

Yew Tree Care Limited

# Yewtree Care Limited t/a Yewtree Nursing Home

## Inspection report

North End Road  
Yapton  
Arundel  
West Sussex  
BN18 0DU

Tel: 01243552575

Website: [www.yewtree.co.uk](http://www.yewtree.co.uk)

Date of inspection visit:

03 May 2016

04 May 2016

Date of publication:

09 June 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 3 and 4 May 2016 and was unannounced.

Yewtree Nursing Home is registered to provide accommodation, personal care and nursing care for up to 40 people. At the time of the inspection there were 30 people living at the home ranging in age from 56 to 100 years. These people had needs such as a learning disability, Parkinson's disease and dementia.

There was a mix of shared and single bedrooms, 16 of which had an en suite facility. There was a large living room which was also used as a dining room plus other communal areas which people used for activities or to have meals. A passenger lift was provided in two areas so people could access the first floor.

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

At the time of the inspection there was a programme of refurbishment taking place. Steps had been taken to reduce any disruption caused by the building works by the use of screening. Upon entering the building at the main entrance people and visitors needed to duck to avoid hitting their head on a low ceiling in a corridor leading from the entrance hall. This was also the case in the hallway immediately above the hall on the first floor. The provider told us this was being addressed as part of the ongoing building works. Measures were taken to ensure the equipment and premises were safe but it was unclear how the provider was maintaining safe hot water temperatures to prevent scalding to people and for reducing the risk of legionella.

The garden at the front and rear of the home was not well maintained and there was a risk of people tripping on the long grass.

Medicines procedures were generally safe with the exception there was no guidance for staff to follow of when a person needed an 'as required' medicine. The main office was used to store medicines on a temporary basis as the treatment room was undergoing refurbishment. Staff were trained in medicines but this did not involve a formal assessment which involved observation of their competency to do so.

The home was found to be clean and was free from any odours.

Staff received formal supervision of their work but this was infrequent.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Whilst the provider made DoLS applications to the local authority

for people who were unable to consent to their care and treatment and whose liberty was restricted, assessments of capacity were not carried out. This meant there was a risk people may have had an application to deprive them of their liberty when it was not appropriate.

There was a varied and nutritious menu where people could make choices. Steps were taken to ensure people had adequate food and drink but the monitoring of those who had difficulties in swallowing was not always effective.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People said they felt safe at the home.

Care records showed any risks to people were assessed and there was guidance of how those risks should be managed to prevent any risk of harm. Further information needed to be included in some care plans to highlight to staff how people were safely bathed.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

Newly appointed staff received an induction to prepare them for their work. Staff had access to a range of training courses and the registered manager and provider were aware of those areas where additional training was needed.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular health checks.

Staff were observed to treat people with kindness and dignity. People were able to exercise choice in how they spent their time. Staff took time to consult people before supporting them and showed they cared about the people in the home.

Each person's needs were assessed and this included obtaining a background history of people. Care plans showed how people's needs were to be met and how staff should support people. Care was individualised to reflect people's preferences.

An activities coordinator was employed for five days a week from 8am to 2pm each day but only provided activities for one to two hours each day. Staff and people commented there were insufficient activities for people and we have recommended this is improved.

The complaints procedure was available to people but needed to be amended as it had the incorrect address and contact details for the ombudsman.

A number of audits and checks were used to check on the effectiveness, safety and quality of the service which the provider used to make any improvements. These included audits by external consultants. We identified that where these audits identified improvements were needed that action was not always taken.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The premises and equipment were not adequately maintained to ensure the safety of people, visitors and staff.

Risks to people were assessed and actions taken to mitigate those risks with the exception of some people at risk of choking.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely, although we identified some areas where improvements were needed.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff were trained in a number of relevant areas and had access to nationally recognised qualifications in care but supervision and appraisal of staff competency was not sufficient.

The registered manager and provider did not have a full understanding of the procedures to follow when people were unable to give consent due to a lack of capacity. This meant there was a risk an application to deprive people of liberty could be made when this was not appropriate.

People were supported to have a balanced and nutritious diet and there was a choice of food.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

The service was caring.

People were treated with kindness and dignity by staff who took time to speak and listen to people. Staff showed concern for people's well-being.

Care was provided based on each person's needs and preferences and people were able to make choices. Staff asked people how they wanted to be helped.

People's relatives were able to visit and people and people's privacy was promoted.

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

The service was not always responsive.

Whilst there was an activities coordinator the range of activities was limited and did not meet people's needs and preferences.

People's needs were comprehensively assessed and reviewed. Care plans were individualised and reflected people's preferences.

People knew what to do if they wished to raise a concern. There was a complaints procedure but this needed to be updated.

**Requires Improvement** ●

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

The service was not always well-led.

There were a number of systems for checking and auditing the safety and quality of the service. However, the registered manager and provider had not ensured sufficient checks were carried out on all health and safety areas regarding the premises. Where audits identified where improvements were needed this was not always acted on.

The provider sought the views of people and staff to check if improvements needed to be made.

Staff demonstrated a commitment to treating people with dignity and as individuals.

**Requires Improvement** ●

# Yewtree Care Limited t/a Yewtree Nursing Home

## **Detailed findings**

### Background to this inspection

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

This inspection was unannounced and took place on 3 and 4 May 2016 and was carried out by an inspector, a specialist advisor in nursing care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with 12 people who lived at the home and to two relatives. We also spoke with four care staff, two registered nurses, the registered manager and the provider of the service.

We spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for twelve people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for six staff were reviewed, which included checks on newly appointed staff and staff supervision records.

We spoke with a visiting community nurse who gave their permission for their comments to be included in this report.

The service was last inspected on 31 December 2013 and 2 January 2014 when no concerns were identified.

## Is the service safe?

### Our findings

Some areas of the premises and equipment were not adequately maintained and checked. Upon entering the home and walking from the entrance hall it was necessary to duck the head to avoid a collision with a low ceiling beam. There was a risk assessment for this but it did not specify what measures were in place to prevent people hitting their head. There was a sign and coloured tape was used to warn people of this. This was also the case in an area immediately above the entrance hall. The provider told us this was being addressed in the refurbishment works. The rear and front gardens were not well maintained and the rear garden used by people had a lawn with long grass which could be a trip hazard especially to those with limited mobility. A visiting professional raised concerns about the uneven flooring in the premises which could be improved by the use of warning tape stuck to the floor.

A bathroom with a sliding door did not have a privacy lock. This meant the privacy and dignity of people who used the bathroom could be compromised.

The provider informed us people were protected from possible scalds from hot water by the use of specialist mixer valves on water outlet taps. A record was maintained of water temperatures in a legionella risk assessment procedure but it was not clear whether this was a check of the temperature of hot water used to bathe people or a record of the hot water leaving the heating system. Further procedures in the risk assessment to combat the risk of legionella were not being completed, such as instructions to periodically clean and descale shower heads. It was also not clear if a suitably trained person had assessed the water system to check it was effective in combatting the risk of legionella bacteria.

Staff were also trained in supporting people who had difficulties in swallowing. Whilst care plans showed risks regarding choking when eating were assessed we found this was not always adequately monitored and followed up. Two people were observed coughing vigorously immediately after eating. Staff were prompt to intervene to assist these people and rubbed people's backs to alleviate their swallowing difficulty. The staff also asked people if they felt OK. The coughing lasted for several minutes and both people were clearly having difficulties as the coughing persisted. One person was seated in a position which would not have aided swallowing. The staff did not record the experiences of these people so it could be monitored and any action taken. The registered manager was unaware that these two people had experienced difficulties in swallowing. Therefore these individuals may have been at risk of further choking incidents.

The provider had not taken steps to ensure the premises and equipment were safe for their intended purpose as well as the adequate assessment and control of legionella. Risks to people such as from choking whilst eating were not adequately monitored and followed up. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said the service provided safe care. For example one person commented, "I feel safe here because I am being looked after by the staff," and another person said, "The staff remind me not to use the stairs as I am at risk of falling sometimes and I forget a lot."

The service had policies and procedures regarding the safeguarding of people so staff had information about how to recognise possible abuse. We noted the service's safeguarding policy did not include the contact details for the local authority safeguarding team although the service had a copy of the local authority safeguarding procedure dated 2011. There was a notice displayed which informed staff and people to contact the local Healthwatch team where they could raise any issues but there was no notice to inform people about the local safeguarding authority. Following the inspection the provider informed us leaflets with contact details of the local authority safeguarding team were available in the hall. Training records showed staff were trained in safeguarding people and this was also included in the induction for newly appointed staff. We spoke to staff about the safeguarding of people and each staff member had a good awareness of the principles of safeguarding procedures and who to report any concerns to.

People's care records included risk assessments regarding possible falls, mobility, activities, nutrition and the risk of skin damage. For example, one person's care records described the hazards and measures to control risks regarding going out, preventing falls, moving and handling procedures, nutrition and risks of choking. Moving and handling assessments gave staff clear guidance on how to support people when moving them. We observed people were safely moved from chairs to wheelchairs and to sit at the dining table. Risks regarding falls and developing pressure areas on skin due to prolonged immobility were completed. Appropriate referrals had been made to health care services where assessments showed people needed support from the tissue vitality service regarding pressure area care and physiotherapy services where people were at risk of falls. Specialist equipment was used to reduce the risk of pressure areas developing on people's skin such as pressure relieving mattresses. The air pressure on these was checked and a record made of this. We discussed with the registered the arrangements for bathing people with neurological and mobility needs and were informed these people did not have baths but had a 'bed bath.' Whilst care plans for two of these people included details about providing personal care specific instructions to not involve the use of a bath or shower were not recorded where there was a risk if people were bathed in this way. When this was pointed out to the registered manager he agreed this needed to be included.

The service provided sufficient staffing levels to meet people's needs. We based this judgement on observations of staff with people, what people, relatives and staff told us as well as the views of a health care professional we spoke to. For example, during the lunch we observed there were sufficient staff to ensure people were supported to eat and drink and that staff could respond to people.

At least six care staff were on duty from 8am to 8pm each day plus a registered nurse. At night time four care staff and one registered nurse were on duty. The service also had an activities coordinator, a cook, and cleaning staff. The registered manager said a dependency tool was not used to assess the level of staffing required to meet people's needs, which would have allowed the service to assess more accurately the numbers of staff needed to meet people's needs. Staffing arrangements were organised on the staff rota and these reflected the provision of six care staff and a registered nurse from 8am to 8pm each day. Additional staffing was provided for one person due to their care needs, which was funded by the placing local authority.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. We noted one staff member had started work two days before a DBS check was obtained and we advised the provider referred to the Registration under the Health and Social Care Act 2008 Disclosure and Barring Service (DBS) checks guidance that staff must only start work after a DBS has been applied for and an Adults First check obtained, after which the staff member must work in a supervised capacity until the DBS is returned. Checks were made that nurses were registered with the Nursing and Midwifery Council (NMC). There were records to show staff were interviewed to check their

suitability to work in a care setting as well as an assessment that prospective staff were able to speak English.

We looked at how the service managed people's medicines. There were policies and procedures for the safe handling of medicines. Medicines were administered by registered nurses. Training for the registered nurses in the safe handling of medicines was provided by the supplying pharmacist, which also involved the completion of a questionnaire test. There was no formal observation of the competency of the registered nurses to safely handle medicines, which is recommended in the Royal Pharmaceutical Society guidance The Handling of Medicines in Social Care. We have referred to this in the Effective section of this report under staff training. We received information following the inspection which stated staff who administered medicines to people did not always observe people taking the medicine but walked off and left the medicine for the person to take when they wished. The person who raised this with us felt this was not safe. This was discussed with the registered manager who stated staff followed the procedure whereby they observed people taking their medicine. The registered manager stated this would be followed up by reminding staff to always observe people taking their medicines.

Medicines were supplied to the service in a monitored dosage system which meant the medicines were easier to handle as they are organised in a pack for each time the person needed the medicine. Staff completed a record each time they administered medicines to people and we observed this practice taking place. Stocks of medicines showed people received their medicines as prescribed.

Where people had medicines administered on an 'as required' basis there was a protocol for this which described the circumstances and symptoms of when the person needed this medicine. We noted one person's 'as required' medicine did not have a protocol and that the medicine was being administered on a daily basis. The registered manager agreed this needed to be reviewed and the person's GP contacted for a review of the medicine. Where 'as required' medicines were recorded on the medicines administration records (MAR) the quantity of stock was not carried forward from one month to the next which would have assisted staff to audit the stock. This had also been raised in a recent audit of the service's medicines procedures by the supplying pharmacist on 12 April 2016 which the registered manager had not yet implemented, but intended to do so.

The medicine storage room was being refurbished and the medicines trolleys were stored temporarily in the office. The registered manager monitored the temperature of the office to ensure there was no excessive heat which might affect the medicines. A record of the temperature of the office was not maintained.

People told us the home was generally clean. For example, one person commented, "It is clean here, they do a lot of cleaning which is good. It could probably be better though." Another person said, "It is a safe and clean place here otherwise I wouldn't really want to stay here."

We found the premises were clean and free from any offensive odours. There was a cleaning schedule and staff made a record each time they cleaned an area such as a bedroom. Staff were trained in infection control and we observed staff wore protective aprons and gloves when they needed to.

Servicing and checks on equipment was carried out such as the passenger lifts, fire safety equipment, hoists, gas heating, electrical wiring and electrical appliances. Radiators were covered to protect people from possible burns for hot surfaces and window openings on the first floor were restricted to prevent people falling from the first floor.

## Is the service effective?

### Our findings

Care staff and registered nurses received supervision but this was infrequent. One staff member said they received supervision once a year and a registered nurse said they had supervision every six months. Another nurse said they had supervision every three months. Records showed supervision of staff was taking place at annual intervals in some cases and the provider information return said only six staff had a named person who provided regular supervision. Staff who administered medicines to people were not observed, assessed and deemed as competent to do so safely. This meant there was a risk regarding the competency of staff to safely handle medicines as this had not been assessed. Staff also completed a questionnaire about their knowledge of subjects such as safeguarding and care. There were no records of staff appraisal in the staff files. Following the inspection the provider told us each staff member had an appraisal in 2015. The provider told us the service's policy was to provide supervision once every six months to staff but records and discussions with staff did not always show this was taking place. This meant support to staff and staff performance was not always monitored sufficiently to ensure safe care was provided.

The provider had not ensured staff received appropriate support and supervision to enable them to carry out their duties. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff gained people's consent before supporting them. However, care plans lacked evidence that people were consulted and had agreed to their care where people had capacity. Only one person's care records included details that the person had agreed to their care. People told us they were not always consulted when their care plan was devised.

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 to 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). One person at the home was subject a DoLS.

The service had policies and procedures regarding the MCA with guidance of what to do if someone did not have capacity to consent to their care and treatment. There was a lack of clarity from the provider and registered manager about the process of assessing the capacity of those who were unable to consent to their care and treatment. The registered manager informed us that a DoLS application to deprive each person of their liberty was made to the local authority without an assessment of capacity. This meant an application was made for some people who had capacity which was not necessary or appropriate. The registered manager and provider said the local authority had told them to make an application for every person at the service to have their liberty restricted but when they did this they were then told this was not appropriate. The registered manager said as a result of this he was informed by the local authority to make a

DoLS application for every person who had a diagnosis of dementia. This showed the provider and registered manager did not have a full understanding of the need to assess the capacity of people unable to consent to their care. The provider did not have an established system for assessing the capacity of people who are unable to consent to their care and treatment. We saw only one person's capacity had been assessed. Four people were subject a DoLS authorisation and a further 17 applications for a DoLS authorisation had been made.

The provider had not ensured care and treatment was always provided with the consent of people and where people were unable to consent had not acted in accordance with the Mental Capacity Act 2005 and its Code of Practice. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives described the staff as skilled in working with people. People told us their health care needs were met. For example, people said the following about their health care needs, "The GP has visited me here a few times now and I have been able to go to hospital for appointments," and, "The GP is very nice, I have only been seen a couple of times but I do feel that my needs are being met in that regard."

Newly appointed staff received an induction to prepare them for their work. There was a comprehensive induction pack which covered the service's policies and procedures and how to help people with personal care.

The provider maintained a spreadsheet record of training in courses completed by staff which were considered mandatory to providing effective care. This allowed the registered manager to monitor when this training needed to be updated. These courses included fire safety, infection control, moving and handling, health and safety, safeguarding people, the Mental Capacity Act 2005 and whistleblowing procedures. The registered manager and provider recognised additional training was needed regarding the care for those with specific conditions such as epilepsy and people who had behaviours which challenged. Staff confirmed they received training which they said was of a good standard and they were able to suggest relevant training courses which were then provided. Registered nurses said they were supported to complete training in order to maintain the registration with the Nursing and Midwifery Council (NMC). A community nurse from the NHS told us the registered nurses had a good skill level, dealt well with people with complex needs, and always sought appropriate advice.

Each member of the care staff team had enrolled on the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff were supported to attain the National Vocational Qualification (NVQ) in care or the Diploma in Health and Social Care. The provider confirmed all of care staff were trained to NVQ level 2, 3 or 4. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

People told us they generally liked the food. Comments from people included the following: "The food is nice here, we get asked what we want and there is some choice," and, "The food is okay, some days are better than others but it is better than the last place that I have been in." People also said they were encouraged and supported to ensure they had sufficient fluids.

The service had a menu plan which showed varied, nutritious and balanced meals. People were offered a choice of food and were asked in advance what they wanted to eat which was recorded for the kitchen staff to follow. Stocks of food included fresh vegetables and fruit and the chef told us how dishes were home-

made. The chef used specific ingredients to increase the calorific value of food

We observed the lunch and noted people had different meals according to their choice. Staff gave people assistance to eat by either encouragement or by feeding them. Some people ate independently. Staff responded to people's requests for food and tried to give people alternatives if they decided they didn't like the meal.

People's nutritional needs were assessed and care plans recorded where people needed support with eating and drinking. Where people had problems with eating and drinking referrals were made to the GP, dietician or Speech and Language Therapist (SALT). Copies of SALT reports were included in people's care records so staff knew the type of support people needed. Some people's food and fluid intake was monitored, which was recorded and showed people had sufficient drink and food. People's weight was monitored and recorded. Guidelines were recorded where people received nutrition via a tube directly into their stomach called a percutaneous endoscopic gastrostomy (PEG).

Care records showed people's health care needs were monitored by staff and arrangements made for health care checks and treatment. Care plans demonstrated an understanding of links between poor nutrition and skin integrity as well as showing the management of pressure areas was effective. Records showed medical attention and advice was sought from GPs and health care professionals and we observed GPs and physiotherapy services were involved in checking people's health care. Care records included guidance about the management of people's diabetes which followed the guidelines of the National Institute of Excellence (NICE).

Care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms issued by people's GPs. The registered manager asked if these needed to be reviewed as some were several years old. We also noted one of these stated the person had capacity but was not consulted about the decision. The registered manager agreed this would be followed up with the relevant GPs.

## Is the service caring?

### Our findings

People said they were treated well by the staff who they described as kind and polite. Comments from people included the following: "The staff here are really nice, they are caring and treat me with respect. They always knock on the door before coming into my bedroom too and ask me how I am doing quite often actually." People were also supported by staff when they experienced emotional upset or distress. For instance, staff were observed to respond to people who were distressed or upset by reassuring them and asking them if they were feeling OK. This was also confirmed by people, such as the following, "I do feel supported here, I think the staff know when I am feeling in a bad way and help me deal with the issues."

Staff were observed to treat people with kindness and compassion. Where people were angry staff dealt with this in a patient and calm manner. We spent time observing staff with people in the lounge and dining room. The staff made eye contact with people and crouched down so people could see them when they spoke to them rather than standing over them. Where people were supported to eat staff spoke to people as they did so and made good eye contact. This showed staff took care to treat people in a way which made people feel they mattered. Staff were aware of people's needs and preferences and spoke to people calmly.

Staff demonstrated they treated people as individuals and with care. For example, one staff member said the staff knew each person's needs and preferences and another staff member said they treated people as they would treat their own parents. The staff induction included instructions for staff in treating people with dignity, maintaining people's independence and treating people as individuals.

Each person had a person centred care plan which was personalised to reflect people's preferred routines and choices in how they spent their day and how they wished to be helped. People confirmed they were able to choose how they spent their time and a relative said how staff took account of people's wishes. Care plans also included details of how staff should support people with emotional needs.

People's privacy was promoted by the staff. We observed staff knocking and waiting before entering people's bedrooms. We noted that people's rooms did not have locks if people wanted additional privacy or security. We discussed this with the provider and although no one had raised concerns about this, the provider said they would install locks upon request.

People said there were no restrictions on when friends and relatives could visit. Relatives said they were always made to feel welcome by staff when they visited people.

## Is the service responsive?

### Our findings

People said they received the care they needed. There was an activities timetable for people but staff and people said this was not sufficient to meet people's needs and preferences. For example, people commented, "I do get bored here a bit, sometimes there's nothing to do. The activities are good but only when they are on. I enjoy bingo which happens once a week," and, "I watch a lot of TV and speak to people here. There are activities but none that I want to do."

The service employed an activities coordinator from 8am to 2pm each day but this staff member only provided activities between the hours of 10am and 12 noon. There was a notice displayed of the week's activities which included games on Monday, a foot spa on Tuesday, craft on Wednesday, bingo on Thursday and creative skills on Friday. The weekend activities were a movie. There were no activities in the afternoon. The provider told us this was because people had not attended afternoon activities in the past. We saw people taking part in the foot spa on the first day of our inspection. The registered manager acknowledged the provision of activities could be improved. A resident's meeting held on 4 April 2016 showed people had raised issues about the activities but the registered manager said this had not been acted on.

We recommend that the provider explore how activities can be improved to meet people's individual needs and preferences.

People's needs were comprehensively assessed at the time they were admitted to the service. This included communication needs, personal care, continence, mobility and nutrition. Further assessments were carried out regarding moving and handling and any risks to people. Each person had a care plan which was also detailed and well recorded. For example, support for treating diabetes, managing risks of pressure areas on skin and for dealing with needs such as Parkinson's disease were well recorded and met NICE guidelines for managing these health conditions. Care plans for dealing with behaviour needs were well recorded and gave staff clear guidelines on how to support people. Care plans also included information about people's background and family life.

People were observed to be clean, well groomed and attention had been given to oral mouth care.

The service had a complaints procedure which was included in the terms and conditions contract. The procedure was not displayed in the home. The procedure in the terms and conditions contract had incorrect details for the ombudsman with the name of the ombudsman as NCSC at the Care Quality Commission address. This is important as one visitor to the service was unaware of how to raise a complaint and did not know the details of the ombudsman. We recommend the complaint procedure is revised to include the correct contact details of the ombudsman and is made more readily available to people.

The registered manager told us there had been no formal complaints but that any issues were resolved informally. People told us they had raised issues which were dealt with to their satisfaction. Records of resident's meetings showed people were able to raise concerns but the registered manager had not looked into and acted on these for a meeting held on 4 April 2016 where people had expressed their views regarding

activities and staff performance which they felt could be improved.

## Is the service well-led?

### Our findings

People and their relatives were generally positive about the management of the service. For example, one person told us, "The manager is really good, he asks how I am doing and if there was anything that I needed. Things have got better since he has been here, everything is slowly but surely improving." Another person said their concerns were listened to and acted on by the registered manager. A relative, however, did not consider the provider and registered manager listened to their concerns.

The service had a registered manager in post. The registered manager was also on duty as the registered nurse on some days of the week which he said was being addressed so that he could concentrate on management rather than care tasks. The service did not have a system of management whereby the registered manager was able to delegate certain tasks to other staff such as senior care staff who could supervise care staff. We identified some areas where action had not been taken to make changes identified as part of the on-going monitoring of quality of the service. This included issues raised by residents at a meeting on 4 April 2016 and actions recommended in the pharmacist audit of 12 April 2016. The registered manager felt that the change of responsibilities from being part of the nursing team to a more managerial role would enable him to concentrate more on the management of the service and driving improvements.

The provider sought the views of people and their relatives by satisfaction survey questionnaires. The results of these were looked at by the registered manager to see if any changes or improvement were needed. Residents' meetings were held where people were able to discuss any issues they had, but we identified issues raised were not always acted on by the registered manager. The registered manager said these took place on a monthly basis.

Information was available to people and visitors in the hallway of the service. These included the Statement of Purpose, the last CQC report and satisfaction survey forms for people to complete. This facilitated communication channels between the people and the service's management.

Staff told us they attended staff meetings where they could discuss the care of individuals and any updates to policies and procedures.

Staff were aware of their responsibilities regarding the safety and rights of people and demonstrated they were committed to promoting people's welfare.

The provider and registered manager checked on the quality and safety of the service in a number of ways. This included the commissioning of an audit by external consultants who produced a report dated 26 April 2016 which the provider and registered manager intended to respond to by implementing its recommendations. Checks on health and safety regarding the environment were not always carried out adequately so the environment was safe (this is referred to in the Safe section of this report). The provider and registered manager had also not identified areas for improvements which we found at this inspection.

Audits on equipment and procedures included the kitchen, daily routines, pressure relieving equipment,

infection control, medicines and care plans. Records showed incidents, such as falls to people were looked into and changes made so lessons were learned.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered person had not ensured care and treatment was only provided with the consent of service users and where people lacked capacity to consent had acted in accordance with the Mental Capacity Act 2005. Regulation 11 (1) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person had not ensured all risks to the health and safety of service users were assessed and action taken to mitigate those risks. Regulation 12 (1) (a) (b) (d) (e) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered person had not ensured staff received appropriate support and supervision to enable them to carry out their duties. Regulations 18 (2) (a)