

Greensleeves Homes Trust

Borovere

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?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 8 and 9 February 2016 and was unannounced. Borovere is registered to provide accommodation and support for up to 30 people. The location has two bedrooms out of commission in a part of the building known as the 'Coach House' and is using the two double bedrooms to accommodate people singularly; therefore they can only accommodate 26 people. At the time of the inspection there were 25 people living there.

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

People and staff gave mixed views about the adequacy of staffing levels. Assessments of people's level of care needs were completed and this information was used to determine the level of people's fees but not the staffing needs of the service. Staffing levels for the service were fixed. There was no budgetary allowance for agency staff and management had to cover shortfalls where possible. There was not always a professionally qualified member of care staff on duty, on-site, to ensure suitable staff were deployed within the service at night. On-call senior care staff were available to be called upon if required. There had not always been a qualified first aider on-site at night as required. The registered manager made arrangements to ensure people's safety whilst night staff underwent first aid training immediately following the inspection. Although no harm to people resulted from this, there was a risk of harm the longer this situation continued.

There were not robust arrangements in place to ensure staff were qualified and competent to administer people's medicines. The registered manager took immediate action following the inspection to make sure night staff undertook medicines awareness training to ensure people's safety. Records in relation to people's medicines were not always complete. Processes to ensure medicines were stored at the correct temperature were not robust. Staff had failed to ensure people's liquid medicines were always in date. Processes to monitor the quantity of medicines were not robust. Staff did not always administer people's medicines safely.

Risks to people from the environment had not been adequately assessed and managed. There was the potential that people could leave the building without staff's knowledge or be placed at harm through staff not securing unsafe areas of the service, such as the sluice. The garden was not safe and the perimeter was not secure. The registered manager was taking action in relation to the safety of the garden and took action during the inspection to ensure people could not access high risk areas of the service to ensure their safety.

The provider's quality monitoring systems were not robust or effective. Some issues had not been identified or where issues had been identified they had either not been rectified or had not been addressed promptly. There was the potential that people might experience harm and opportunities to improve the service were not used effectively.

The management of records within the service was not robust. People's personal care records were not stored totally securely to prevent any potential access by unauthorised people. Other records including people's daily care records had not been completed at the time the care or support was provided, or there were gaps. People's medicine records were not always secured when staff administered medicines to people.

People's records demonstrated that risks to them as individuals in relation to different aspects of their care had been assessed and managed. Staff had access to written guidance about risks to people and had taken appropriate action to mitigate them.

People and relatives told us they felt safe. Staff had undergone relevant safeguarding training and understood their role in relation to safeguarding people and the actions they should take to keep people safe from the risk of abuse. Staff had undergone relevant recruitment checks as part of their application process to ensure their suitability to work with people.

Staff underwent an induction upon the commencement of their role. Unless an issue was identified which needed to be addressed during their induction period new staff did not receive one to one supervision until after their induction. There was a lack of evidence to demonstrate how this policy would adequately support staff to meet the requirements of the 'Care Certificate' which is the industry standard induction for new staff. There was the possibility that new staff may not have felt fully supported in their induction to ensure they could provide people's care effectively.

Where people lacked the mental capacity to make specific decisions, staff were guided by the principles of the Mental Capacity Act 2005. This ensured any decisions made were in the person's best interests. Not all staff had undergone relevant training but they had access to relevant guidance. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications had been submitted for people where required. People's liberty was only restricted when this was legally authorised.

People were offered a choice of nutritious meals. People had nutrition care plans that provided staff with guidance about the person's nutritional needs. People's weight was monitored regularly.

Staff were observant to changes in people's presentation and took the required action to ensure they were referred to a healthcare professional if needed. People were supported to access a range of healthcare services to ensure they could maintain good health.

People told us staff were kind and very caring and that they were happy with the staff. People told us they were supported by staff to receive their care when they wanted it and that their wishes were respected. They also told us staff upheld their privacy and dignity when providing their care. Staff had access to information about people's life histories and communication needs in their care plans. They used this information to communicate with people in a caring and kindly manner.

People were supported by staff to express their views and to make decisions about their care where possible. For example, they were shown the platter of vegetables at lunchtime so that they could choose what and how much they wanted to be served.

Staff were aware of people's needs, which were assessed, recorded and reviewed appropriately. Staff supported people to be independent where possible. Staff told us they hoped that one person would shortly be assessed by the GP as able to be supported out of their bed to sit in a chair. However, they were

concerned that they would not be able to provide this level of care to the person with the current staffing numbers; this would not promote their independence.

People appeared to enjoy the activities being provided. However people told us that sometimes there was "Nothing to do" when the activities co-ordinator was not available, which was on four days one week and on three days the alternate week.

There was a process for people to make complaints about the service but not everyone spoken with was aware of how to complain. Where complaints had been received appropriate action had been taken to investigate the complaint and make any required changes.

Overall people were happy with the management and one person commented "The manager is lovely." However, a person's relative told us the home had changed and that "Management was not as dynamic as it was." There was a clear management structure in place. Staff told us the management team was supportive and was available to them. The registered manager often worked alongside staff in the provision of people's care.

We found a number breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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 consistently safe.

The provider was not able to demonstrate that there were always sufficient numbers of suitable staff. There was a potential risk to people the longer this was not addressed.

People's medicines were not always managed safely.

Risks to people from the environment had not been adequately assessed or managed.

The registered manager did take action when these issues were brought to their attention to ensure people's immediate safety.

Individual risks to people had been identified and managed safely.

People had been safeguarded from the risk of abuse.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

There was a lack of written evidence to demonstrate how the staff supervision policy met the requirements of the Care Certificate during the induction of staff who were new to care.

Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005. Although not all staff had undertaken training in this area guidance was available to them and legal requirements had been met.

People were supported to eat a range of nutritious foods and were offered sufficient fluids. Staff did not always consistently document the care people received to demonstrate they had received sufficient food and fluids.

Staff supported people to maintain good health and to access health care services as required.

Requires Improvement ●

Is the service caring?

Good 

The service was caring.

Staff developed positive and caring relationships with people.

People were supported to express their views and to make decisions.

People's privacy and dignity was maintained in the provision of their care.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People's individual needs were assessed and reviewed, but were not always fully met.

Social and recreational activities for people were not always available and people said that sometimes "Not much happened."

Complaints had been appropriately managed.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The provider's quality assurance systems were not robust. Where shortfalls had been identified, appropriate action had not always been taken to rectify these or to improve the service for people.

The management of records within the service was not robust. Records were not always stored securely.

People's views on the service had not been actively sought so people were not empowered or involved in developing the service. People were not always given meaningful opportunities to contribute to the running of the service.

There was a registered manager and people and staff said they were supportive and accessible to them.

Borovere

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.

The inspection took place on 8 and 9 February 2016 and was unannounced. The inspection team included three inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with a GP from one practice and received written feedback on the service from another two other practices. Their feedback on the service was positive. During the inspection we spoke with 12 people, four people's relatives and one healthcare professional. Not everyone was able to share with us their experiences of life at the service, therefore we spent time observing staff interactions with them, and the care staff provided. We spoke with seven care staff, the chef, the maintenance person, the operations manager, the registered manager and the deputy manager.

We reviewed records which included six people's care plans, four staff recruitment and supervision records and records relating to the management of the service. Staffing rosters were reviewed for the period 6 December 2015 to 13 February 2016. We also observed the lunch service on both days, observed staff administer medicines and attended two staff shift handovers.

The service was last inspected in June 2013 and no concerns were identified.

Is the service safe?

Our findings

People and staff gave mixed feedback about staffing levels. One person told us they sometimes needed to wait for a response to call bells. Whilst other people told us there were enough staff.

The registered manager told us there was a senior carer on-site from 07:30-22:00. There were four care staff from 08:00-14:00 and three from 14:00 -21:00. Overnight there were two care staff on-site and an on-call senior. There was no allowance for agency staff in the day and gaps in rosters were filled by bank staff or management. Rosters showed there were 21 days when the service was not fully staffed. Management covered shortfalls where possible, but this removed them from their duties relating to the management of the service. Whilst managers were covering the staff roster they were unable to attend to governance issues such as the completion of audits of the service. Records demonstrated management were not able to cover vacant shifts for the rosters reviewed on six occasions. The provider's electronic call bell system for people to summon assistance did not produce a report of response times in order for them to audit the speed of response. There were no systems in place to monitor whether the current staffing levels continued to be sufficient to meet people's needs if they changed.

The staffing budget was fixed; people's dependency needs were not taken into account when calculating staffing. Staff told us they had concerns that they may not be able to meet a person's care needs in the future if they increased. The fixed staffing budget meant there was a risk that if people's needs changed or numbers increased staffing may not be sufficient to meet people's needs.

Staffing rosters reviewed showed that on two nights neither night staff had completed a professional qualification. There was a qualified member of staff on-call if staff needed to request support or guidance. However, if the service admitted new people or there were changes in people's needs there was a risk this may no longer be sufficient.

Only two of the night staff had completed first aid training; there was not a qualified first aider on site as required for 26 nights of the rosters reviewed. Although no incidents occurred during this period, over time the risks to people would have increased the longer this situation continued. The registered manager had requested on 4 February 2016 that further first aid training was arranged for staff. Following the inspection they provided evidence that this had been booked as a matter of priority and that interim arrangements were in place to ensure there was a first aider on-site at night to ensure people's safety.

Senior care staff administered people's medicines before they went off shift at night and were on call if people required medicines. The registered manager told us there was one night care staff trained to administer paracetamol. Relevant checks had not been completed upon them to ensure they had completed this training and they had administered paracetamol on three occasions when not trained to do so. The registered manager immediately made arrangements for all night care staff to undertake a medicines awareness course to ensure they were qualified to administer paracetamol. Senior care staff had all received medicines training. However, their competency to administer medicines had not been assessed annually as required by the provider. There were not robust processes to ensure only qualified, competent

staff administered people's medicines. There was a risk that people might not have received their medicines safely.

Medication care plans had not always been signed or dated. People had some protocols in place for medicines they took 'As required.' These are medicines which people should be offered when they exhibit symptoms. However, they had not always been updated when they no longer required them. It was not always clear how often people's creams should be applied. People's medicine administration records (MARs) had not always been signed by staff. The registered manager told us they had introduced a daily MAR sheet signature audit form for staff to complete to address this issue, which records confirmed. Accurate up to date records of people's medicines had not been maintained as required to ensure people received their medicines safely.

People's medicines were stored in locked cabinets in their bedrooms. There were no thermometers to ensure these medicines were stored at the correct temperature. The registered manager arranged for these to be purchased during the inspection. Records of the temperature in the clinical room and the fridge were not complete. The provider was not able to demonstrate people's medicines had always been stored at the correct temperature and could not be assured medicines remained effective.

When people took liquid medicines staff had not always written on the bottle the date the medicine was opened or checked to ensure they were not out of date. The provider had not ensured adequate measures were taken to ensure people's medicines remained effective and in date.

Staff told us that generally people's medicines were used within the monthly stock cycle and not carried over to the next month. However, when on occasions they were carried over this was not recorded. Although random stock checks were completed, without this figure it was not possible to ascertain how much stock there should have been. There was not an accurate audit of the medicine held in stock. The service may not have either held enough medicines for people or been able to identify if people's medicines had gone missing due to the lack of a robust auditing process.

Staff were observed to administer a person's medicines. The person was not in their room and staff took a strip of paracetamol with them to ask them if they required any, this was not safe. The staff member should have checked with the person if they wanted the medicine and then collected the required number, to ensure they administered these medicines safely.

The failure to ensure medicines were managed properly and safely was a breach of regulation 12 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.

Measures had been taken following a previous incident to restrict a person's access to high risk areas within the service, through the use of a keypad. However, consideration had not been given to the potential risks of other people either entering the kitchen or the corridor leading to the Coach House from the dining room. The bolt on the corridor door used to prevent access to the Coach House was found to be unsecured. This led to an unlocked side door accessing the front car park and the gas mains cupboard, which was also unlocked. People could also have accessed the upstairs of the Coach House where there were no window restrictors to prevent people falling from the first floor. On the second day, a cupboard containing cleaning materials and the side door had been left unsecured by staff, and the upstairs sluice was unlocked. The registered manager took immediate action and arranged for two further keypads to be fitted to ensure people's safety.

The registered manager told us the garden was not secure, nor was it safe for people. The pathway was

uneven and was not fully wheelchair accessible. There were tree stumps which were a potential trip hazard. The registered manager told us they had submitted plans for the garden to be made safe for people in the April 2016 budget; however this had yet to be approved.

The failure to ensure the premises were secure and suitable was a breach of regulation 15 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.

People's records demonstrated that risks to them as individuals in relation to various aspects of their care including for example, falls, pressure ulcers and mobility had been assessed and managed safely. Where risks had been identified, people had care plans in place to manage the identified risks. Where people had been identified as requiring equipment such as a specialist mattress or a pressure cushion this had been provided. People's care plans contained written guidance for staff about what risks to monitor for people, and the action they should take. Staff discussed the risks to a person from sore skin at the staff handover and the measures they were taking to address this for them. Individual risks to people had been assessed and managed.

Where required people had re-positioning charts for staff to document how often they were re-positioned, however, these were not always fully completed. Although there was no evidence to demonstrate people had been placed at risk through not being re-positioned, there was a lack of evidence to demonstrate the care people had actually received.

People told us they felt safe in the care of staff. People commented "I feel safe." Out of 42 staff 38 had completed safeguarding adults training, although 11 of them needed to update this training, arrangements had been made for staff to do this. All but one staff member understood what safeguarding was and their role and responsibilities to ensure people were safeguarded from harm. The registered manager was informed of this so that they could ensure staff were secure in their knowledge. Staff told us there was a culture of being encouraged to report any concerns they had about people's safety. Staff knew who to report any concerns to and where they could access relevant information. The registered manager had raised a safeguarding incident in October 2015. This incident was correctly reported, investigated and relevant actions taken to safeguard people from the further risk of abuse. Staff had undergone relevant recruitment checks as part of their application process to ensure their suitability to work with people. People had been safeguarded from the risk of abuse.

We recommend the service seeks guidance on the use of a systematic approach to workforce planning to determine the number of staff and range of skills required in order to meet people's needs, including any new admissions. This should include a system for continuously reviewing and adapting to respond to changing needs and circumstances of people.

Is the service effective?

Our findings

Records demonstrated staff had completed an induction to their role upon commencing work for the provider. Staff were supervised in their work during this time by more experienced staff. However, they were not routinely offered one to one supervision unless an issue was identified which needed to be addressed. This was confirmed by the registered manager and staff. Although staff did not tell us they felt unsupported or not prepared for their role. There was the potential that new staff may not have felt sufficiently supported by this policy or been able to demonstrate that they met the requirements of the 'Care Certificate', which is the industry standard induction for staff who are new to care. The registered manager told us since the introduction of the Care Certificate the staff they had recruited had not been required to undertake it as they had previous experience of working in the care industry. There was a lack of written evidence to show that new care staff who underwent the Care Certificate would be able to demonstrate that they had fully met the required standards without receiving one to one supervision during their induction period.

Staff told us they received regular supervision following their induction. Staff records demonstrated staff were receiving regular supervision. Records demonstrated staff had received an annual appraisal of their work to enable them to reflect upon their practice across the year. Staff were adequately supported in their work.

Staff told us and records demonstrated they were required to undertake a range of required training to ensure they had the required skills to undertake their role. Additional training in areas such as how to support people with chronic health conditions was available to enable staff to carry out their role effectively. Staff told us they had been supported to undertake professional qualifications. Records demonstrated of the 35 staff directly involved in the provision of people's care 24 had completed at least one National Vocational Qualification (NVQ) in Health and Social Care. NVQ's are professional qualifications which staff can undertake to support their continuing development. Staff were supported to undertake a range of training and professional development appropriate to their needs.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us staff always asked their consent before providing their care. Staff sought people's verbal consent before providing their care, for example, asking people if they required assistance to cut up their meal.

People's records contained a MCA 2005 decision making assessment. This was a screening tool to enable staff to identify potential areas of people's lives which they may lack the capacity to make decisions about for example, medication, freedom to leave, meals and bathing. Use of this tool enabled staff to determine if people were likely to require a full assessment in relation to particular decisions and to ensure legal requirements were met.

People's records demonstrated that where they had been assessed as lacking the mental capacity to consent to their care and treatment an assessment had been completed and a best interest decision made to determine whether an application should be made for them under the DoLS. The provider had correctly submitted DoLS applications for people who lacked the capacity to consent and who were deprived of their liberty.

Staff had discussed the MCA 2005 and DoLS at their staff meeting on 12 January 2016. Out of 42 staff 29 had completed MCA/DoLS training. Relevant guidance was accessible to staff if required, however, not all staff had completed training in this area to ensure they had the required knowledge. There was the potential staff might not have had the necessary level of knowledge in this area to ensure people's rights were upheld.

People told us there was "Very nice food." People were provided with a weekly menu from which to choose their meals. There was a daily choice of meals for both lunch and supper. On most days there was a vegetarian alternative main meal or people could choose jacket potatoes or an omelette. Any allergens in the meals were identified to alert people and staff to any foods which might be unsuitable for people's needs. The main meal was served with a range of fresh vegetables.

There were drinks available to people in the lounge and the dining room, people who remained in their rooms were observed to have drinks placed within their reach. Staff brought people drinks in the morning and the afternoon in addition to those served with their meals. People were seen to be supported by staff to remain hydrated.

Where required people had food and fluid charts in place for staff to document their intake, however, these were not always fully completed. Although there was no evidence to demonstrate people had been placed at risk through receiving insufficient food or fluids, there was a lack of written evidence to demonstrate the amounts people had actually received.

People had nutrition care plans that provided staff with guidance about the person's nutritional needs. At lunchtime people who required support to eat their meal were assisted by staff. People had been weighed regularly and their Malnutrition Universal Screening Tool (MUST) score calculated. MUST is a screening tool to identify adults who are at risk from either malnourishment or being overweight. There was guidance for staff about the action to take in the event a person was losing weight, for example, placing them on a food chart to monitor their intake. If people required their food to be fortified which is a way of increasing their calorie intake this was recorded. The chef was aware of people's individual dietary needs and preferences.

A GP we spoke with told us the service was active at involving the district nurses where required. People's records demonstrated they had been supported to see a range of healthcare professionals such as GP's, district nurses, physiotherapists, chiropodists, podiatrists, speech and language therapist, dentists, opticians, for example. The service had their own transport and was able to provide staff to support people to attend healthcare appointments.

People's records demonstrated that when staff observed a change in the person that indicated they required assessment by a healthcare professional such as a community psychiatric nurse this had been

arranged. Staff discussed people's welfare at the handover and identified if anyone needed to be referred to other services such as the GP for advice.

Is the service caring?

Our findings

People told us staff were kind and very caring and that they were happy with the staff.

People's care plans contained details of their life history from childhood to old age and detailed their favourite things. A care plan for a person who experienced dementia represented their life in terms of the seasons. From Spring with them growing up through Autumn capturing how the person felt about their dementia and the impact it was having on their life and Winter describing the support the person required from staff. The person's records included photographs of the person enjoying activities. These records provided staff with detailed information about the person and their life to enable them to understand them and their history beyond their diagnosis.

People's records documented their communication needs and how staff should ensure these were met. Staff informed a person who was visually impaired of what was on their plate and where, to ensure they were able to eat their meal. Staff were observed to ensure they positioned themselves at the person's height when speaking with them. Staff spoke to people politely and gently. They did not rush people and gave them time to respond. Staff assisted people to eat their lunch sensitively. Staff spoke with people as they supported them and gave them choices. For example, asking them what part of the meal they wanted to eat. Staff provided people with reassurance telling them they did not have to eat what they did not want to. If people appeared confused, staff explained to them who they were and what they were doing. This provided people with reassurance and enabled them to understand more clearly what was happening. Staff had access to guidance about people's communication needs and used this to communicate with people in a caring manner.

People told us they were supported by staff to receive their care when they wanted it and that their wishes were respected. A person told us "I like to spend my time in my room and they respect my wishes." People were seen to spend their time where they wished either in the communal areas or in their rooms.

At lunchtime people determined where they wanted to eat and who they wanted to sit with, staff respected their choices. People were served the meal they had chosen and then staff brought a platter of vegetables to the table for people to see and make their choice from. People were fully involved in making choices about their lunchtime meal and experience.

Staff were helping a person to sort out their magazines. Staff asked them what they wanted to keep and what they wished to dispose of. Staff involved people in decisions which affected them.

People's care plans reflected how they wanted their care provided. A person's care plan reflected that they disliked bathing and preferred a strip wash. Another person's stated they preferred a bath and wanted staff present to support them.

People were free to bring their own furniture to the service so that they could personalise their bedroom to their taste. People confirmed they had done this.

People told us staff upheld their privacy and dignity when providing their care. They told us staff always knocked before entering their room. Staff were observed to knock on people's bedroom doors and wait for a response before they entered.

At lunch one person became too warm and unbuttoned their clothing. Staff described how they had encouraged but not insisted that the person consider returning to their room where they could sit more privately to maintain their dignity. Staff were alert to the need to uphold people's dignity and privacy.

Is the service responsive?

Our findings

People told us staff understood their care needs and they had been asked about their care needs. One person told us "I was involved in planning my care and a lady reviews it with me." A person told us staff had taken time to get to know them and knew their personal history.

In each person's care plan a care assessment form had been completed. This recorded the level of each person's needs in relation to the activities of their daily lives, such as washing, dressing, bathing, their mobility and their communication needs. Each section was scored as low, medium, high or nursing and these were totalled to show how many hours of care the person required. People's care needs had been identified and assessed.

People had been involved in their care planning and where it was not possible for the person to be involved, a relative had been. The care plan review record in people's care plans had been signed at each review by the person or their representative. The areas of the review covering social support and religion were seen to have been updated at a review of one person's care plan to ensure it provided up to date guidance for staff. People's care was reviewed with them.

Care plans were written from the perspective of the person using the service. Guidance was provided for staff such as 'I prefer to have a shower not a bath' and 'Speak clearly and slowly and give me time' to respond. This was to enable staff to be aware of people's needs and preferences. Staff used the shift handover to have a 'Resident in the spotlight' session. This was an opportunity for them to share information about people to ensure staff had an understanding of people's backgrounds. Staff told us this enabled them to use the information as a basis for conversations with people about their interests.

Staff understood people's care needs and were aware of the importance of ensuring the service was suitable to meet people's needs. For example, a person had been receiving respite care but when the service identified the person's needs were greater than they could safely manage, alternative arrangements were made for the person. Staff understood who required a greater level of support and were able to describe people's individual care needs.

People's care plans included details of their personal history and their interests prior to moving into the service but these were not always fully complete. For one person, their personal history covered their middle age and later years but the parts of the record form relating to other times or parts of the person's life were blank. There was no date or signature on the history sheet so it was not clear who had completed it or when. People's care records were not always complete to ensure staff had access to all relevant information about the person.

People were supported to maintain contact with their friends and families and there were a number of visitors across the inspection. Relatives told us they were made welcome. Some people had their own telephones in their bedrooms in order to maintain contact with their families and friends or a portable handset of the service telephone was available. People were able to access a communal computer in the

lounge if they wished. People were supported to maintain relationships.

People were not always supported to exercise control over their own lives. One person was being supported to improve their independence. They had arrived in the dining room for their lunch in a wheelchair, but after lunch they were supported to walk towards their room using a walking aid. Staff followed closely behind with a wheelchair as they encouraged the person to continue but offered reassurance that the person could use the wheelchair when they became tired. However, staff gave another example of a person who they would not be able to support to sit beside their bed safely within the current staffing levels. Although this person still needed to be assessed by the GP to establish if it was safe for them to be transferred, staff did not feel that they would be able to meet their needs once they were re-assessed.

The four people who received all their care and support in bed were at risk of social isolation. The only time these people had interaction with staff was when they were being supported with personal care or with meals or drinks. Only one of the four people receiving care in bed was able to use their call bell to summon staff which meant that three people relied totally on staff coming to them for support or company. People's care plans documented if they spent their time in bed and that care staff checked on their comfort throughout the day which staff confirmed. However, there was a lack of records to demonstrate these welfare checks had been completed as described.

An activities co-ordinator was employed on three days each week and on alternate Sundays to support people with their social interests and activities. However, a person told us that not much happened when the activities co-ordinator was not working. The co-ordinator told us people chose what they wanted to do and this was accommodated wherever possible. People were seen to be encouraged and supported to take part in a range of activities. A board outside the main lounge was used to inform people of planned activities for the current week. People were able to attend a church service on a Monday morning. The registered manager told us that they were trying to recruit an additional activities co-ordinator as people had commented that there was not enough to do on the days when the current activities co-ordinator was not working. They also told us that all staff had been encouraged to use any opportunity to promote social interaction, such as talking about people's lives when supporting them with personal care for example. Records showed 20 staff had undertaken training in person centred activities for people. The registered manager was aware that the current level of provision did not meet everyone's needs for stimulation and was taking action to address this for people.

Staff told us the service had its own minibus which was used to take people to the local library or out to appointments. However, only two staff were qualified to drive the minibus which limited the times when it could be used for people.

The service received more compliments than complaints during last year. Many letters and cards were seen which expressed appreciation for the care and support people had received, including the care provided to people until the end of their life.

Three formal complaints had been recorded within the past year. One addressed to the previous registered manager recorded the nature of the complaint but did not record the response. The registered manager's replies to two complaints were seen and detailed the action taken in response. This included two aspects which were raised with staff as the matters could apply to all those using the service. This also resulted in changes being made to prevent the situations which led to the complaints recurring.

Some people told us they were unsure how to complain if needed, but they said they had nothing to complain about. One person told us they would speak to senior staff or the registered manager if they were

unhappy about anything. The registered manager told us that feedback, including complaints, was welcomed as it provided opportunities to improve the service.

Is the service well-led?

Our findings

The registered manager told us and records confirmed that a number of aspects of the service were audited. These included medicines, health and safety and infection control. The provider's pharmacist audited their medicines on 2 December 2015 and no issues were identified. Senior care staff completed a monthly audit of medicines. However, they did not identify the issues we found in relation to gaps in the records of medicines administered, or the lack of an effective audit trail regarding the stocks of medicines held. A health and safety audit was completed on 24 March 2015. It identified that routine annual visual checks on the safety of asbestos found in the guttering of the Coach House in 2004 had not been completed annually as required, staff told us this was checked in 2015 but there was a lack of records to confirm this. It also identified that a padlock was needed to prevent external access to the cellar plant room; this had not been fitted for people's safety. The registered manager told us they were not aware of the content of this audit until we requested a copy. The provider had not operated effective audit processes to identify and address issues to ensure people's safety.

Provider monitoring of the service took place monthly, usually in the form of visits. Records demonstrated that in November 2015 the monitoring was conducted by telephone, therefore it did not include discussions with people, their representatives or staff. The registered manager said that was because head office staff had visited at other times in the month but there was no record that other visits had been used as an opportunity to monitor the quality of the service. The operations manager told us they were carrying out a scheduled provider monitoring visit during the inspection. The majority of their visit was office based and little time was spent speaking with people, staff or visitors to obtain feedback. The management team had lunch together in the dining room after people had finished their lunch which meant the lunchtime opportunity to engage with people had been missed. The operations manager said it had not been convenient to have lunch with people although they sometimes ate with people as it "Depends on what is going on."

The provider visit records showed that some issues listed to be resolved dated from September and October 2015 were not recorded as resolved until January 2016. Prompt action had not been taken to address identified issues which related to people's care, therefore they had not been addressed for them.

The provider's systems had not identified that there was a culture of complacency in relation to certain staff practices. Staff had not always ensured doors were secured as required. Staff had not considered the safety implications of this and the provider's management team had failed to identify these practices. Where these or other issues had been identified these had not always been rectified or rectified promptly in order to keep people safe or to improve the service.

The registered manager provided us with a copy of the provider's Statement of Purpose which outlined the values of the service. They could not explain to us how they ensured staff were made aware of the service values, how they monitored them or what action would be taken if the values were not adhered to. They did say they displayed the service vision and values and that they led by example. Staff told us the provider's values were to support people to live their lives in the way they wished. It was not clearly demonstrated how

staff's adherences to the provider's values was monitored for people to ensure they received high quality care.

Questionnaires to seek people's views on the service had not been completed in accordance with the provider's quality assurance policy and procedure. The registered manager told us the only questionnaire that had been carried out since they had been appointed was in relation to people's satisfaction with the food provided. They said they were not aware that other questionnaires should be conducted. People's views on all aspects of the service had not been sought as required.

Records demonstrated meetings had been held for people, their relatives and staff. Minutes showed there was an emphasis on providing information to those attending the meetings. However, no record of any responses had been noted, or of any questions asked for example to ensure people's feedback was heard, recorded and acted upon in order to improve the service.

There were gaps on the food and drink record charts for two people. Although they had received their main meals and a drink. The records of them receiving any food or drink mid-morning, mid-afternoon, in the evening or at any other time were varied and did not consistently demonstrate that food and drink was being offered. The amount of drink each of these two people were recorded as having received amounted to an average of half a litre for each of the four days prior to our visit. That amount of drink may not be enough to support good health. There was no guidance for staff on people's fluid charts regarding what level of fluids they were aiming to support the person to drink daily or a total to demonstrate what volume of fluid they had actually drunk. A person's care plan required staff to reposition them every three hours to manage the risk of them developing pressure ulcers. This information was absent from their repositioning chart which indicated they may not have been repositioned as regularly as required. The registered manager said they were confident that people received the care they required but said they were aware that this was not always evidenced by the care records and said "I have no excuse for that." Records of people's care did not always provide a complete or accurate record of the care provided to them.

Records were not always completed at the time people's care was provided. For one person, their food and drink record was updated by staff to reflect that they had received a mid-morning drink, but this was not recorded until after they had been served their lunch. This meant that the record was inaccurate until it was updated and staff may have offered further drinks as they were not aware the person had already received one. Staff informed us that it was the responsibility of the senior care staff to check that people's charts had been completed at the end of their shift. However, there was no documentation to demonstrate these checks had actually been completed. There were not robust processes in place to monitor the completion of people's records.

Staff failed to ensure the treatment room where people's records were stored was kept locked, although the corridor upon which the treatment room was located did have keypad entry to prevent unauthorised access. Staff failed to secure people's Medicine Administration Record (MAR) sheets securely when they went to administer a person's medicines. They pushed the trolley containing the records into the person's room which was not locked. Staff had not ensured people's records were stored securely to ensure they were not accessed by unauthorised people.

The failure to operate effective systems in order to regularly assess and improve the quality of the care provided, mitigate risks to people or to securely maintain accurate records were breaches of Regulation 17 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.

Overall people were happy with the management and one person commented "The manager is lovely."

However, a person's relative told us the home had changed and that "Management was not as dynamic as it was."

The staffing structure consisted of a registered manager and deputy manager. There were then senior care staff to lead the day shifts. Staff told us that the registered manager and management team were available to them and were supportive. Staff commented, "You can go to them with anything" and "She (the manager) is here for the staff and residents; she wants the best for them and makes it a home." The registered manager told us they worked alongside staff when they worked at weekends which enabled them to observe how staff interacted with people and observe the standard of care which was provided. Staff told us the provider's head office was also supportive. Staff felt supported by the management and people overall felt they were approachable.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure medicines were managed properly and safely. This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure the premises were secure and suitable. These were breaches of Regulation 15 (1)(b)(c) of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems in order to regularly assess and improve the quality of the care provided, mitigate risks to people or to securely maintain accurate records. These were breaches of Regulation 17 (1)(2)(a)(b)(c) of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.</p>

