

# Care UK Community Partnerships Ltd

## Elmstead House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 6 and 17 July 2017 and both days were unannounced.

Elmstead House is a nursing home that is registered to provide accommodation with nursing and personal care for up to 50 people. The service specialises in dementia, diagnostic and/or screening services, learning disabilities, mental health conditions, physical disabilities, and caring for adults over 65 years old. The home was divided into two units, one for people who are living with dementia and are physically frail, and the other for people with a mental health diagnosis. At the time of the inspection there were 36 people living in the home with 21 people in the dementia unit and 15 in the mental health unit.

We undertook a focussed inspection in November 2016 when we looked at three domains Safe, Effective and Well-Led. We found that the service required improvement in the Safe domain as staff practice was poor with regard to infection control that resulted in a breach of the regulations. We had concerns about the security of the building as such we made a recommendation the provider took advice from an expert in security management. During this inspection, we found that the concerns with regard to infection control and security of the building had been addressed.

At the November 2016 focused inspection we found the service required improvement in the Effective domain as there were significant gaps in health recordings as such the service did not maintain robust monitoring of people's wellbeing which was a breach of the regulations. In addition, although people were offered a choice of meals there was not always access to snacks and drinks during the day.

During this inspection, we found that there was a new and varied menu and we saw snacks and drinks being offered throughout the day. Most people's health recordings such as food consumption charts, fluid charts, welfare checks, and repositioning charts were undertaken without omission. However, one person's did not have accurate and complete recordings. Their repositioning charts contained gaps and their welfare chart contained gaps. Food charts were completed for all people but recordings did not contain information to show if the food given had been fortified as the dietician directed. Fluids charts showed clearly if people had received their identified intake for the day and the day recordings were without gaps. However, there was little or no recording of drinks offered or consumed at night. As such whilst we acknowledged improvements had been made there was still work to be undertaken to embed the recording system. As such, we found a repeated breach of the regulations.

In addition, during this inspection we found staff supervision sessions was not taking place for many staff. As such, we found a breach of regulations.

At our previous inspection we found Well-led inadequate as there was not a registered manager in post since January 2016 and staff morale was low. Although the service had undertaken checks and quality assurance audits these had not been effective in identifying and addressing the recording, infection control and security concerns we found during our inspection.

During this inspection, we found there was a manager in post who had applied to become a registered manager with the CQC. They became the registered manager shortly after our visit to the service. 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.

We found that the staff morale had improved for some staff but not all. The provider had taken action to meet with staff. However, lack of staff supervision meant staff were not receiving either group or individual sessions to raise their concerns and have their performance feedback.

People and their relatives told us staff were kind, respectful, and caring. People's relatives were involved in their care planning.

We found there were robust recruitment practices and good training for staff. There were adequate staff to meet the needs of the people using the service.

Safeguarding adult concerns were addressed appropriately. Risks to people were assessed and measures put in place to minimise risk. Medicines were administered and stored in a safe manner.

Staff worked to the Mental Capacity Act 2005 (MCA) and appropriate Deprivation of Liberty (DoLS) applications had been made.

People were supported to access appropriate health care in a timely manner. People had their end of life wishes recorded.

The staff provided both group and individual activities to engage people.

People and relatives spoke favourably about the manager and found them approachable. There were good lines of communication in the service.

The provider had a complaints policy and procedure. We saw complaints had been addressed appropriately.

We found two breaches of the regulations.

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

Good 

The service was safe.

Staff received training to ensure they practiced safe infection control measures. They used protective equipment and disposed of waste in a safe manner.

People told us they felt safe. Staff demonstrated they understood their responsibility to report safeguarding adult concerns. The building was kept in a secure manner for the safety of the people living at the service.

The provider assessed the needs of the people living at the service to ensure there were enough staff to support them. Staff were recruited in a robust manner to protect vulnerable adults.

Risk assessments were undertaken to identify the risks to people and measures were put in place for staff guidance to minimise the risk of harm.

Medicines were stored and administered in a safe manner.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Staff were not receiving supervision on a regular basis to support them to undertake their caring role.

Staff supported people to eat well and remain hydrated

Staff received an induction and training so they had appropriate knowledge and skills to support people.

The manager understood their responsibility to the Mental Capacity Act 2005 and had made Deprivation of Liberty applications appropriately.

People were supported to access health care services and the nursing staff demonstrated good knowledge of peoples' health care needs.

The service was fully accessible to people who had mobility support needs.

### Is the service caring?

Good ●

The service was caring.

People and their relatives described staff as kind and respectful.

Staff supported people to receive care, as they preferred.  
People's care plans were updated and relatives were kept informed of changes to the care plan.

People's care plans stated their end of life wishes.

### Is the service responsive?

Good ●

The service was responsive.

People had person centred care plans that stated their preferences and their support needs.

There was a variety of both group and individual activities and staff were working with people to identify what activities they wanted to take place.

There was a complaints procedure displayed for people and relatives information. The manager had an overview of complaints and addressed complaints in an appropriate manner.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Although there was an improvement in the recording of health records we still found gaps and omissions.

Audits and quality assurance was taking place however actions had not been taken to address the lack of staff supervision sessions in a timely manner

There was a manager who became the registered manager shortly after our inspection. People and relatives spoke positively about the manager.

There were good lines of communication in the service between management, staff and residents.

The service was working in partnership with the health professionals and the commissioning body.

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# Elmstead House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 6 and 17 July 2017 both days were unannounced.

The inspection team on the first day consisted of three adult social care inspectors, a nurse specialist advisor, 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. The membership of the team on the second day consisted of an inspection manager and one inspector.

Prior to the inspection, we checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider

During the inspection, we spoke with nine people using the service and five people's relatives. During our visits, we looked at selected areas of the premises including some people's bedrooms and we observed care delivery in 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.

We looked at 12 people's records this included documents such as care plans, risk assessments and daily notes. We reviewed five staff personnel records, this included recruitment, and training and supervision documentation.

We spoke with two nurses, five support staff, lifestyle coordinator, chef, manager, deputy manager, regional clinical lead nurse, two operations support managers and the quality and development manager.

Following the inspection, we spoke with the commissioning body.

# Is the service safe?

## Our findings

At our last inspection in November 2016, we found staff were not practising safe infection control. There had been an infection control audit by the provider in February 2017 to identify and address concerns. During our inspection, we found that staff were now following procedures to avoid cross infection. Hand sanitizer and paper towels were available in all bathrooms and toilets to ensure people and staff were able to wash their hands. Staff wore protective equipment such as gloves and aprons and disposed of these appropriately. At the previous inspection the one yellow bin used to dispose of contaminated waste was overflowing but during this inspection we saw that contaminated waste was disposed of correctly. There were notice reminders for staff to dispose of waste safely. One of the CCTV cameras covered the bin area and the registered manager told us they addressed the matter with individual staff members if they disposed of waste in an unsafe manner. Equipment used to clean different areas of the service was colour coded to avoid cross infection and the cleaning staff demonstrated they understood the need to use the correct colour mop and bucket for each designated area.

The kitchen had received a five star food hygiene rating the month of our inspection from the local authority. This was the highest rating and demonstrated a good standard of food hygiene. We found the service clean and well maintained. We did notice a malodour on the first day of our visit in one unit however when we visited on the second day this was no longer evident.

During our previous inspection, we were concerned that security to stop people breaking into the building was not robust enough. We asked if people and their relatives if they felt safe they told us "Yes I do. You can't get out and you can't get in. It's like a fortress!" and "As for safety, it's very safe". There had been another break in since our last inspection however; the provider had installed a new CCTV system that had more cameras so the grounds could be monitored more effectively. The outside fence and gates were reinforced at possible points of access and door codes were not displayed so they could be seen from outside. The provider had stopped cars parking at the front of the building so there was no cover for people taking illicit action to enter the building. As such, we felt concerns with regard to the security of the building had been addressed to minimise the risk of harm to people.

At our last inspection, we were concerned that staff told us there were not enough staff to meet the needs of the people they supported. During this inspection, most staff said there were enough staff. For example, a staff member told us "There's enough staff now, but if more residents, there would be an issue". People and relatives generally felt there were enough staff. People told us "If you call for help, they don't let you wait too long," and "They come at a reasonable time".

However, some staff felt that a new rota was not working well. Staff explained when they were allocated four people across more than one unit they found it difficult to co-ordinate with other staff when two staff were needed to provide support. The manager showed us that staffing had been reorganised to provide continuity to people throughout the day. As such, people told us "You get the same set of staff on a rota for mornings, evenings and at night. It's nice because you get to know them and they get to know you." The manager told us that the numbers of the people living at the service were lower now than at our previous



inspection but they had still kept the same staffing ratio and had used a dependency tool to ensure people's support needs were met.

On our first day of inspection, a staff member told us that some people had remained in bed, as there was not enough staff to get them up. We returned on the second day to check this. We found most of the people named were sitting up and comfortable in the communal area in their chairs. People's daily notes and care plans demonstrated that people were supported to get up and out of bed on more days than not. People who had remained in bed were there due to deteriorating health or because they had poor skin integrity. For example, one person's care plan clearly stated that due to the risk of pressure ulcers developing the person would be nursed in bed on alternate days. Another person's care plan stated '[X] is encouraged to come into the dining room on his recliner but at times stays in his room to relieve pressure (from the sacrum area)'.

However, we found it was not always clear when and how the decision for someone to remain in his or her room on a specific day had been made. This was because daily notes, handovers, and clinical meetings did not state for example that a person's skin looked inflamed and as such, a decision was made for them to be nursed in bed. As such whilst we could see that people were being supported to get up and sit in the communal areas on regular occasions the reasoning behind people with poor skin integrity remaining in bed on specific days was not always clearly evidenced. We brought this to the attention of the manager and quality and development manager who agreed to ensure that the decision making process for people to be nursed in bed would be clearly stated by the clinical staff on an individual and daily basis.

Visitors told us they felt their family members were safe "I've come at all sorts of times; twice during the day and when I was working during the evenings. I've never seen anything to concern me" and "Yes, it's safe here, the place itself and the lay-out and the atmosphere of peace and calm". Staff had received training in safeguarding adults and told us how they would report any concerns in an appropriate manner to their line manager or to the provider's senior management if necessary. Leaflets telling people and their relatives how to report safeguarding adult concerns gave clear guidance and were prominently displayed.

The registered manager had an overview of safeguarding concerns and showed us recent safeguarding referrals that had been made to the local authority. This included a very recent referral where staff had not brought to the manager's attention that a person had bruises on their legs. The manager showed us the completed referral undertaken when she was made aware of the concern. We found one medicine omission on 12 May 2017 when a medicine was not given for two days at the start of a new cycle, as it had not been received by the service. This should have been reported as a safeguarding concern. However, we accepted that all actions had been taken to report this to the GP and pharmacist as well as informing the next of kin. An investigation and subsequent meeting had been held to ensure the same situation did not reoccur. The manager undertook to ensure any further omission would be reported appropriately.

There was a recruitment policy and procedure so staff were recruited in a robust manner to ensure they were safe to work with vulnerable adults. The provider interviewed prospective staff and undertook Disclosure and Barring Service (DBS) checks to confirm they did not have a criminal record. In addition, the provider requested two references, proof of the person's identity and right to work in the UK and their address. It was the provider policy that staff were asked to renew their DBS checks every three years and we saw that the provider had applied for renewal checks and were waiting for the outcome for some staff.

People had individual risk assessments. These included skin integrity, nutrition, choking, moving, and handling and use of bed rails. Risk assessments undertaken identified the risk to people and the measures required to minimise that risk. All people had personal evacuation plans to inform staff and the fire services

of their support needs in the event of a fire. As such, some people who were assessed as high risk were colour coded in the assessment as red. Each of these people had their name, photo and a red sticker on their bedroom door so it would be immediately obvious to staff they required the support of two staff.

One person's relative told us "They have reduced [X] medication and it's good to have a bit of his personhood back." The nursing staff were administering medicines in a safe manner. Medicines including controlled drugs were administered and stored safely. We found no errors or omissions in medicine administration records. Records showed that residents received their medicines at the right time and records were legible and completed in accordance with good practice. People who received PRN medicines, that is as and when needed medicines had a protocol in place that gave clear guidance to the nurse administering. When people received medicines covertly a mental capacity assessment and best interest decisions had been undertaken. The GP signed the covert drug document to confirm that decision was in the person's best interest. Nurses counted the stock of medicines and checked administration on a daily basis and the deputy manager undertook a weekly audit. The dispensing pharmacist undertook six monthly audits. The registered manager told us that in the event of an error they and the deputy manager addressed the concern with the staff member through discussion and through individual supervision sessions.

## Is the service effective?

### Our findings

Staff told us they had not had a supervision session in 2017. We checked the supervision matrix and found that there were twenty-seven staff who had not received group or individual supervision sessions this year. In addition, eight staff members had one group supervision but no individual supervisions for 2017. We brought this to the manager's attention. The manager told us they were aware that this was an area where they were not up to date and were aiming to address this through group supervision sessions. There was a staff performance appraisal policy that stated, "Employees will receive regular feedback in relation to their performance within their role and would have an appraisal once a year. Regular supervision sessions were not taking place which meant staff were not receiving this support and important feedback on their performance.

We found the above concerns a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18 staffing.

A new staff member confirmed that when commencing their role they had a two-week induction where they were introduced to the service and people living there. They had also received relevant training that included moving and handling and safeguarding adults. They thought the induction "Was good". Training offered to staff also included infection prevention and control, life support, equality and diversity and care planning. Staff told us the training was "Very helpful" and included both e-learning and face-to-face training. We saw that there was dementia awareness, diabetes and pressure ulcer care training to support staff to work with people who had these conditions.

At our previous inspection in November 2016 we were concerned people were not offered snacks and were not offered enough drinks throughout the day. People were offered snacks and drinks during both days of our inspection. We saw people's care plans contained speech and language therapist guidelines to have a fortified diet. As such, we saw milk shakes were served by staff to support people to maintain of good body weight. People who were at a high risk of weight loss had their food intake monitored. Most food intake charts were filled out consistently and showed the food consumed. The catering staff could show us they knew who had fortified diets and could tell us what was added to people's food. However we noted that the food charts did not always state however if food was fortified. For example one person's agreed dietician assessment was 'Continue with regular meals and food fortification: cream and sugar and milk powder to porridge and drinks: cream and milk powder to soup'. Food charts stated pureed food was given but, but for example on the 1, 2 and 3 July 2017 records stated 'porridge' given but did not state if the fortification was added. We brought this to the attention of the regional clinical lead nurse who confirmed fortification should be recorded on people's food charts.

People were being supported to remain hydrated one person told us "They know I drink a lot and they give me a lot to drink". People had soft drinks close by them and we observed staff encouraged them to drink both cold drinks and hot beverages. People who required their fluids to be monitored had their fluid intake recorded. The amounts given were totalled each day, if the amount given was lower than the recommended fluid intake this was highlighted in red as a visual aid to staff to ensure the person was encouraged to drink more. Whilst we acknowledged people were being given fluids to meet the daily intake target there were few

recordings at night for example on the 3 July 2017 juice was recorded as given at 22:00 and there were no further recordings until 09:30 on the 4 July. We brought this to the attention of the manager who told us they were encouraging night staff to record when fluids were offered and refused to show a complete picture of the care given

People and their relatives were positive about the food being served. "The food has a good taste and the menu changes". People's relatives spoke highly of the chef and the time he took to identify what people would like to eat, "The chef has a lovely way about him - we're a family unit in here". There was a new varied menu designed by provider to ensure people using their services had more choice and food that was more substantial later in the day to support them to sleep well at night. The chef had undertaken to ensure people's individual wishes and cultural dietary needs were met by making a range of food for example ake and salt fish, plantain, cornmeal porridge and pumpkin dishes for people with a Caribbean heritage. The chef told us they cooked these dishes "With all the trimmings and people enjoy it".

We observed people being supported to eat their meals. Staff took their time with people when supporting them; they sat with people and encouraged them to eat in a sensitive and inclusive manner. People had textured meals such as a soft or pureed diet and the chef demonstrated that he had information to refer to that described when people required food prepared for a special diet.

We noted that five containers of thickeners prescribed to be added to drinks for people who may choke on too thin liquids were placed in an unlocked cupboard in the kitchen /dining area and they were not secured appropriately. This was a risk to people who might swallow the thickener in its undiluted state and choke. We brought this to the manager's attention who reminded staff to keep the thickeners secure when not in use. On the second day, we found the thickeners in the same unsecured cupboard and again brought this to the attention of the manager who had the thickeners removed and placed in a locked storage area to ensure the safety of people at the service. The manager explained people were supervised by staff in the kitchen/dining area and would not have access to the thickeners; they undertook to ensure that staff did not leave the thickeners unsecured in the kitchen/dining area cupboards after they have been used.

The service employed two nurses who were well informed about the people living in the service. There was also a regional clinical lead nurse who visited to offer support and advice. We saw that people were supported to access appropriate health care. People's care plans detailed records of health professional visits this included the GP, tissue viability nurse, dietician and speech and language therapist. People had received an oral assessment to ensure good teeth and gum care. The service had changed GP practice since the last inspection and liaised with Barnet Rapid Response Team when people become ill and required a medical assessment. This was to ascertain if a hospital admission was required or if the person was best nursed in the service. People's relatives told us that communication was good about people's health appointments, we observed one nurse tell a person and their visiting relative when their next appointment at the diabetic clinic was. Other relatives told us that the service had accessed health care for their family member in a timely manner "Yes, they sorted out a new GP and got them in for his foot".

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).

Most staff had received MCA and DoLS training and staff demonstrated how they gave people choice in their day-to-day life. For example at lunchtime, 'sample meals' were shown to people so they could make an informed choice. A staff member commented "At meal times we take food on the trays and people choose which dish they like the look of". We observed staff gave people a choice of drink, if they wanted to join an activity and asked permission before offering personal care.

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 that Elmstead House as the managing authority had applied for DoLS from the statutory body appropriately, having taken into account the mental capacity of people at the service to consent to their care and treatment. People's care plans contained mental capacity assessments that had taken place to determine if people had the capacity to consent to their care and treatment. When people were assessed as not having capacity a DoLS application had been made on behalf of the person. Other mental capacity assessments included consent for the use of bed rails and a best interest decision around their use. People's care plans included a DNACPR (Do not attempt cardiopulmonary resuscitation). These were signed by the GP and people's relatives had been consulted where appropriate. One person's form was unclear on one question with regard to capacity as both 'Yes' and 'No' had been circled. The person's care plan stated they had fluctuating capacity. However, it was not clear if this was what the form meant. The DNACPR form needed to be clear about the information it contained. This was brought to the attention of the Quality and Development Manager to be addressed.

The service was divided into two buildings. One building was used for people with dementia who have nursing support needs and this building was on one level which was fully accessible to people with mobility support needs. The second building was used by people who have mental health support needs; there were two floors that were accessible by lift. Each building had ensuite bedrooms with toilets and basin. There were communal bath and shower rooms that were equipped with accessible baths and showers.

## Is the service caring?

### Our findings

People spoke positively about the staff and told us "Yes, they're polite and nice" and "They're kind, helpful, and respectful". People's relatives also spoke positively about the staff "I'm very pleased. The staff are amazing" and "They all acknowledge me always. They don't get enough praise. They're wonderful. The staff have got big hearts and they're getting the right staff." Moreover "Yes, staff are always respectful.... the new ones are very friendly."

Staff told us "We treat the residents with respect" and one staff member told us how they communicated with people who had advanced dementia "I look at their facial expression and make eye contact". We observed staff were respectful towards people for example they supported people to eat in a sensitive manner by sitting with them and saying "Thank you" or "Well done" when people required encouragement to eat. One staff member sometimes gently stroked a person's forehead and hair, which the person seemed to enjoy. The staff member supported the person very thoughtfully, chatting all the time and persuaded them to feed themselves with support thus promoting their independence and dignity. When people were sitting in the communal areas, we saw staff speak in a kind, friendly manner when talking with people and they also engaged with people who were not actively seeking their attention. This promoted inclusion for people who may otherwise not engage with others.

Staff supported people to maintain their dignity by ensuring they were wearing clothes protectors when eating and removing the protector as soon as the meal was over. Other people were supported to change their clothes to remain comfortable and groomed. Staff gave people privacy when they supported with personal care by closing the bathroom or bedroom door. We saw people who remained in bed had the door closed for privacy unless they had requested it to be left open.

People's care plans were reviewed on a regular basis and when there was a change in circumstance. People's relatives confirmed they were invited to their family member's reviews and that they were told about changes to the care plan. One relative described changes or updates are put on the whiteboard in their family member's bedroom. They confirmed they felt able to contribute to the care plan.

People's care plans stated their religious and cultural support needs. We saw that people's cultural food choices were being supported. We observed staff listened and talked to people about their country of origin and their memories of their childhood. However, one person's relative said that they would like to have a hair service for their family member that could look after black people's hair such as being able to plait in a traditional manner. We brought this to the attention of the manager who agreed to look into this request. There was a multi denominational prayer room available for people and staff to use. We saw that people's care plan specified if there was a religious observance support need. For example, one person's care plan stated they attended a prayer group every other week and staff reminded them when this was taking place.

People's care plans contained their end of life wishes and included a DNACPR (Do not attempt cardiopulmonary resuscitation). These were signed by the GP and people's relatives had been consulted where appropriate.

## Is the service responsive?

### Our findings

People had care plans which identified their specific support needs. They contained a brief history of their life prior to them living at the service. One person in particular had a detailed account of their life with photos that their family had provided. People's histories were important as they gave staff a sense of the person's life experience before they came to live at the service. There was a pre admission assessment to identify people's support needs prior to them being admitted to the service. Care plans contained guidance for staff identifying how people wished their support was provided. Care plans also stated how care workers could support people to maintain their health and wellbeing. As such, care plans contained information included people's preferred routine such as night care 'prefers the light to be off', 'top window open' and 'door always closed'. The care plan also gave staff guidance as to how to keep the person safe, for example, 'requires one staff to transfer in and out of bed'.

There were both group and individual activities with one person telling us "I join in with people and sometimes there's a bazaar outside and we do singing and different things, being sociable helps me feel better". The garden had been made attractive for people to use. There was a selection of brightly coloured flowering plants and scented shrubs such as rosemary and lavender that people could touch and smell as they walked past. One area had brightly coloured planters with the flowers placed at a level that a person using a wheelchair could see with ease. A tree had bird feeders to encourage people to watch the birds. On the first day of our inspection, the sun was shining and people were sitting in the shade outside with relatives and visitors. Staff supported some people to eat their lunch outside and there was a lively and happy atmosphere.

Staff supported people in the communal areas to undertake individual activities. We observed that the 'Daily Sparkle' was distributed each day in the lounge areas which people could read or staff could read with people as a way to engage with them in conversation. We saw that in some instances people responded favourably to this activity and began to talk to staff about places they remembered, "Barbados is a nice little place". We observed staff supporting a range of other individual activities. One staff member made a phone call with a person to order a book for them. Different types of music were played at different times of day and we observed a staff member sang along with a person and held their hand and danced. A staff member positioned someone using a recliner chair "So you can see the beautiful garden". There was also a lifestyle coordinator who had been employed full time since May who told us that they had undertaken the following activities with people; face care, foot spa, knitting, arts and crafts. They had taken people out as a group to the park for a picnic and individuals out for a walk as a one to one activity. The service was working with people to identify activities they would enjoy.

People told us they would feel safe raising a complaint to the manager. There was information displayed telling people and their relatives how to complain. We saw there was a staged complaints procedure that outlined what would take place if a complaint were made. There were three complaints in the complaints log of 2016/17 and records detailed e-mail correspondence and a letter of response when the issue was resolved. The manager had a good overview of complaints to ensure there were no systemic issue to be addressed in the service.



## Is the service well-led?

### Our findings

At our inspection in November 2016 we found the well-led domain inadequate this was because there was inconsistent recording of people's health care and there was no registered manager in post. During this inspection we found the manager had applied to the CQC to become the registered manager at the time our inspection. Shortly after our inspection, they became the registered manager for the service. 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 previous inspection, we found there were gaps and omissions in people's food charts, repositioning charts and records for pressure relief mattresses. During this inspection, we found recording had improved however, recording for one person in particular was inconsistent. Prior to our inspection the manager had sent an action plan stated 'to ensure all information was recorded robustly by staff and checked by the nurses and the deputy manager'. Whilst we could see this had taken place in most instances it had not yet completely embedded into all staff practice.

For example people had Waterlow assessments to assess their skin integrity. When people were assessed at high risk of developing pressure ulcers measures were in place to maintain good skin integrity. We found that skin integrity charts were kept for all people and that people had repositioning charts to show they had been supported to turn in bed to avoid pressure ulcers developing. However, one person's records in the unit for people with mental health diagnosis still contained some omissions and gaps. The person was assessed as requiring two hourly checks during the day and four hourly at night. There were gaps as follows in July 2017; 1 July there was a four-hour gap between 5:00 and 21:00. On 4 July a gap of three hours between 19:00 and 22:00. On 6 July, there was a gap of 5 hours between 2:00 and 8:00 and the last repositioning recorded on that day was 10:00 and nothing was completed after that time.

In addition this person's welfare record sheet was not completed robustly. The person was assessed as not using the call bell. On the clinical risk assessment, checks were identified as a minimum of hourly checks however we noted the computer records stated half hourly. We saw for example that welfare checks on the 2 July there were not completed from 00:00 until 8:30. We brought this to the attention of the deputy manager who agreed there were discrepancies in the records. In addition, there were omissions in the repositioning charts, food fortification was not recorded, and night fluids were not recorded.

We saw that people were weighed on a regular basis however it had been found by a visiting commissioning team the week before our inspection that the new weighing equipment had not been calibrated correctly so people were being weighed again to ensure accurate recordings.

We found the above concerns a repeat breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 Good Governance.



Audits and checks took place. The manager walked around the service on a daily basis to check the environment and to ensure people's safety. This daily check was not documented which meant there was no way to check if findings had been actioned and addressed. However, the manager showed us the template that was going to be used to record her findings. The manager had used the daily check document once and the check was comprehensive and included for example staffing, meal time experience as well as health and safety checks. The nursing staff undertook medicines checks counting medicines and checking MAR each day. The deputy manager and nurses also reviewed people's notes and records to ensure staff were completing them appropriately. As stated although there were clear improvements in this area one person's notes did contain inaccuracies.

The manager described that staff monitor and audit people's documentation by having a 'Resident of the day'. On that day, they cooked a special meal for the person, arranged a special activity, reviewed all documents, and phoned their relatives to provide them with an update of people's care. As such, each person's file was updated and checked on a regular basis.

The catering staff undertook a weekly health and safety audit of the kitchens. The manager described they carried out a weekly spot check of the kitchen to verify the audit. Fire alarms were checked weekly. A number of fire drills had taken place including one at night. Annual checks of gas appliances had taken place and the five-year electric installation test. Monthly audits were undertaken by the provider the timing of these was varied for example there was a night audit in January 2017 that identified and subsequently addressed concerns in staff performance. There were yearly audits for health and safety and infection control. We found that many staff had not received regular supervision sessions. The manager was aware of this however had not addressed this concern in a timely manner.

Although we saw some good recording for most people, records for one person's had a number of discrepancies. These included the welfare record sheet that recorded checks as the person was assessed at not using the call bell. On the clinical risk assessment, checks were identified as a minimum of hourly checks however; the computer records stated half hourly. We saw that welfare checks were not always recorded for this person for example on the 2 July there were no checks completed from 00:00 until 8:30. We brought this to the attention of the deputy manager who agreed there were discrepancies in the records. In addition, there were omissions in the repositioning charts, food fortification was not recorded, and night fluids were not recorded. The manager told us they had spoken with night staff about the importance of recording when fluids were offered and refused.

People and relatives were positive about the manager for example one person's relative told us "For me, it is good...before it was mixed, but now with the new manager, it is a good service. She is very correct and comes every day, she is good." Another person speaking favourably of the manager "You have good staff if you have a good manager." People and relatives told us they found the manager approachable and confirmed there were residents' meetings "Yes, there are relatives' meetings every two months and yes, they do have minutes and actions". Some people and all relatives knew who the manager was and told us "Yes, it's a woman (the manager). I'm sure that a meeting could be arranged with an appointment." The manager told us they had an open door policy and people or relatives could raise a concern to her.

There were two handover meetings each day between the nurses to the oncoming shift. Handover information given to the nurses was shared by them with the support staff. In addition, there were day and night notes and health recording charts for staff reference. There were 'Take ten' meetings each day where

the manager and all heads of department meet to ensure all were aware of concerns and updates. There were daily clinical meetings between the deputy manager and the nursing staff to discuss people's individual health needs.

When we inspected in November we found there was low staff morale. We found that this had improved for some staff but not for all. Some staff told us they found the manager approachable however some staff said that whilst they felt they could raise their concerns to the manager they did not feel the concerns were addressed. For example one staff member told us "I really enjoy working here...the manager is lovely if I have any worries I go to the manager" while other staff told us they felt that the new rota in the dementia unit was not working well; workload was not rotated across the service therefore some staff always worked in a specific unit or always with people who had higher needs. Staff told us whilst they had raised this to the manager this had not been addressed.

We found that the service had taken steps to engage the staff team. The chief executive officer had visited the staff team just prior to our inspection and met with them to address concerns. The manager told us the chief executive officer had agreed, after speaking with staff, for staffing numbers to remain at the current staffing level. The manager told us that the provider's human relations team were going to hold a number of surgeries at the service to support the staff team and address their concerns. The provider was in the process of sending out a survey to capture staff views for the year 2016/17. The service had a 'Gem' colleague of the month to recognise good practice and the nominated staff member's name and photo was displayed in the main entrance area.

The manager described how they spoke with people and their relatives on a day-to-day basis to ensure the service offered was of a high standard and the provider undertook surveys to elicit people and relatives feedback on the quality of the service received. We saw the relatives' satisfaction survey for the period October 2016 until February 2017. The report made comparisons with other services nationally on relatives' satisfaction scores and identified areas for attention.

The service had been working with the commissioning body to address the issues found during the last inspection.

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
Treatment of disease, disorder or injury	Regulation 17(1)(2)(a)(b)(c) There must be effective monitoring and auditing that ensures health care checks and measures are in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Regulation 18(1)(2)(a) Staff were not receiving regular supervision sessions to support them in their role.