

Embrace (UK) Limited

# Dovecote Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Dovecote Nursing Home provides accommodation and personal or nursing care for up to 61 people. The home is on two floors with nursing care provided on each floor. Dining facilities are provided on both floors. At the time of our inspection there were 49 people using the service.

This unannounced inspection took place on 31 October and 10 November 2017.

At the last inspection in November and December 2016 we rated the home as 'Good'.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the registered manager had left the service. A new manager had been appointed and expressed their intention to register with CQC.

Equipment in the home for the monitoring of people's health conditions was not checked by staff to see if it was in working order.

Before and during the inspection relatives told us about people losing weight. We found kitchen staff were taking the appropriate actions to fortify foods. We found meal times to be chaotic.

Observations carried out in the home showed us people were not always being given support to eat and mealtimes required increased organisation and structure so that risks of people losing weight were reduced.

We found the provider had documentation available to staff to manage the regulated activities. However not all of this documentation was completed.

During our inspection the service relied heavily on agency staff. Agency staff had not been provided with the required support to carry out their duties. The provider had not ensured effective monitoring checks were completed to ensure that agency nurses remained registered with the Nursing Midwifery Council, they had the right to work in the United Kingdom, and they had completed appropriate training.

The provider employed an activities coordinator. Due to an outbreak of vomiting and diarrhoea communal activities were curtailed. We observed people with dementia either sitting sleeping or staring ahead and found there were no provision for individual stimulus in the home.

The service had appropriate systems in place to protect people from harm. Staff were trained in safeguarding vulnerable adults and staff told us they felt able to approach the manager with concerns about people's well-being.

We found the home to be clean and tidy. Cleaning records showed there was regular and on-going cleaning of the home. During our inspection we found the downstairs clinical room required cleaning. The manager immediately delegated staff to clean the clinical room.

People's medicines were administered in a safe manner. Arrangements were in place for the safe disposal of prescribed medicines. Medicine records were completed and there were no gaps to indicate people had missed having their medicines at the appropriate times.

There were sufficient staff on duty. The provider used a dependency tool to calculate how many staff were required to be on duty. We saw the rotas showed the numbers of staff on duty reflected the numbers required by the dependency tool.

Accidents and incidents were reviewed by the manager to determine if actions could be taken to prevent them from happening again.

Emergency plans were in place. Staff had written Personal Emergency Evacuation Plans (PEEPs) to inform and assist emergency personnel evacuate the premises.

Before staff were employed in the service the provider carried out checks to see if they were suitable to work in the home. Staff were required to provide details of their past experience and training on application forms as well as the contact details of two referees. Once employed, staff were supported through an induction, and they continued to be supported through training and supervision. We found some staff supervision meetings with their manager needed to be brought up to date.

We found the service complied with the requirements of the Mental Capacity Act. Where people were assessed as not having capacity to make specific decisions, they had best interests' decision in place. Staff had made appropriate applications to the local authority to deprive people of their liberty and therefore keep them safe.

Staff were genuinely caring toward people and were able to provide the inspection team with information about people's backgrounds and their personal preferences. We observed staff behaved in a respectful manner towards people and approached people with kindness. However, we found staff did not always follow the information in people's care plans to ensure people received appropriate care.

Assessments were carried out with people and their relatives before people transferred into the home. Person centred information was found in each person's file which detailed background information about how they liked to spend their day. Each person had a care file which contained care plans to give staff guidance on how to meet people's needs. However we found some care plans to address some people's specific health conditions were not documented.

Complaints made about the service had been taken seriously and investigated with an outcome of the investigation provided to the complainant.

Relatives were given the opportunity to be involved in the service through relatives' meetings.

The provider had in place arrangement to monitor the quality of the service. Surveys had been carried out with staff and relatives. The outcome of the surveys had been aggregated and actions put in place to respond to any concerns. Regular audits were carried out in the home to see if the service was meeting the provider's required standards.

Partnership arrangements were in place with other services to meet people's needs. Records showed there were regular visits from other healthcare professionals. The staff noted their visits on a professionals visit document and the outcomes of the discussions which took place.

During our inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of 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?

The service was not always safe.

Staff were not able to demonstrate to us that equipment used in the home was subject to cleaning, calibration or testing.

Assessments of people's individual risks had been carried out by staff. However, we found there were gaps in risk assessments for people with specific conditions.

Emergency plans were in place which described the support people needed to evacuate the building in the case of an emergency.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People were not supported with their nutrition and hydration. Mealtimes were chaotic and records were incomplete.

Agency staff had not been provided with support to ensure they could carry out their duties.

Staff understood the requirements of the Mental Capacity Act and were able to tell us how to carry out an assessment of a person's mental capacity.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Staff did not always follow the detail in people's care plans to support them to be as independent as possible.

Arrangements were in place for people to state how they wished their care to be delivered at the end of their lives. Their wishes were documented in their care plans.

Staff understood the language to be used which demonstrated respect toward people.

**Requires Improvement** ●

People were engaged in meaningful conversations by staff about their life history and family members.

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

The service was not always responsive.

Care plans were reviewed each month; however there was a lack of information about specific conditions for people who needed nursing care.

We observed there were no opportunities provided for individual activities on the dementia unit. We found people were either sleeping or sitting looking ahead.

Complaints made about the service had been appropriately investigated and followed the provider's complaints procedures.

**Requires Improvement** ●

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

The service was not always well led.

Documentation in the service was not always up to date or accurate.

Quality monitoring of the services was carried out. However the quality monitoring of the service did not always identify the issues we found during our inspection.

The service had arrangements in place with other agencies to work in partnership to meet people's needs.

**Requires Improvement** ●

# Dovecote Nursing Home

## Detailed findings

### Background to this inspection

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

This comprehensive inspection took place on 31 October and 10 November 2017. The inspection was unannounced. When we arrived in the home on the first day of our inspection we found there had been an outbreak of diarrhoea and vomiting. We confined the inspection to the ground floor of the home and took actions to prevent any further spread of the outbreak. The inspection was concluded on 10 November when we had been advised by the manager the home was clear of diarrhoea and vomiting.

The inspection team consisted of two adult social care inspectors, a specialist advisor in nursing 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 inspection was prompted in part by information we had received following the death of a person who was living at the home. In response to this information, we reviewed risks to people during the inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service including local authority commissioners.

During the inspection we spoke with 15 staff including the regional manager, the manager, nurses, senior care workers, care staff, administrators, domestic staff and kitchen staff. We spoke with four people who used the service and three relatives. We reviewed ten people's care files and other information in relation to the regulated activities.

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

People had risk assessments in place appertaining to falls, weight loss and anxiety. We found, however there were failures to mitigate risks for people. Two people's weight was compromised and below a BMI of 18 with one person having a BMI of 15. When we spoke to the staff they were not aware of the potential for re-feeding syndrome or that such low weights could increase the risk of cardiac failure or liver and kidney damage. Re-feeding syndrome is a potentially fatal condition and can occur when food and fluids are introduced into a malnourished person's body. No risk assessments and care plans were in place to deal with these potential issues. We also found that staff were not ensuring people took adequate nutrition and both of the people with compromised weights had not been encouraged to take all their meals and no additional food was offered between meals. On the second day of our inspection we found the person with the lowest BMI had not had anything to eat for breakfast and lunch. According to the records on 10 November 2017 by 3pm all they had received as fluid intake was 200mls of juice at 11am. We raised our concerns with the regional manager and the manager who agreed to take action to address the issues.

We noted that one person was resting on their bed and had a catheter in situ. The catheter bag was laid on the bed so was not draining properly. When we reviewed their care records we found no care plans were in place detailing how staff were to manage the catheter care and when they should swap the person's leg bag to a night bag (night bags have longer tubing, which allows the bag to be stood in a stand adjacent to the bed, which allows for smooth drainage). We discussed this with the manager who told us the person was just resting for a very limited time on her bed. They stated staff were checking on the person. However, we found from their positional charts and food and fluid records they had been in bed from the evening of 9 November until 3pm on 10 November 2017 and no checks had been undertaken. There was no information available to show that they had been using the correct catheter bag and holder throughout that period of time to enable the catheter to properly drain. We spoke to staff about regular checking on the person's catheter. Staff were not aware they needed to do this.

In the nurses station there was an unlocked 'Vital Observations Box'. This was found to contain a pulse oximeter, BP machine, BM machine and a thermometer. In the downstairs clinical room medical equipment stored was on shelves which were inaccurately labelled. We found there was some blood monitoring (BM) equipment, blood pressure (BP) machines and a pulse oximeter in the clinical room. The service was unable to provide us with cleaning, calibration or testing records for this equipment. This meant the provider could not demonstrate the equipment was safe to use.

We found the provider had not ensured effective monitoring checks were completed to ensure that agency nurses remained registered with the Nursing Midwifery Council, they had the right to work in the United Kingdom, and they had completed appropriate training. The service had documentation in place to ensure these checks were carried out, however these were not completed. We discussed these checks with the manager who agreed to ensure that on each occasion agency staff were to be used, these checks were completed.

We checked to see if people were given their medicines in a safe manner. The service had medicine

administration records (MAR) and we found these were up to date. There were no gaps in the records to suggest people had not received their medicines as prescribed. Controlled drugs, which are drugs which that are liable to misuse, are required to have additional checks in place. These were stored in a locked cabinet in a locked room. The locked cupboard in which they had been placed required a repair to the lock. We random sampled the controlled drugs against the records and found the stock and the records matched. Audits were carried out on the controlled drugs on a weekly basis. Arrangements were in place for the return and destruction of unused medicines. During our inspection we found some prescribed food thickening products which are used to enable people at risk of choking to swallow. Prescription labels had been removed. We drew this to the attention of the regional manager and the manager, who agreed they needed to be disposed of in an appropriate manner.

People were prescribed PRN medicines including pain relief and topical medicines. These are medicines which are required on an 'as and when' basis. Care staff were able to tell us about how people showed they might be in pain and therefore need their PRN medicines. Plans were in place to guide staff when they were to be used. However, we found they lacked sufficient detail to support the agency staff working in the home.

In another person's care plan staff had recorded they had been found drinking from a tap in their room. Staff were required to provide a jug of thickened juice in their room. We knocked on the door of their room, the person was lying on their bed and there was no juice in their room. This person was therefore at risk of being thirsty.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Pre-employment vetting checks were carried out by the provider. These included Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Two written references were obtained, including one from the staff member's previous employer. Proof of identity was also obtained from each member of staff, including copies of passports, driving licences and birth certificates. Prospective staff members were required to complete application forms detailed their past work experience and training.

Policies and procedures were also in place to protect the health and safety of staff, for example, manual handling, first aid at work, personal protective equipment (PPE), and lone working. This meant the provider had taken seriously any risks to staff and put in place actions to prevent accidents from occurring.

Accidents and incidents were recorded by staff and passed to the manager to be signed off. We saw the manager had reviewed the accidents to check if they were preventable and they took actions to ensure they were not repeated.

The communal areas of the home were found to be clean and tidy. On the first day of our inspection we found the downstairs clinical room to be in a dirty condition. The staff member who was on cleaning duty explained due to the security of the clinical room it had not always been possible to gain access to clean the room. The manager arranged for immediate cleaning of room and this was carried out during our inspection.

Domestic staff spoke with us about the 'Resident of the day' cleaning process. They told us about how people are identified as the 'Resident of the day' and their room was given a deep clean. We reviewed the

cleaning records and found the records listed what was to be cleaned in each room. The records had all been signed to evidence this cleaning had been carried out.

Regular checks were carried out to ensure the premises were safe. Night shift staff carried out safety checks. Fire checks and other health and safety checks were carried out. This included water temperatures which we found were within nationally recommended guidelines. The manager chaired a health and safety meeting to address any issues.

Emergency plans were in place including Personal Emergency Evacuation Plans (PEEPs) which gave information to emergency personnel about how people needed to be evacuated from the building. These were summarised on one sheet to provide a quick glance at the information.

Staff had received training on how to safeguard vulnerable people. They told us they were able to approach the manager with their concerns and felt able to discuss with the manager any areas of concern. The provider had in place a whistle-blowing policy which guided staff on how to tell someone about any concerns they might have. No whistle-blowing concerns had been raised by staff since our last inspection.

A staff disciplinary code was in place to protect people from inappropriate staff behaviour. At the time of our inspection there were no on-going staff disciplinary issues.

The number of staff required to be on duty was determined using a dependency tool. Rotas showed the numbers of staff on duty reflected the expected number as prescribed by the dependency tool. Agency staff had been used to ensure the staff requirements of the service were met. At the time of our inspection there was a heavy reliance on agency staff. We found there were enough staff on duty. Staff were observed to be able to respond promptly to meet people's needs.

## Is the service effective?

### Our findings

Before and during the inspection relatives had raised concerns with us about people losing weight. One relative told us they had observed staff giving their family member large scones when they felt they needed smaller pieces of food. People's nutritional needs and preferences were assessed and recorded in their care plans and risk enablement plans.

We identified there was a pattern on the upstairs unit of people losing small amounts of weight. Referrals were made by staff to the nutrition and dietetic service. The service used the Malnutrition Universal Screen Tool (MUST). This tool provides guidance on what should be included in an individualised diet support plan. We found people who were at moderate and low risk of malnutrition had food and fluid charts in place. The food charts did not demonstrate to us people were getting the food they needed, in relation to the risk category their MUST tool assessment had placed them in.

We carried out our Short Observation Framework for inspection to look at people's meal time experience on the first floor and found this was organised in a chaotic manner. The people on this floor were living with dementia so their memory was poor, yet staff started to encourage people to take a seat in the dining room 35 minutes before the meal arrived. This led to all the ambulant people leaving the dining room. There were only three staff available to serve meals for the majority of time yet only eight people sat in the dining room and other people were either in their bedrooms, other communal areas or in the corridor. Staff were carrying around a small table to put in front of people where they sat, on which they were given their meals. All of the meals were served from the dining room but we could not establish if everyone had a meal or how staff ensured they had not missed people out. Within the dining room there was no plan in place so staff would partially support a person to have a meal then had to leave to take meals to those in their bedrooms but no information was passed on. This meant people were at risk of not having a complete meal. The provider had not done all that was reasonably practicable to mitigate the risk of people not having their nutritional needs met, as they had not identified and addressed the potential impact the disorganised mealtimes were having on people's health and wellbeing. We discussed this with the regional manager and manager who told us they would look to introduce staggered meals across the service so that staff from other floors could assist with meals.

On the ground floor we observed one person did not have the manual dexterity to eat. There was no equipment for example plate guards to provide support. The person was being supported by other people who used the service, who were telling the person what to eat. The person, due to living with dementia, was unable to distinguish the cutlery on the table. Staff took their meal away and offered an alternative but no help was provided for the person to eat. On checking the care plans we found this person was at risk of choking and they had not been provided with the required pureed meal. We found information to staff had not been updated to reflect the person's needs on the dining room checklist.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people over a lunchtime period. They told us they enjoyed the food in the home. One person said, "They always get my coffee because they know I like it." Another person said, "The food is good."

We saw that staff ensured people were actively involved in managing their own diet. People were complimentary about the meals on offer at Dovecote Nursing Home. One person said, "The food is really good and there is always plenty." The cook told us they had the freedom to make any meal people wanted and the provider ensured there were sufficient ingredients in stock. The cook explained that the staff let them know if people had specific dietary needs. They told us that a person who needed a gluten-free diet had moved to the service on 9 November 2017 and staff had told them straight away and that same day they had ensured gluten-free products were available such as gravy, flour and custard powder. They had also discussed the person's preferences with them and their relatives and heard that they particularly liked cakes. The cook had asked the weekend chef to make some. The relatives had also agreed to bring some cakes in whilst the cooks got a stock of gluten-free cakes in place.

Although the provider was taking action to recruit to vacancies and had recruited six permanent nursing staff, of which two were taking the position of Deputy Manager, at the time of the inspection the service was heavily reliant on agency nurses. Agency staff working in the home were required to undergo an induction to the service. The induction was documented on a checklist. We found the checklists were incomplete. The checklist listed courses which were described as mandatory by the provider and included, "Undertake other specific (duties) e.g. catheterisation, flu jab." The agencies supplying the nurses provided a profile of each nurse with the courses they had completed. These correlated with the provider's list of mandatory training. We found one person at the service was fed using the percutaneous endoscopic gastrostomy process (PEG). This is where a person is fed using a tube directly into their stomach. Other people required support with catheter care, using oxygen and one person had needed staff to be able to use a suction machine to clear their airway. Checks were not in place to ascertain which agency staff had the required training to look after people with more specific and complex health care needs. Permanent staff employed by the provider told us that as the agency staff were not trained to insert and manage catheters, the community matrons were called to complete this task. It would be expected that nurses working in this environment would have the skills to undertake all of the nursing tasks. We spoke with the nurses on duty and they explained how they would make decisions and what actions they needed to take in respect of people with additional health care needs.

The agency nurses we spoke with told us that the provider did not include them in routine updates and training. One of the agency staff we spoke with had worked on a regular basis at the service for over two years and told us nobody working for the provider organisation had ever checked their competency. They explained that some years earlier whilst working on an intensive care unit they had been trained to use a suction machine and support people to meet their nutritional needs via PEG feeding, but since then they had never had refresher training. They felt it would be beneficial to them and the service if they were included in training and their practices were reviewed. We found insufficient support had been given to agency workers to allow them to carry out their duties.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

A staff member said, "I have worked here 20 years and love it, as we can make a positive difference to people's lives. We get regular training and supervision, which helps us to provide really good care." We reviewed the support given to permanent staff to enable them to carry out their duties. Staff confirmed to us they received supervision from their line manager. A supervision meeting takes place between a staff member and their manager to discuss for example, their concerns, their personal development and any

performance issues. However, we reviewed seven staff files and found some staff had last met with their line manager in July 2017. This meant their supervision required updating. Staff confirmed they were receiving supervision from their manager. Staff were also in receipt of annual appraisals and had received training in subjects appropriate to their roles.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

We found staff understood the requirements of the MCA and how to complete a capacity assessment. We saw records to show that 'best interest' decisions were being made when appropriate. The manager maintained a register of DoLS applications that had been submitted to the local authority, when they had been authorised, and when statutory notifications for these authorisations had been submitted to CQC. However in some cases we found that not all of the relevant information such as the DoLS authorisations was retained in people's care files, which meant staff could not check to ensure the person was not subject to additional conditions. For one person this meant family members and professionals felt it was in their best interests to reside in the home.

The service had communications systems in place including handover information. This was used to pass pertinent information between shifts to enable staff to be up to date with people's changing care needs. Diaries were available to document people's healthcare and other appointments and arrangements were made where needed to support people to their appointments.

People's health needs were addressed by referrals to other healthcare professions. District nurses visited the service and GP's were called if required. We found people were supported to access input into their care from dieticians, chiropodists, audiologists and opticians.

## Is the service caring?

### Our findings

We asked people about the caring nature of the staff. One person said, "They (the staff) are nice, that one is lovely" and told us, "They are a nice bunch." One relative said "Carers are very kind. They have really bent over backwards to make the move easy." They told us the staff, "Really seem to care and really helped us. So far so good." Another relative told us they were allowed to visit at any time, the 'place was warm' and their family member was, 'well dressed.' We saw in the survey sent out to relatives the provider asked if relatives found it easy to approach staff to discuss issues concerning their family member. Relatives had responded with comments such as, "Staff are always friendly and available" and "I have found the staff easy to approach."

Following lunch we carried out observations in a lounge. Staff were supporting people from their wheelchairs back into comfy chairs. They provide reassurance and information to people to ensure they were safe. People using the service thanked staff for their support. Once people were assisted to comfy chairs the staff put on the TV. However, due to the size of the room and chairs all around the outside, some people could not see the TV. One person at the back of the room repeatedly leaned forward to see the TV. Staff did not pick up on this issue and those who may have wished to see the movie were unable to do so.

The registered manager and staff showed genuine concern for people's wellbeing. Whilst staff demonstrated to us they cared about people and worked to promote their wellbeing we found there were aspects of people's well-being which were compromised. One relative told us they felt their family member was not getting sufficient mouth care. Staff were required to complete personal care charts on a daily basis to demonstrate people had received the person-centred care they needed. We saw there were gaps in these charts where staff had failed to document whether or not they had delivered care to people. Therefore we could not be sure that people received the care that they needed. One relative spoke to us about their family member losing weight. We looked at their personal care charts and found they had refused mouth care for the last month. We spoke to the manager about this and suggested staff may wish to consider if it was painful for the person to eat. The manager agreed to look into the issue. This meant staff were not linking a person's loss of weight with their refusal to be supported with mouth care.

People were encouraged to remain as independent as possible. We saw staff supporting and encouraging people to be independent. However, in people's care plans we noted specific details about individual needs were not always followed by staff. For example, in one person's plan we saw they were expected to have a red glass to enable them to distinguish they had a drink in front of them. The glass was not made available to them during the first day of our inspection.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A staff member said, "We try to learn a lot about people's lives so we can chat about things they would remember and this helps to make people feel at ease." Staff were very familiar with people's life histories and the vast majority of staff routinely engaged people in conversation about their family members.

Throughout our inspection we saw staff having friendly and meaningful conversations with people. Staff were also appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort. We found that staff worked in a variety of ways to ensure people received care and support that promoted good relationships with people using the service.

Staff promoted people's privacy and dignity. We saw staff knocking before entering people's rooms, and closing bedroom and bathroom doors before delivering personal care. Staff initiated a conversation with us about the appropriate use of language with people. They were aware of how to speak respectfully towards people including the use of terms of endearment and were also aware of when language became disrespectful.

Relatives were invited to be involved in the home in relatives meetings. The manager sought the opinions of relatives and told them about what was happening in the service. We saw following the relatives survey actions were put in place to respond to relative's voices acting on behalf of people who used the service. This meant the service listened to relatives as natural advocates for people living in the home.

Staff understood the need for confidentiality and spoke to us in hushed tones when talking about people in their care. Documents were stored confidentially in lockable offices, cupboards and filing cabinets.

We found people's bedrooms were personalised with possessions they had brought into the home. This meant people were surrounded by items which were familiar to them.

People care plans included a section on communication. These plans described if people had sensory impairments and if they needed to use any specific items to help them communicate. At the time of our inspection people were observed wearing their glasses and their hearing aids. Staff knew how best to communicate with people.

People had in place end of life care plans with descriptions about their end of life preferences. People's care plans detailed the 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) directive that was in place for some people. This was to ensure up to date healthcare information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

## Is the service responsive?

### Our findings

We looked at people's care records and found their care plans were in place, which provided basic information about the actions staff should take to support people. However, there was little information in the care plans to describe actions needed to be taken to support people to meet their nursing needs. There were no detailed descriptions of how to support people who required catheters such as how to check that they were not at risk of developing an infection. Also, the care plans in place for people who could become distressed did not detail the types of behaviours people exhibited or step by step guidance to inform staff about what they should do to support people to reduce their distress. In one person's care plan we found a brief moving and handling care plan for the use of a hoist and a catheter care plan. Although these documents were in place, they were not found to be thorough, informative or to contain enough useful information for bank and agency staff who did not know the person. This meant people were at risk of receiving inappropriate care.

The provider had arrangements in place to document people's care needs. We spoke with staff about people's needs and why for example, they were monitoring a person's behaviour. Staff were able to explain to us the rationale for carrying out this task. Food and fluid charts, positional changes and night checks were documented. Although staff wrote daily notes to record the care given to people four times per day, we found these notes were not always completed and there were gaps in the records. Staff had not completed the sections on communications with family and observational chart reviews. This meant people's daily notes were not always complete.

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

We spoke with people who used the service. One person told us they were, "Well looked after." One relative made some very positive comments about the care his family member received. The relative told us their family member, "Had perked up and was much better in themselves." The staff discussed with us the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs.

An assessment of people's needs was carried out before they were admitted to the home to see if the home could meet each person's needs. When people had a period in hospital we found the service had reassessed their needs before they made the transition back to the home. This meant the service was aware if anyone's needs had changed before they made their transition back to the home. When people returned to the home staff had updated their care plans.

Each person had a "This is me" document which described their background. Specific information was available to the staff about each individual person. The service also had in place a document for each person entitled 'My Day' which prescribed people's preferred routines. A summary of people's daily living needs support plans was compiled and readily available for staff at the front of their file.

People's care plans were evaluated on a monthly basis. Changes in people's care needs were documented as a result of these evaluations. This ensured staff were aware of people's most recent needs.

During our inspection staff ensured people were given choices about their care and how they spent their day. For example, people were asked what they would like for their meal and where they would like to sit in the home. We saw people's choices were respected. For example, two people preferred to sit in the reception area and look out through the glass doors.

Staff had assessed the needs of people using the service in respect of the social activity preferences. The home employed an activities coordinator and a board was displayed to tell people what activities were on offer each day. Due to the recent outbreak of diarrhoea and vomiting in the home group activities had to be curtailed to prevent the spread of the outbreak, this included a Halloween party. On the last day of our inspection although activities were planned we observed on the unit for people living with dementia staff were attending to people's personal care needs but they had little time to spend with people in communal areas. The senior care worker was present in one lounge but needed to write the daily records so had limited time to engage with people. There was a lack of meaningful activity for people. There were no items around such as newspapers, books or games to enable people to independently occupy their time. Thus we observed that most people either looked off into space or slept. We discussed this with the regional manager and manager who undertook to provide items so people could engage in meaningful occupation.

The provider had in place a complaints policy which had guidance for staff about how to receive a complaint and what actions were required to investigate the complaint and provide a response to the complainant. Complaints made about the service had been appropriately investigated and an outcome was provided to each complainant.

## Is the service well-led?

### Our findings

At the time of our inspection a manager was registered with the Commission to manage the carrying on of the regulated activity, but they had left the service in September 2017. The provider had appointed a new manager and they expressed their intention to register with CQC.

The regional manager had oversight of the home and made regular visits to monitor the care provided in the home. We found they carried out monthly visits when they reviewed people's care plans and spoke to staff and people who used the service. Using the provider's new electronic system for scoring the service, the regional manager scored the home as 77% in September which meant they considered the home to 'adequate'. In October they found improvements had been made and gave the home a score of 85% which meant they considered the home to be good. At the same time we saw they identified tasks for improvement, giving each task a priority and setting a completion date. The tasks included updating records, monitoring people's weights who were new to the service, and the completion of daily records.

Whilst we found the quality assurance procedures had highlighted some of our findings, we also found no observations of practice had been carried out which would have identified that staff were failing to follow the information in people's care plans and risk assessments and thus not providing care which reflected their needs, wishes and preferences.. They had also failed to identify that staff were not following the correct procedures for people at risk of dehydration or malnutrition and that this practice put them at increased risk of harm. Audits failed to recognise that the mealtime experience for people was poor, that people did not always receive person-centred care, that agency staff were not appropriately supported and that there were shortfalls in records and recording throughout the service.

We found documentation in relation to agency staff had not been completed to demonstrate they had received a comprehensive induction.

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

We spoke to staff about the management arrangements within the service. Staff said, "[Person's name] the previous manager made a lot of positive changes and hopefully the new manager will continue with them. I think the home really improved because of the changes. We focus more on supporting people rather than tasks, which is only right." Another staff member said "[Person's name] the new manager seems more flexible and this allows us to think of new ways to work with people and get the best for them." Staff described the new manager as, "Very approachable" and told us they found the time to listen to staff.

The provider had arrangements in place to monitor the quality of the service. Care plan audits to check if the contents of people's files were up to date and accurate. Care files were sampled each month. We found the care files which had been sampled were rated high for their compliance with the provider's expectations. Kitchen and laundry audits similarly had high scores. Mattress checks were in place which showed people's mattresses were clean with no defects. We found the kitchen, laundry and mattress audits matched our

findings during the inspection.

We found the culture within the service was such that staff were genuinely caring in their approach to people in receipt of care. Staff were open with the inspectors in their responses to our questions. Where we found deficits, the regional manager and the manager agreed to take prompt actions to rectify the issues.

The provider had carried out surveys to monitor the quality of the service provided. In March 2017 a relative's survey had been conducted. Out of 50 questionnaires distributed by the service, 17 responses were received. The responses were collated by the provider and demonstrated relatives were largely positive about the service. From the responses the provider had developed an action plan to improve the service and had included details where relatives would like, for example, improved communication with the service. The provider had responded in a similar way following a staff survey in 2016. Comments made by the staff had been taken seriously and actions put in place to improve the service. This included the monitoring of staffing levels. We found staffing levels were being monitored by the manager.

Notifications had been submitted to CQC as required. Since the last inspection we had received notifications in line with legal requirements that covering a range of issues.

The service had active and positive relationships with other healthcare providers. Regular and frequent discussions took place between staff and local GP's and nurses. Emergency health care plans had been formulated by the community matron and were stored in people's care files. A hairdresser visited the home on a regular basis. This meant the service was working in partnership with other professionals and services to meet people's needs.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The care and treatment provided to people was not always appropriate or met their needs.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider failed to assess the risks to the health and safety of service users of receiving the care or treatment and mitigate the risks to people. The provider had failed ensure equipment was safe for use in the home.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.
Treatment of disease, disorder or injury	
	The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Agency staff did not receive appropriate support, training and supervision as is necessary to enable them to carry out the duties they are employed to perform.
Treatment of disease, disorder or injury	

