

Indigo Care Services Limited

# Paddock Stile Manor

## Inspection report

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## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 30 January 2017 and was unannounced. This meant the provider did not know we would be visiting. A second day of inspection took place on 1 February 2017 and was announced.

This was the first inspection of Paddock Stile Manor with the provider Indigo Care Services Limited.

Paddock Stile Manor is a care home with nursing for up to 40 people. It is a purpose built care home spread over two floors. The top floor of the home had been refurbished since being managed by Indigo Care Services Limited.

At the time of the inspection there were 28 people living at the home, some of whom were living with a dementia. 12 people resided upstairs and had been assessed as needing nursing care and 16 people lived downstairs.

A registered manager was registered with the Care Quality Commission at the time of the inspection.

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.

During this inspection we found the provider had breached the regulations relating to safe care and treatment and good governance. The risk assessment process had failed to ensure all risks had been identified and assessed. For example, for people living with epilepsy and for one person in relation to a choking risk. There were discrepancies in relation to the frequency of overnight checks and positional changes which meant people may not have been receiving appropriate care and support. Nurse call bells in communal areas had been tied up out of people's reach so they would be unable to use them if they needed to call for help or support. Fire exits had been used to store items such as staff coat's, bed rail bumpers, water bottles, foot stools and ladders.

The quality assurance processes for ensuring care plans and risk assessments were complete and accurate were not effective as they had not identified the concerns noted during the inspection.

We found the provider had failed to implement effective governance systems in relation to premises and equipment safety.

We have made a recommendation about the recording of mental capacity assessments and best interest decisions.

You can see what action we told the provider to take at the back of the full version of the report.

Recruitment processes included appropriate checks before staff commenced in post however there was no record of one staff member's references on file and not all agency staff had documented checks in place prior to them working at the home.

Staff had attended regular training and they told us they felt supported by the registered manager and nursing staff. We found some gaps in the delivery of supervisions and appraisals but this was being addressed. Staff understood how to report accidents, incidents and safeguarding concerns.

People and visitors told us staff treated them with dignity and respect. We saw compassionate and caring interactions between staff and people. For example, offering reassurance when supporting people with mobility needs.

People were appropriately supported with their medicines, nutritional needs and had access to healthcare professionals when needed.

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 support this practice.

There were two activities co-ordinators in post. Activities ranged from events in the community, such as coffee mornings and outings, to exercise, dance, musical instruments and arts and crafts. A men's group was available and the activities co-ordinator explained how they tried to ensure some activities related to people's interests, hobbies or past employment.

A complaints procedure was in place and there had been no complaints since the last inspection.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Nurse call bells in communal areas were tied up and out of reach of people.

Fire exits were used to store items which presented a risk in the event of an emergency evacuation.

Risks, such as choking and epilepsy had not been assessed.

Medicines were managed in a safe way.

### Is the service effective?

**Good** 

The service was effective.

The principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) were followed, but there was limited evidence of recorded capacity assessments and best interest decisions.

Staff attended training relevant to their role. What about gaps in supervision and appraisal which you mention in the body of the report?

People were supported with their nutritional needs. They told us they were happy with the meals.

There was involvement from external health professionals when needed.

### Is the service caring?

**Good** 

The service was caring.

People were treated with kindness and compassion.

People and their relatives told us they were happy with the care provided by staff.

We observed staff supported people to maintain their independence.

### Is the service responsive?

The service was not always responsive.

Care plans had not always been written in relation to people's assessed needs.

Care plans in relation to positional changes and night time checks were not always followed.

Activities were varied and the activities co-ordinator tried to ensure people had access to activities that they had previously enjoyed as hobbies, such as birds and golf.

A complaints procedure was in place.

**Requires Improvement** ●

### Is the service well-led?

The service wasn't always well-led.

Care plan audits had not been effective in identify concerns and driving improvement.

The registered manager's daily walk around had not been effective in identifying and addressing concerns in relation to fire safety and access to nurse call bells.

An action plan to drive improvement was in place and some progress had been made with the identified actions.

Visitors told us they were happy with the staff and the registered manager.

**Requires Improvement** ●

# Paddock Stile Manor

## 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 30 January 2017 and was unannounced. This meant the provider did not know we would be visiting. A second day of inspection took place on 1 February 2017 and was announced.

The inspection team was made up of one adult social care inspector 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 care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also 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 what improvements they plan to make.

We also contacted the local authority commissioning team, CCG and the safeguarding adult's team.

We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On day one of the inspection the registered manager was unavailable so we were supported by a registered manager from a sister home. On day two of the inspection the registered manager was available and supported the inspection. We spoke with both of the registered managers, three people living at the service and six relatives. We also spoke with one nurse, one senior care staff, three care staff, the activities co-ordinator, a chef, a kitchen assistant, the administrator and the area manager.

We reviewed five people's care records and five staff files including recruitment, supervision and training

information. We reviewed seven people's medicine records, as well as records relating to the management of the service.

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

# Is the service safe?

## Our findings

We looked at the ways people's safety within the premises was managed. On day one of the inspection we noted nurse call bells in communal areas were tied up out of people's reach. For example, in the activities room one nurse call bell was tucked under a heavy ornament high up on a unit, the other was tied around a light fitting which was out of people's reach. In the downstairs lounge nurse calls were tied up. In one downstairs toilet the nurse call was stuck behind some boxed in pipework and in the first floor bathroom the nurse call was tied up around a picture frame. We raised this immediately with the staff member who was with us and they said, "I don't know why that would be" and untied them. This meant people were at risk of receiving unsafe care and treatment as they may not have been able to alert staff that they needed help due to nurse call bells being inaccessible.

We also noted that on staircases, which led to fire exits, curtains were hung over banisters, coats were hung on stair posts and the areas near the fire exit doors were used to store ladders, foot stools, bed bumpers and water containers. These concerns, along with the nurse call bells, were raised with the registered manager and area manager who were unable to offer an explanation. The area manager commented, "The daily walk around isn't working then." Items were removed as soon as they were brought to a registered manager's attention. We also noted that several bedroom doors did not close fully which could present a risk in the event of a fire and there were some gaps in the completion of daily checks in relation to the environment, security, fire and temperature checks.

We viewed 'service user fire risk assessments' which had been completed in July 2016. We noted there were some errors on room numbers. We spoke with a registered manager from another of the provider's homes who supported day one of the inspection. They said, "They are out of date and should be updated to reflect the information in the fire grab bag." We reviewed the fire grab bag and noted personal emergency evacuation plans (PEEPs) were in place. We noted an error on one person's in relation to their room number, another person did not have a PEEP and a third person had a PEEP but they were not included on the 'resident list.' We raised these concerns and they were rectified immediately. In addition not all PEEPs were signed and dated by the assessor or the registered manager so we could not be sure if they were accurate and up to date.

Some risks in relation to epilepsy and choking had not led to the development of a risk assessment. As soon as these concerns were raised appropriate assessments were completed but people had been left vulnerable to the risk of harm should they experience a seizure or a choking episode.

The identified risks in relation to premises and risk management had not been identified through the providers own procedures therefore people had been placed at risk in the event of fire, needing to summon help in communal areas. There was also potential ongoing risk in relation to the providers failure to identify risks in relation to epilepsy and choking.

These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment



We viewed recruitment files for some recently appointed staff. One file did not contain copies of references. The administrator said, "I scan them all to head office so I'll have a look on the scan." There were no scanned references available, so the administrator said, "Do you think I should re-request them?" We spoke with the registered manager on the second day of inspection with regard to whether the references had been found, they said, "No, they've been re-requested." We queried how people would be safeguarded whilst references were sought. They said, "We could arrange for them to work alongside someone." All other newly appointed staff had two satisfactory references; a Nursing and Midwifery check (NMC) for nurses and a clear disclosure and barring service check (DBS). DBS checks are used by employers to check that staff do not have any history of behaviour which bars them from working with vulnerable adults.

Some agency nursing and care staff were being used. We looked at checks that had been completed prior to agency staff working at the home. For most agency staff we saw profiles had been sought from the agency which detailed training, DBS checks and NMC checks for nursing staff. We found four agency staff inductions to the home but there was no evidence that checks had been completed on training, DBS or NMC checks. We spoke with the administrator about this who said, "The system was down so we did the induction." They added, "[Staff member] has worked for us before so I got it verbally. I book agency and ask for profiles when I book." The administrator immediately requested the missing profiles which were found to be satisfactory.

For other agency staff we saw profiles and inductions were in place. The registered manager said, "We try to use the same staff from the agency and have a core group. We need consistency with people with dementia." For other staff recruited by the provider we saw checks had been completed as required.

We saw evidence that gas safety checks, an electrical installation condition report, and checks of hoists and lifts had been completed and were appropriate. Other checks of emergency lighting, water checks and portable appliances had been completed.

We spoke with people and their relatives about whether they felt safe living at Paddock Stile Manor. One person said, "I do feel safe in here because there are people around if I need someone." Another person said, "I feel very safe in here. What makes me feel safe is that I am not on my own and there are people around if I need them." One relative said, "I feel it is safe here. I feel happy my family member is secure here and knowing that they feel safe is great piece of mind for me and the rest of the family." Another relative said, "It's very safe here, I never worry about my family member here at all and it's because I have great confidence in the staff here. They are great with my family member."

We observed regular visitors were given the code to access the home. One relative said, "They give us a code to get in and we also sign in as well, I like it because we can visit when we want." Another relative said, "We can visit whenever we want without restrictions which is good, we are given the code to get in here and sign in." A risk assessment was in place, which included control measures such as visitors being visible from the manager's office and an internal door being locked when the manager's office was not manned so people had to ring for entry into the main building. Other risk assessments in relation to the premises were in place such as a fire risk assessment.

Staff told us they felt appropriately trained in safeguarding and knew how to keep people safe. A safeguarding file included a record of any safeguarding concerns raised and the action taken in response to any concerns.

Accidents and incidents were logged and recorded using an accident book which detailed the nature of the accident, the outcome and any action taken. A falls analysis was completed monthly and recorded the number of falls and the times the falls occurred. The registered manager said, "I'm using it to look at staffing

and whether we need an extra staff member." We asked about the analysis of falls in relation to people's care, they said, "It's looked at in care planning. So does it identify the time someone is getting up, do we need to refer to the falls team, put sensor mats in place and so on."

During a daily flash meeting we noted ancillary staff were concerned about the level of staff in their departments such as the kitchen, laundry and domestic and how this was impacting on care staff. The concerns related to the serving of drinks during the day, the completion of laundry and the storage of equipment. The registered manager explained that the hours for ancillary staff such as housekeeping, laundry and kitchen were set by the organisation. A visit from the food and beverage manager had been arranged to visit and speak with staff. One kitchen assistant told us, "Yes, I have enough time to do my role, dishes, serving people and the tea trolleys. I can manage to do it all." Staffing levels for nursing and care staff were calculated using a dependency tool. We saw the rota's matched the level of staff required.

We observed people's needs were attended to in a timely and caring manner. When nurse call bells sounded from people's rooms they were responded to when people pressed them and if the emergency call bell was pressed staff responded immediately, including the registered manager.

We looked at how medicines were managed. Medicines were administered by the nurse on the upper floor and by senior care staff on the ground floor. The times of medicine administrations varied according to people's needs and preferences. We noted meal times were protected and unless there was a specific requirement for people to take their medicines with a meal this was respected. The nurse said, "We have protected mealtimes as it means people aren't disturbed so it's quieter and more relaxed for people."

All the people we spoke with said they were happy with how their medicines were administered. One person said, "I get my medication twice a day, no concerns there." Another person said, "I usually get my medication in the morning and in the evening, I never mind when it is, the staff keep me right." A relative said, "My family member received their medication morning and evening and everything seems to be working, I've no complaints."

Medicine administration records (MARs) were completed in full, with appropriate coding used if people refused their medicines. Explanations of any missed medicines were recorded on the reverse of the MAR. Protocols were in place if people had medicines which could be administered as and when needed such as for pain relief or emotional distress. Protocols detailed the reason for the medicine, the dosage that could be administered, the time staff needed to wait in between administrations, and the maximum dose the person could receive in any 24 hour period.

Abbey pain scales were used for people who were not able to express pain verbally and we observed that some people were asked if they needed any pain medicines if they were prescribed it. Topical medicine administration records (TMARs) were used for staff to record the administration of creams, and transdermal patch records were used, alongside body maps to record the application of medicines applied by a patch to the body.

We observed staff administered people's medicines in an individual way and knew if people preferred their medicines to be administered on a spoon or directly into their hand. Drinks were always offered to people with their medicines and staff stayed with people until they had taken their medicines, explaining what they were for and gently encouraging people.

Medicines were stored in a safe way, with daily temperature checks of the treatment room and medicine fridge being recorded and monitored. Controlled drugs were stored appropriately and the controlled drugs book had been completed correctly.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had attended training and understood that if people had been assessed as lacking capacity decisions should be taken in their best interest. We observed staff encouraged involvement in decision making and sought permission before offering care and support, explaining what they were doing and why.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found people's liberty was being restricted and applications under the DoLS had been submitted and authorised.

A nurse said, "I have just submitted a DoLS application for [person] but I have requested it for six months as I think [person] may be experiencing a delirium which is affecting their capacity rather than a dementia." A delirium is an acute or sudden onset of mental confusion as a result of a medical, social and/or environmental condition which is reversible if treated.

We saw limited evidence of mental capacity assessments and best interest decisions in relation to restrictive practice such as bed rails, wheelchair lap belts and covert medicines. The nurse said, "[Person] has just been assessed as needing covert medicines and the GP is bringing the best interest decision when they visit to do their round." A comprehensive action plan included that staff had little knowledge and experience in relation to mental capacity and best interest decisions so training was required and work was in progress in relation to assessments of capacity and recorded best interest decisions.

We recommend the provider reviews best practice guidance around retention of best interest decision assessments as detailed within the Mental Capacity Act 2005 Code of Practice at paragraphs 4.60 and 4.61.

We spoke with staff about the support and training they received. One staff member said, "Management are supportive of training and try to fit specific training to your role, I'm up to date with everything, infection control, moving and handling and everything." We viewed a training matrix which showed that all nursing and care staff had attended essential training such as moving and handling and safeguarding, dementia awareness and equality, diversity and inclusion training. We discussed with the registered manager that ancillary staff did not attend dementia awareness training; they said they would raise it with the training department as the staff have a lot of contact with people. All staff had completed safeguarding adults training.

Fire safety awareness had been completed, and a new course in fire evacuation training, including

equipment had been introduced in January 2017. The majority of staff had completed this and for those that hadn't they were booked to attend.

Staff told us they attended supervision meetings and felt supported. A supervision matrix was in place and showed staff had a named supervisor who was responsible for ensuring the staff member attended supervision meetings and appraisals. There were some gaps on the matrix and we noted three staff did not have any supervision meetings recorded. The administrator said, "We have lots of new staff so they may not have had supervision yet." Confirmation was received that the gaps related to newly appointed staff. Other staff had attended supervision meetings but they were not spaced consistently throughout the year, this meant some staff had no supervisions between March and August 2016, but did attend meetings in February, August, September, October and November.

Appraisals were attended on an annual basis, however the training matrix noted six staff had not completed their appraisal. This was raised with the registered manager and they confirmed they had been completed the week after the inspection.

People told us they were happy with the quality of food they received and that there was always a choice for their meal. One person said, "I really like the food here. There is always plenty to eat and drink." Another person said, "We are well fed and watered here, I have no complaints with the food or drink we are served." A third person said, "We get lots to eat and drink. The staff bring me strawberry milkshakes as well you know as I lost weight, they are very good." Staff were aware of people's nutritional needs and people were supported to have a balanced diet with a variety of food and drinks. One staff member said, "Nutritional needs are assessed including any dietary requirements and support with eating and drinking for each person." They added, "The provision of meals and drinks are built into support plans and food and fluid charts which are in place to monitor people's intake and always updated." A relative said, "Chef and staff are aware of [family member's] nutritional needs and are absolutely great. Chef has been putting half milk and half cream in drinks a lot to help."

We spoke with the chef who said, "We have no vegetarians here at the home and I am aware and kept informed of any special dietary requirements people have and any nutritional needs for those who have little or poor appetites. I help to serve meals so I am very familiar with all the people here and their likes and dislikes."

It was observed that the drinks trolley did not offer a healthy snack or juice or water for people, they were offered tea, coffee or hot chocolate with a choice of biscuits or cake.

Juice was served at meal times with a choice of tea or coffee. Lunch options included baked potato, omelette and sandwiches with the main meal of the day being served around 4.30pm. Pictorial menus were on display but this had not been updated ready for the start of the day.

Staff supported people during mealtimes on a one to one basis if needed and other people were encouraged and prompted to eat their meals. There was a continuous staff presence in the dining rooms, with kitchen staff and care staff working together to ensure everyone received their meal in a timely manner.

Care records included details of referrals to healthcare professionals, including speech and language therapy, dieticians and occupational therapists as well as district nurses, opticians, dentists and doctors.

The registered manager and area manager shared that the provider had refurbished the whole of the upstairs of the premises when they bought the home as it had previously not been used. There was some

dementia friendly signage and the activities co-ordinator explained they were in the process of changing the colour of toilet seats and making sure areas were more dementia friendly.

## Is the service caring?

### Our findings

We spoke with people and their relatives about the care and support they received. Everyone was positive about the staff, saying things like, "We are well looked after," "Staff are really nice here," "The staff could not be nicer, they will always help you if they can." Other comments included, "They are brilliant, very nice, all of them," and, "The staff are lovely, really friendly and caring people."

People's relatives were also complimentary about the care and support provided. They told us, "Staff always call and let us know if there are any changes to discuss. They are great like that." Another relative said, "The staff here are just perfect, I cannot find a better word." A third relative said, "The staff are amazing here, they really are." A fourth relative described the care and support they had received when their family member had been ill. They said, "The staff were absolutely fantastic. They came and brought me breakfast, lunch and tea to have with my [family member] to look after me. They kept checking in as well the whole day, you would not get that anywhere else."

We observed staff treated people with kindness and compassion. Staff were aware of people's needs, background and beliefs which supported personalised care. One person said they were catholic and a priest visited them once a week at their request. We also saw staff supported people at their own pace, saying, "Take your time, there's no hurry." Staff spent time with people over meals, and in the lounges encouraging engagement in activities, seeing how people were and generally spending time with people chatting.

During lunch there was music playing at a level which provided a relaxing atmosphere for people. Some people sat quietly with their meal whilst other people chatted amongst themselves or spoke with staff.

People's dignity and privacy was respected, with staff offering support discretely and encouraging people to be as independent as possible. People told us they felt respected and staff always made sure curtains were drawn and doors closed before offering any personal support. We observed staff would knock on closed doors and ask for permission before entering or offering support. One person told us, "Staff say I'm just going to close the door there, is that ok?" We observed one person asking a member of care staff where the toilet was. The staff member said, "Do you want me to show you, it's a yellow door." Whilst showing the person the staff member chatted in general about the day and then prompted the person by commenting, "Here we are at the toilet, the one with the yellow door. Shall I just wait outside for you?"

People were supported with their mobility needs and staff showed respect for people's independence encouraging and supporting them in a caring and safe way. Staff were patient and careful to ensure people's safety was maintained when they mobilised. For example, staff supported people to transfer to and from wheelchairs by providing some physical support and verbal encouragement explaining where the chair was, offering reassurance and giving the person time to move at their own pace. Once people were seated in wheelchairs staff ensured they were safe and comfortable, ensuring foot rests were used before explaining to people where they were going and making sure they were happy.

People were free to spend time in the lounge and activity room or their bedroom as they chose to. One

person said, "I love to go to bed quite early and there is no problem with that." Another said, "I like to read a lot so I usually go to bed quite late."

The registered manager was seeking information from family members about people's end of life wishes with a plan to use this information to develop care plans.



## Is the service responsive?

### Our findings

Care plans and risk assessments had not always been written in line with people's assessed need. For example, one person had a diagnosis of epilepsy but there was no care plan in place. We raised this with the registered manager and the nurse wrote the care plan and risk assessment on the day of the inspection. The information was detailed and personalised and included the action to take in an emergency but the need for this assessment had not been identified prior to the inspection. This meant the person had been placed at potential risk of inappropriate care and support had they experienced a seizure. Another person had a care plan for seizures but there was no description of the seizure and no risk assessment in place. The care plan stated, if the person had a seizure ensure their airway was clear and place them in the recovery position. Epilepsy action state, 'Aid breathing by gently placing them in the recovery position once the jerking has stopped.' It was not clear on the care plan that this action should only be taken once the seizure has stopped. This placed staff and the person at potential risk of harm had staff attempted to place the person in the recovery position mid seizure.

We found inconsistencies in relation to the frequency of positional changes, skin integrity checks and night time checks. For example, one person had a care plan in relation to skin integrity dated 28 January 2017 which stated the person should have two hourly positional turns when in bed and skin checks every four hours. The daily checks of skin integrity stated to complete checks daily which contradicted the care plan. We spoke with the nurse about this who said, "[Person] repositions themselves so they don't need positional changes or skin checks." The nurse discontinued the care plan as they did not feel it reflected the person's current needs. This raised concerns about the assessment of the person's needs and the communication received by care staff as they had not been following the updated care plan. We received reassurances from the area manager that this would be addressed.

Another person had a care plan for night checks which stated they needed to be checked hourly overnight. The night time check sheet stated the person should be checked every two hours even though the care plan said hourly. This meant care staff were not following the care plan. We spoke with the registered manager who said, "We spoke to the training executive about hourly night time checks because he does the care plan training, it was a general discussion based on need."

We also noted that on nine days in November 2016 no night-time checks had been recorded for anyone and on five nights in January 2017 no checks had been recorded. We spoke with the registered manager about this who said, "Clearly I need to check daily so will add it to the resident of the day sheet."

These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

We looked at people's care records to see if care was person centred. Records included brief information about people's life history, including where they had lived, and their family background including their children and grand-children. A care needs summary was also in people's files which included a summary of the person's needs and routines. There were sections to record people's likes and dislikes, what was important to and for the person, but these sections were blank. The area manager said, "They are old

documents and should be archived."

There were two activities coordinators in post, one of whom had recently joined the team and another who had a well-established role and also worked as a care assistant.

A pictorial activities board was on display on each floor. We noted on day one of the inspection the previous weeks activities were on display. This was soon updated and we saw planned activities included ball games, discussion groups, arts and crafts, resident's choice and bingo. Some day trips were also planned which attracted a small fee due to the use of taxis. The activities co-ordinator said, "I can take three or four people out at once in the taxi." We saw that people attended coffee mornings and church services if they chose to do so. The activities co-ordinator also told us about parachute games, twiddle muffs, and the availability of outdoor activities in warmer weather with people. They said, "I love my job, I love seeing family interact with people and see what people are capable of. I've done my dementia awareness training and my level three in activities is ongoing."

On day one of the inspection people were enjoying having their hair done as the hairdressers were on site. The activities coordinator was working a shift as a care assistant so other activities were limited. On day two, there were two activities co-ordinators working and we observed people enjoying making valentine's cards and birthday cards. During the afternoon activities were provided by a visiting musician and singer who engaged people in movement and playing musical instruments. We observed people enjoyed this; there were lots of smiles, singing and dancing from people and staff which everyone seemed to enjoy.

Some people told us they did not want to join in with the activities and other people said they didn't feel there were a huge amount of activities they could join in with. We spoke with the activities co-ordinator about this who said, "We have a men's group, we have boules, a mobile netball game, I like to find out about people's past job or interest and buy things linked to this. So for [person] I got a book of birds as they like naming all the birds, for [person] I got a golf set." They added that they also had regular entertainers, such as exercise classes, and visiting musicians. One relative told us, "[Activities co-ordinator] is lovely, they try to encourage people to maintain hobbies to provide social inclusion and enjoyment." Another said, "[Activities co-ordinator] comes to get my [family member] to try and join in with thing's, they don't always want to and sometimes they aren't always able to, but it's great that they keep trying to involve [family member]."

People told us they had no reason for any complaints but if they needed to they would speak with staff or management. A relative said, "I don't have complaints at the minutes, I am happy with everything." Another relative said, "We have never had any complaints."

A complaints file was in place and included a blank log which could be used to record a summary of the complaint. The registered manager explained there had been no complaints received. A complaints procedure was in place; however this was not kept in the complaints file but was provided to us. The procedure included guidelines on the formal acknowledgment of complaints, investigations and responses to complainants.

## Is the service well-led?

### Our findings

A registered manager was in post at the time of the inspection and offered support. We were made aware that they were resigning their post in the middle of February 2017. The area manager advised plans were in place to recruit a new manager and arrangements had been made to manage the service until the new manager was in post.

We found that the registered manager had failed to submit statutory notifications in relation to DoLS approvals. Following the inspection they explained they looked into the notifications that appeared to be missing. They reported that they were told that the documentation arrived in November 2016 but had been opened and filed in people's care records in the seniors' office. Notifications are changes, events or incidents the provider is legally obliged to send us.

This is being addressed outside of the inspection process.

We spoke with the registered manager about care plan audits and quality assurance. They said, "I do a random sample of care plans but now we have resident of the day in place that includes an audit so they are checked then." We asked if there was a record of which care records had been audited, they said, "I just look back over the previous audit to see which have been done."

A, 'Resident of the day' system had been introduced which included comments by each department, including laundry, housekeeping, the chef, the nurse or senior and the registered manager in relation to the persons care and a review of their care plan. We noted this system had not been effective in identifying failures to record checks in line with care plans. It had not identified failures to assess all risks, such as epilepsy and choking.

We found this system was ineffective and had failed to identify and rectify concerns, including the failure to submit statutory notifications. The documentation around 'resident of the day' had been reviewed several times to improve the process and included prompts for completion such as, 'PEEPS up to date and in emergency folder,' 'all assessments and care plans evaluated/rewritten if required.' The overarching action plan had identified the need to complete choking assessments, and to improve risk management. These areas for action had been signed off as complete yet we found concerns. The action plan also identified inconsistencies with how care plans were written and had a completion date of 31 December 2016 but this had not been met as staff were still waiting for care planning training.

The registered manager who supported the inspection on day one said a daily flash meeting was held alongside a daily manager's walk around check list, however on day one we found concerns in relation to nurse call bells and fire exits so the walk around had not been effective in identifying and addressing concerns. On day two of the inspection a daily walk around was not completed alongside the flash meeting. This meant the process was not yet fully embedded nor had it been effective in identifying and rectifying concerns.

These findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

A quality assurance file was in place which included various audits such as falls management, cleanliness in the home, infection control, skin tears and meal time audits. Medicine audits were also completed. Registered manager night time audits had also been introduced. This had identified concerns in relation to various records not being completed, including repositioning charts and sSkin bundles. It was also noted that a bed rail risk assessment had not been completed for one person. This had been rectified on the day the omission had been noted.

We noted there had been no care plan audits completed from July – October 2016. During July – September there had been no medicines audits completed. During this time the Commission had been made aware that this had been identified internally and appropriate action had been taken to address the situation.

Any actions identified through audits were added to the overarching action plan. The registered manager who supported the inspection on day one said, "Every home has an overarching action plan, either me or [area manager] do a review of the action plan or a QA audit every month. I was here last week and checked the action plan."

Visitors told us they felt comfortable and always felt welcome when they visited. One relative said, "The staff are great, we always get offered a drink if we are here when they serve the drinks. There is also the quiet lounge area if we want to make a drink." Another visitor said, "I am happy with staff and manager here. We can sit with [family member] in the quiet lounge and make a drink and chat if we want to have some quiet or private time."

Daily flash meetings were held and were attended by the registered manager, nurse, care staff, housekeeper, laundry staff, cook and admin staff. Discussion included occupancy, infection control, laundry, safeguarding and health and safety. There was also discussion on any areas of concern in relation to people living at the home and a reminder of 'resident of the day.'

Relatives told us they thought the service was well led and could not fault the staff. One relative said, "I am happy with the staff here and the manager. I feel my [family member] is in a good place and that they do a great job running things here. I feel the service is well led and managed." Another said, "If I ever needed to speak to the manager here about anything I would feel comfortable doing so and I feel the home is managed well." A third relative said, "I am very happy with the service, staff and management. If I did have any complaints my social worker told me to call and they would sort any issues out for me."

Some staff told us they did not always feel able to speak with the registered manager in private due their office being shared with administrative staff. We raised this with the area manager who said, "Staff could always ask for five minutes in private and that would be respected." Some staff felt they were not always able to take their breaks. The registered manager said, "Some staff smoke so they have their break over the course of the day, other staff always get a break it depends on the day really."

Resident and relatives' meetings were held, with the provider sending invites to people twice a year. Discussions included plans to develop a movie room in an upstairs lounge, the need for more cushions and footstools and activities.

Staff meetings included discussions around resident of the day, uniforms; care plan's and care plan training and staffing levels.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider failed to adequately assess and mitigate risks to the health and safety of service users.</p> <p>There was a failure to do all that was reasonably practicable to mitigate such risks.</p> <p>There was a failure to ensure the premises was safe to use for its intended purpose.</p> <p>Regulation 12(2)(a), 12(2)(b), 12(2)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to operate a system to effectively ensure compliance.</p> <p>There was a failure to assess, monitor, and improve the quality and safety of the service.</p> <p>There was a failure to assess, monitor and mitigate risks relating to health, safety and welfare.</p> <p>There was a failure to maintain accurate records of the care each person had received.</p> <p>Regulation 17(1), 17(2)(a), 17(2)(b) and 17(2)(c).</p>

