with people.

A few of the people we spoke with told us they would like to attend a church service. One person said "We don't get a church service; it would mean so much to me if we had one." We shared this information with the registered manager. They told us they would complete a survey to see which people would like to attend a service and liaise with the local churches for visits to the service.

People and relatives, told us if they had any concerns or complaints they would speak with staff or the registered manager. Comments included, "I would tell [nurse] if anything was wrong," "I always say it like it is. I would say if I wasn't happy," "I will always make sure [family member] is safe, I would stop at nothing in complaining" and "[Family member] has no problems, but I would pop in and see the manager." Some people we spoke with mentioned the leaflets and posters on display explaining their right to make comments about the care and support they received.

The complaints process was displayed in different areas within the service. We reviewed the complaints log, this showed complaints and concerns were explored and responded to in good time. We found the service had responded to people's and/or their representative's concerns and acted to address any concerns.

# Is the service well-led?

## Our findings

Since our last inspection in May 2017, we found the registered provider had made sufficient improvements to the service to meet the legal requirements of Regulation 15, Premises and equipment. We saw the completion of the outstanding actions to the premises and equipment was being monitored by the registered manager and provider.

Following the inspection, the group director of operations and compliance informed us that all the outstanding action to the premises and equipment had been completed, meeting the provider's deadline of July 2018.

During the inspection, we asked people and relatives what was for lunch and they pointed toward the menus on display. One person said, "All the menus are on display, we can always see what we are having for our meals." However, we noted in some of the houses the menus did not always correspond with the meals on offer that day. For example, the menu on the large chalkboard in house six was dated 26 June 2018, three days earlier. One person said, "We never know what is for lunch, the menu is wrong today." This showed the system in place to update menu board's daily required improvement.

During the inspection we found a few concerns relating to people's records. In a few people's care records, we saw some consent records had not been signed by the person and/or their representative where appropriate. For example, in one person's care plan their consent for photos, their individual care plan and their consent to care and treatment had not been signed by the person since their admission in April 2018. This showed that care plans would benefit from being audited following admission to ensure all the relevant consent documentation had been completed.

We received mixed feedback from staff about the management of service. Most of the staff spoken with felt the service was well managed and that there was a good staff team, but some staff felt the leadership in some of the houses and the service could be improved. Some staff told us they had raised concerns with senior staff about the staffing levels, but no action had been taken to improve the staffing levels in their house. A few staff told us staff would like their work to be acknowledged more and thanked for the work they carried out at the service.

We saw an annual satisfaction survey had been undertaken with people using their services, relatives and staff at the service in 2017. We saw each survey included an action plan for the service to complete. We noted in both the residents and relatives that concerns about the staffing levels. For example, The results of the survey showed 11 out of 19 relatives felt there were not sufficient staff available.

There were planned and regular checks completed by the registered manager and deputy manager within the service to assess and improve the quality of the service provided. These checks helped to identify any concerns so appropriate action can be taken to improve the quality of support provided. However, during the inspection we identified some concerns about the staffing levels and the cleanliness of the service. We also saw the temperature of some of the service's medication rooms was exceeding the recommended

temperature range during the hot weather. This showed the systems in place to check and assess these areas required improvement.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Following the inspection, the regional operations manager told us the staffing levels in the service would be increased. Where we had identified shortfalls in the service, for example, the cleanliness of some area within the service, the registered manager confirmed action had been taken. We will monitor this at our next inspection.

On our arrival, the registered manager was completing a walk round of the service. The registered manager told us senior staff held a safety huddle meeting each day at the service. This covered a range of areas including, resident of the day, housekeeping, catering, maintenance/garden, administration, activities, care and nursing, visiting health professionals and clinical key performance indicators. The clinical key performance indicators included the following, any new infections, new tissue damage or concerns, nutritional concerns and any falls or accidents. The registered manager also completed a clinical key performance indicator review each month and this was sent to the regional operations manager to review.

The registered manager told us each house held their own staff meetings and a weekly senior staff meeting was held at the service. We reviewed the minutes of the qualified nurse meeting held in May 2018, we saw a range of areas had been discussed. These areas included, bed rails, communication, care delivery, safeguarding, staff supervision and diet notification. Regular staff meetings help services to improve the quality of support provided and to underline vision and values.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified.

We saw there were systems in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduces the risks to people and helps the service to continually improve.

Some of the people and relatives we spoke with knew who the registered manager was, but some people we spoke with were more familiar with the senior staff managing their house. Comments included "The manager is very nice, but I don't see much of her," "The manager is so friendly" "I don't know the name of the manager, but I always see the Senior Nurse if I have a problem" and "I tend to not see the manager about, but there is always someone to help you if you need it." People and relatives, we spoke with felt the service was managed well, but some people and relatives were concerned about the staffing levels, the departure of the activities worker and/or the cleanliness of the service.

Some relatives we spoke with felt they were very involved and encouraged to express their views about the service and others less so. Resident and relative meetings took place regularly in each house so people had opportunities to feedback about the service and suggest improvements. People could choose if they wanted to attend the meetings, Comments included, "I once went to a meeting, I'm not bothered anymore" and "I always attend the house meetings, it's important to get your point of view across." This showed the registered provider had actively sought the views of people and their representatives and staff to improve and shape service delivery.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and

circumstances in line with the Health and Social Care Act 2008.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Some of the systems and processes to assess, monitor and improve the quality and safety of the service were ineffective in practice.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff were not always provided in enough numbers to meet the needs of the people who used the service.
Treatment of disease, disorder or injury	