

Indigo Care Services Limited

# Green Park Care Home

## Inspection report

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30 November 2017

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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

This unannounced inspection of Green Park Care Home took place on 21, 22 and 30 November 2017.

When we completed our previous inspection on 22 and 23 May 2017 we found concerns relating to safe care and treatment, consent and governance. At this time these topic areas were included under the key question of safe, responsive and well-led. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework these topic areas are included under the key question of safe, effective and well-led. Therefore, for this inspection, we have inspected this key question and also the previous key question of responsive to make sure all areas are inspected to validate the ratings.

The care home was previously inspected on 22 and 23 May 2017 and was rated inadequate and placed in "special measures." At that time we found four breaches of regulation in relation to safe care and treatment, consent, dignity and respect and governance. We issued two warning notices for safe care and treatment and governance and requirement actions for the regulations related to dignity and respect and consent.

We asked the provider to complete an action plan to show the Commission what they would do and by when to improve and ensure they were meeting the legal requirements. This inspection took place to check if the provider had made enough improvements to meet their legal requirements.

Green Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home comprised of five units for 105 people. At the time of our inspection one unit was closed to admissions. The provider confirmed they intended to open the fifth unit in early 2018. 59 people were living at Green Park Care Home at the time of this inspection.

There was no registered manager. A home manager was present for the inspection and they confirmed their intention to apply to become the registered manager at the care home. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On this inspection we found the provider had made improvements related to the concerns raised within the warning notices for safe care and treatment and governance.

These improvements meant the provider had demonstrated they had implemented a robust action plan to address the concerns we raised on the last inspection and within the warning notices.

However, we identified new concerns related to safe care and treatment and governance on this inspection. There remained breaches of the regulations related to safe care and treatment and governance.

During the inspection, we became aware of a serious incident around choking. This incident is subject to further investigation and we examined the risks of choking on this inspection.

We found people were not always being kept safe from harm. Risk assessments such as for those at risk of choking were not in place. Safe recruitment practices were not always in place. This meant that the provider had not done all that was considered reasonable to mitigate risks to people supported by the staff.

There were improvements seen in the provider's quality assurance systems however they were not robust enough to highlight all of the concerns found on this inspection.

Medicines were being managed safely within the care home including prescribed medicines which were to be administered as and when (PRN). This was an improvement since the last inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We viewed a system in place of managing accidents and incidents with an analysis to identify trends and themes. Injuries sustained had wound care plans in place.

Staff were aware of their responsibilities to safeguard people and could explain the system in place of reporting any safeguarding concerns. Staff had heard of whistleblowing and knew what to do to whistleblow.

We observed people being treated with respect and dignity during the inspection. Staff followed practices which upheld people's dignity such as knocking prior to entering the person's room. People we spoke with were positive about their care and visitors/relatives also provided positive feedback about the staff, management and the care home.

The care plans contained information regarding people's likes and dislikes. Staff were knowledgeable about people and were aware of people's preferences to provide person centred care.

People were provided with a four week menu with a choice of foods and drinks. We found that fresh fruit was not being offered on a regular basis.

Activities and events were being held at the care home such as recognition of Remembrance Sunday for people.

Staff had received an induction and received mandatory training which was being delivered and renewed when needed. Supervision and a system of appraisal was in place.

Healthcare professionals were being included in people's care and we viewed referrals being made appropriately with positive outcomes for people.

We found there were enough staff to provide care when people needed it on this inspection.

The environment was stimulating for people with various pictures, murals and memorabilia however, some

fixtures on the walls which were within people's reach where made of metal. We asked the provider to undertake a review of all wall fixtures to ensure they were safe for people to touch.

There was a complaints system in place and lessons learnt from the complaints. We also viewed compliments made about the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Risks were not always being assessed to mitigate risks for people.

Staff were aware of safeguarding and of their responsibilities to protect people from abuse.

Incidents were being recorded with a trends analysis.

Prescribed medicines were being managed safely.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

There were DOLS applications in place when appropriate including for the use of prescribed medicines.

People's dietary needs were being monitored effectively.

Healthcare professionals were involved in the management of people's health.

To improve the rating from requires improvement to Good would require a more consistent track record of good practice.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People and their relatives provided positive feedback about how they were being cared for.

We observed people were being treated with empathy and compassion.

People were being encouraged to be as independent as they could be.

Advocacy services were available for people if they needed them.

To improve the rating from requires improvement to Good would require a more consistent track record of good practice.

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

The service was not always responsive.

People's likes, dislikes and preferences were reflected in their plan of care.

There was a system of complaints embedded with improvements evidenced following a complaint being made.

Assessment were being undertaken and reviews when appropriate.

To improve the rating from requires improvement to Good would require a more consistent track record of good practice.

**Requires Improvement** 

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

The service was not always well led.

The quality assurance systems where not always robust enough to ensure risk assessments where being implemented to mitigate the risk for people.

Audits where being undertaken however, actions following the audit where not always seen.

People we spoke with provided positive feedback about the management of the care home.

**Requires Improvement** 

# Green Park Care 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.

The inspection took place on 21, 22 and 30 November 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors, a specialist nurse advisor and an expert by experience with skills in dementia care.

We viewed all the information we held about the service including statutory notifications which the provider sends to us to inform us of events which have occurred within the service. A Provider Information Return (PIR) was received from the service on 5 October 2017. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the Local Authority to obtain their feedback prior to this inspection. We reviewed this information during the inspection.

We viewed seven care plans and their associated records, medication administration sheets (MARS), five recruitment files and pathway tracked five cases which means we reviewed all their records. We also spoke with eight people who lived at the care home, five visitors/relatives and 18 staff including one visiting healthcare professional. 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

When we inspected the care home on 22 and 23 May 2017 we found that there was a failure to provide safe care and treatment. The provider had failed to ensure the safe management of medicines. A warning notice was issued to the registered provider with a compliance date of the 16 October 2017.

On this inspection we found that improvements had been made in regards to the safe management of medicines and the provider had met the legal requirements related to the concerns raised on the last inspection and in the warning notice.

However, we identified new concerns in regards to safe care and treatment and therefore there was a continued breach of regulation.

We checked whether the provider had safe recruitment processes and found that they did not. One staff member had been dismissed from a previous job role but no additional measures had been put in place to monitor any previous concerns and to ensure the staff member was competent in their role. Another staff file contained information regarding a previous conviction. Despite the provider being aware of this there was no risk assessment in place to ensure the provider had considered how the previous conviction may be relevant to the role of being a carer. The recruitment procedure in relation to the employment of the staff member had not been robust enough. The managers took action immediately and wrote a risk assessment for the previous conviction during the inspection.

We looked at how risks to a person's health and welfare were being managed. Records we viewed contained risk assessments and accompanying management plans to direct staff to mitigate some risks such as for moving and handling. However, we found that risk assessments were not in place for significant areas of a person's care and treatment.

We found there were no risk assessments in place for 16 people who were at risk of choking due to their difficulties with swallowing. This meant that the provider had not demonstrated they had considered each person's risk of choking and how staff could manage the risks. We asked the managers to implement a risk assessment for each person at risk of choking immediately. We viewed the risk assessments they had implemented when we returned to check them on 30 November 2017 and requested some risk assessments be further improved. This was actioned by the provider on 30 November 2017.

One person had no risk assessment or care plan for stoma care. A stoma is where an opening is made on your abdomen which allows food waste to pass out of the body. This meant that staff did not have clear guidelines how they were to manage the risks of infection and other problems related to the stoma. This was brought to the attention of the manager who took action immediately and implemented a risk assessment and care plan.

These are a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act Regulations 2008 (Regulated Activities) Regulations 2014



We checked to see if people felt safe. One person who lived at the care home said "Yes I feel safe, there are always lots of people round to look after me. I can press a button and somebody will come, it makes me feel safe".

A second person who lived there told us "I feel safe 99% of the time". A third person said "I do feel safe because the staff are lovely". The fourth person told us "Yes I feel safe and secure here" and the fifth person said "They [staff] treat me very well and yes I feel safe".

All the relatives/visitors we spoke with told us they felt their relative was safe living in the care home. One relative said "I have no worries about [service user] being here, they are perfectly safe". A second relative said "{service user} is safe. I have never had any worries about them. The staff are brilliant. Whenever they need anything they sort it out. They will always support {service user} when they walk down the corridor so that they don't fall". Other relatives also said they felt their family members were cared for safely.

We checked to see if staff knew their responsibilities with regards to safeguarding people. Staff we spoke with told us about the different types of abuse and what they would do in the event they suspected abuse. They told us they understood about whistleblowing, understood how to whistleblow and were aware of the policy. There was a safeguarding tracker which logged safeguarding concerns and referrals to the safeguarding authority when appropriate.

At the inspection in May 2017 we identified concerns in regards to the management of medicines. On this inspection we found that improvements had been made. We observed two medication rounds and viewed medication administration records. We found medicines were being managed safely and reviews of whether prescribed medicines were still required were being undertaken when appropriate.

We observed that as required (PRN) medication was supported by a clear administration protocol. Some were prescribed Lorazepam PRN to help address behaviours and psychological symptoms of dementia. We found that this had been administered sparingly. The nursing staff we spoke with told us they use alternative interventions to manage behaviours before resorting to medication. This meant we were reassured staff were administering PRN medications when appropriate.

We checked two medicine trolleys and found they were uncluttered and clean. There were individual tablet blister packs, colour coded for administration time. During the inspection we observed the drug trolley to be kept locked when unattended. Single use medicine pots were in use. All medicine administration record (MAR) sheets on two units were viewed. Of all records seen, all appeared to have been correctly signed /dated and coded. Each MAR had an up to date photograph of the person.

Clinic rooms on two units were inspected and found to be clean, tidy and air conditioned. Medicines trolleys on both units were seen to be secured to the wall by a locked chain when not in use. Additional cupboards held minimum but adequate stocks of cream and lotions. We checked the controlled drug stock and found them to be maintained in order matching to records in the controlled drug register. Both clinic fridges were also in order and evidence seen of daily temperature checks that were up to date.

At the inspection in May 2017, we made a recommendation that the management team undertake a full review of the deployment and use of agency staff to check there was a sufficient mix of agency and regular staff to provide people with person centred care appropriate to their needs.

On this inspection we observed there were enough staff who understood people's care needs to provide person centred care. We viewed the rotas, staff list and spoke with people about the staffing mix. There were

enough permanent and bank staff who understood people's care needs and few agency staff providing care. This was an improvement since the last inspection.

One person who lived at the service told us 'They [the staff] sit and chat with me' and another commented 'They [the staff] will chat with me when they have time, more so in the evening as they are busy in the day'. A relative said 'The staff spend a little time chatting to {service user} when they have time'. Others commented: 'They will sit and chat to {service user} on a one to one basis', 'The staff will chat with {service user}'. They have a lot to do but they will interact with {service user} when possible.

One staff member told us 'We have very good staffing levels here, I don't think I've ever worked anywhere with so many staff'. Another staff member told us they needed another member of staff for busy times of the day so they can spend enough time with people."

On the last inspection we found incidents where there had been skin tears and a body map in place however, we raised concern there were no further records to demonstrate how the injuries had healed. On this inspection we found clear documented evidence in relation to pressure area care and other physical wounds requiring treatment. Photographic evidence of wound care and how wounds were healing was seen.

At the inspection in May 2017 we found that people's safety was at risk as there was no guarantee that personal emergency evacuation plans (PEEP) accurately reflected their needs. We found that improvements had been made. A PEEP was seen in each of the care plans we viewed and also held in a file on each of the units. A copy was also seen at reception making them easily accessible in the event of an evacuation. The level of risk to each person was assessed and highlighted on their PEEP. Each person's PEEP displayed a current photograph and identified any equipment and the amount of staff they needed to assist them during an evacuation. PEEPs were reviewed every 4 – 6 weeks to ensure they remained up to date. This meant the provider had met the requirements for ensuring their fire, health and safety systems in place were robust.

Certificates were in place to show that checks on systems and equipment were carried out at the required intervals to ensure they remained safe to use. This included checks carried out by contractors on the main gas and electricity supplies and on small electrical appliances. Small electrical appliances displayed a sticker showing the date of the last check which was October 2017. Other checks included fire extinguishers, emergency lighting, fire detection and servicing, hoists and slings, passenger lift and water hygiene – legionella. There were contracts in place for pest control and waste transfer. Records were in place in the kitchen to show that daily checks had been carried out on the temperatures of fridges, freezers and hot food before serving. Open items of food which were stored were labelled to show when they were first opened and when they needed to be used by.

The environment was clean and hygienic. Bins were located in bathrooms and toilets for the disposal of clinical and non-clinical waste and these were being used appropriately i.e. yellow bin bags for clinical waste and white for non-clinical waste. Mops and cloths for cleaning the environment were colour coded and used in accordance with guidance to minimise the spread of infection. There was a good supply of personal protective equipment (PPE) available to staff for example disposable aprons and gloves and they were located at the point of care i.e. bathrooms, toilets and on corridors near bedrooms. Hand sanitisers were available near the entrance of each unit and at various points throughout. Staff used PPE appropriately for example when delivering personal care and handling soiled laundry.

One member of staff wore a blue hairnet whilst plating up meals in the dining room and whilst transporting meals to people in their rooms. Staff told us that this was required in line with infection control. This was

explored with the management who confirmed this was not expected practice and that hair nets were only required to be worn by staff in the main kitchen. There was also some discussion around the appropriateness of the use of blue gloves when serving food.

Laundry staff had access to information and guidance which was displayed in the area in relation to good health and safety practices including infection control and the appropriate use of equipment. Practices carried out for laundering were in place to minimise the risk of the spread of infection. For example the laundry had two doors, one for entering with dirty laundry and one for exiting with clean laundry. Colour coded bags were used for dirty laundry; this included the use of red bags for heavily soiled items.

## Is the service effective?

### Our findings

When the care home was last inspected on 22 and 23 May 2017 they were found in breach of the regulation for obtaining consent. This was due to them not ensuring that care and treatment was provided to people with the consent of the relevant person. We also found that people did not receive safe care and treatment as they were not referred to other relevant professionals in a timely manner.

On this inspection we found improvements had been made, requirements of the regulation for seeking consent and referring onto healthcare professionals were met.

We also found that the provider had met the legal requirements as people's food and fluid intake were being recorded contemporaneously and monitored effectively.

We have inspected this key question to follow up the concerns found during our previous inspection on 22 and 23 May 2017.

The topic areas relating to this concern were under the key question of responsive in the previous assessment framework, but were moved to this key question when the framework was reviewed and refined.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Care records reflected a general understanding of the principles and requirements of the MCA and DoLS. Appropriate DoLS applications had been made to the appropriate local authorities. Where the covert {prescribed medication which is administered without the knowledge of the person} administration of medication was being undertaken, there was documented evidence that this had been correctly managed through clinical discussion, relative's involvement, best interest decision making and care planning in addition to pharmacy support. We viewed decision specific mental capacity assessments in relation to every aspect of people's care need in the care plans we viewed. We also found a DNACPR {do not attempt cardio pulmonary resuscitation} notice in place with lawful consent and best interests process being clearly documented.

We asked people how well staff understood how to provide care and to do their job. People told us that they were happy with the care and support they received and that they thought staff were good at their job. Their comments included, "Couldn't ask for better, they [staff] do a really good job" and "They all seem to know exactly what they are doing".

Staff training certificates indicated a range of training including infection control, moving and handling practical and theory, safeguarding adults, fire safety, diet and nutrition and health and safety. Staff told us that they received a good level of training which consisted of face to face training and on line training (OWL). One staff member said they particularly liked the on line training as they were able to complete it flexibly either in the work place or at home. There was a training matrix system in place to monitor when training needed to be renewed.

Staff told us they felt well supported and had attended staff meetings and had had formal 1-1 supervisions with their line manager. Staff also told us that they had attended regular team meetings. Heads of departments such as nurses, unit managers, catering, laundry and housekeeping told us that they held their own meetings for staff on a regular basis.

Some people required aspects of their care monitoring in line with their care plan. This included monitoring areas of care such as food and fluid intake, weight, positional changes and air flow mattress settings. Monitoring charts were in place for people where this was required and they were contained within their own individual file which was kept in their bedroom. The charts provided staff with instructions and guidance about the observations and interventions they were required to carry out to ensure people received the right care. For example the amount of fluid a person was expected to consume in a 24 hour period to help them remain hydrated, frequency of positional changes and required settings of air flow mattresses to minimise the risk of people developing pressure ulcers. The charts which we looked at had been completed at the required intervals and they reflected the care given. Guidance was available in the kitchen/dining areas on each unit about fluid quantities for example how much fluid is contained in glassed and cups of various standard sizes including small medium and large.

We spoke with staff about the system in place of monitoring food and fluid intake and how they recorded what people had to eat and drink. We viewed fluid and food charts of both diet and fluid intake for those people identified as at risk of poor nutritional intake and at risk of dehydration. We found staff were recording amounts of fluids and food individual people had consumed following each mealtime and when the staff had supported a person to eat or drink in between meal times. We observed this practice over the lunch time and also during the course of the inspection. For those people's weights charts we viewed we found people were being weighed weekly or monthly according to the recommendation by the healthcare professional.

A four week menu was in place. Menus were displayed in each of the dining areas however they were only available in small print. A discussion took place with staff around making them available in other formats such as large print and picture format so that people who had difficulties reading could access the information more easily. People were approached at the beginning of each day to request their meals for the day and this was shared with kitchen staff. Alternatives were offered to people who changed their mind by the time the meal was served. People's dietary needs were understood. Details of people's dietary requirements were held in the main kitchen and the chef and assistant chef were familiar with them. They knew which people required their meals texturizing and at what consistency. They also knew people who required their foods fortifying and those who required a low sugar diet. The details of people's food likes and dislikes were also available and understood. Overall there was a good stock of food available however there was very little supply of fresh fruit. The chef said this was usual as their food budget did not allow for more

fresh fruit.

We noted one person had been historically prescribed an anti-psychotic medicine, but that this had been ceased following intervention and advice of a Community Psychiatric Nurse, demonstrating the staff had worked collaboratively with healthcare professionals. Another person who presented with specific symptoms had been referred to the appropriate clinician for further assessment. We found healthcare professionals were being consulted with and referral were being made appropriately on this inspection. We found the provider had met their legal requirement for ensuring they were identifying when people required assessments by healthcare professionals and were taking action to refer any health concerns to them. We spoke with one healthcare professional who was regularly visiting the care home. They provided positive feedback about the care home and how they were referring appropriately to them.

We looked at the environment design and found there were stimulating colours and items around the care home to capture people's interest as they walked around. There were themes such as "the beach" and "the shopping arcade" with interesting memorabilia and items to look at and touch. There were some art works on unit walls which were made of thin metals with some sharp edges that might cause injury. The signage for people to be directed to specific areas within the care home was not always clear for people living with dementia. We discussed this with the managers during our inspection who confirmed they would review the safety of the environment including the wall displays. We also discussed with the managers the low lighting in some people's rooms. For example, one person was sat in their room reading, their main central light was quite dim and they had put a lamp on which they usually only used at night to them read. The provider told us they would address this by installing dimmer switches in people's rooms. This was actioned immediately by the provider.

The rating in this domain remains as requires improvement. To improve the rating from requires improvement to Good would require a more consistent track record of good practice.

## Is the service caring?

### Our findings

When the care home was last inspected on 22 and 23 May 2017 they were found in breach of the regulation Dignity and Respect. This was due to them not ensuring that people's dignity was always being upheld.

On this inspection, we found that improvements had been made and the provider had met the legal requirements of the regulation.

People told us that staff were gentle when assisting them with personal care. One person said, "They [staff] are never rough and they take their time" and another person said "They [staff] never rush me".

We observed one person living with dementia sitting in an armchair with a rip in the arm of the chair exposing the sponge material underneath the plastic/leather cover which was not dignified. We observed the person was able to move their hands/arms freely and upon speaking with the staff we found the person had picked the seam of the armchair to cause the rip and expose the sponge substance underneath. Although there had not been any incidences where the person had placed the sponge substance into their mouth, we were informed by a staff member the person had thrown sections of the sponge they had picked across the room. Although the managers told us there was a chair on order which would be more suitable for the person, consideration had not been given to attempting to cover or repair the rip for the person's safety and dignity. We raised concern with the managers who took action and ensured the rip to the chair was covered with secure tape so it was more dignified.

We observed staff talking to people who used the service and asking their permission prior to providing care. People were called by their preferred name. Staff knocked on bedroom doors and waited for the person to confirm that they could come in before entering. All of the people and relatives we spoke with said staff always asked permission. One person said "They always ask permission, they say is it ok if we come in and things like that". A second person said "I am happy with the care they provide they are all lovely and always polite and friendly. They always ask permission before attending to me and they are very polite". A third person we spoke with told us "The staff are lovely, polite and courteous".

A relative told us "I have access to her folder at any time. I have read the care plan and signed it when I have needed to. The staff always ask permission to treat {service user}. A second relative said "The staff always ask permission before treating {service user} so that nothing is ever unexpected. Occasionally I have visited and she has fallen asleep in the chair and have thought she looked uncomfortable. I have mentioned it to the staff and they made her more comfortable straight away". A third relative told us, "The staff always tell him what they are doing when they are treating him".

Staff encouraged people as much as possible to maintain a level of independence. One relative told us "When I come to visit I see the staff trying to chat with Dad and encourage him to do some simple games like catching".

During the inspection we observed that staff engaged in conversation with throughout the day. On one

occasion staff chatted to each person listening to music and sang along them. One carer was observed supporting a person with poor eye sight. The carer's manner was empathetic as they quietly provided cues for the person where the cup and utensils were placed so maintaining his dignity.

We observed positive interactions between staff and people bar one interaction where a person who was asleep sitting in their chair was startled when a staff member placed a table in front of them without waking them first.

We found staff obtained people's consent prior to delivering any care and support. For example we observed staff asked people if they were ready to leave the dining room after lunch and they asked people where they would like to be taken to. People were reminded of their choice of meal and offered an alternative if they wished. Staff sat next to the person they were assisting and engaged exclusively with them. Staff offered the person they were assisting with regular sips of drinks in between food.

Staff gave examples of how they respected people's privacy and promoted their independence and we saw this in practice. This included closing doors and curtains when assisting people in their bedrooms and bathrooms and knocking on doors before entering rooms. One person who preferred to spend their time in their bedroom told us that staff always knocked prior to entering their room. Staff told us that they encouraged people to do as much as they could for themselves. One member of staff told us how they encouraged a person to help in the kitchen/dinner as it was something the person really liked to do.

People's bedrooms were personalised. Rooms displayed pictures, family photographs, ornaments and plants and some people had pieces of furniture which they brought with them from their previous home. One person said they felt comfortable surrounded by the things that meant a lot to them.

Staff respected people's confidentiality. Personal records about people were locked away in secure cabinets in locked offices when not in use and when staff completed them in public areas they were careful not to be overlooked. When staff needed to share information verbally with each other about people they did it in private i.e. they went into an office or found a quiet area which was unoccupied.

People, who were able, moved around their home freely and those who needed help to mobilise were given a choice about where they spent their time. Some people preferred to spend their time in their own rooms and staff respected this. Staff regularly checked on people's comfort and offered lap blankets to people who were sat in easy chairs.

People received visitors throughout the day and spent time together wherever they chose. For example, we saw that people received visitors in their bedrooms and main lounges.

Staff sat next to people and maintained eye contact when speaking with people. It was clear through conversations and the laughter and banter which took place that staff knew people well and that positive relationships had been formed. The atmosphere on each of the units was calm and relaxing.

We looked into whether people were being listened to. One relative said "They listen to Mum's views. They never force her to do anything. She has been to a residents meeting and discussed food, activities and gave suggestions for what everyone would like". Another relative told us "The staff listen to me. We have meetings once per month. They listen to my wishes. If they have suggestions for {service user's} care they ask my permission and then put it into practice".

We viewed residents meeting minutes and found there had been actions from suggestions being made by



people. For example, we viewed in the minutes it had been suggested the care home provide karaoke for people to sing along to. We observed a karaoke machine during our inspection which confirmed this had been actioned and people were being listened to.

The service was aware of advocacy services which were available for people to access as and when required.

To improve the rating from requires improvement to Good would require a more consistent track record of good practice.

## Is the service responsive?

### Our findings

We asked people if they were included in their care planning for person centred care to be delivered. One person who lived in the care home told us "They know me well". Relatives confirmed this view and comments included: "The staff meet [service user] needs as all the staff on this unit are regular staff and know [service user] well", a second relative said, "The staff know the food [service user] likes and dislikes" and "They have asked me what they like".

Assessments were being undertaken and reviews were seen in the care records. People were being asked what their likes/dislikes were and family members were also being asked for relevant information for staff to provide person centred care. Staff understood people's care needs and preferences. For example, when we asked one staff member about one person who displayed a particular type of behaviour, they could explain the behaviour and how they managed to support the person in a positive way thereby promoting equality and diversity. Behaviour charts were in place for people but further improvements were needed to ensure they were being interpreted correctly. For example, behaviours were being recorded for one person who was confirmed to be hallucinating. We could not find evidence of hallucinations being described in details to demonstrate how staff had confirmed this to be the case.

Residents' meetings had taken place and people confirmed that they had attended. All of the relatives we spoke with had attended meetings and confirmed that they had never had the need to complain about anything. One relative told us "I've have attended meetings. They discussed the future aims for the home and what would change. Now we get weekly reports via email about what is happening on each unit".

Another relative told us "I have had concerns over time, but since the last inspection, the things I have been concerned about have been improved and I am happy. Several weeks ago, I mentioned a carpet in {service user} room was shabby and threadbare. It has now been replaced with lino which I think is much more appropriate. There was also a problem with laundry, but that too seems to have been sorted out".

Another relative said "I have never had any concerns; the home is really good. I have been to meetings a few times. We get feedback about what was discussed and how issues are to be addressed. We now get emails each week to keep us up to date".

Information about how to complain was located in the reception area and on each of the units. People said they had been given a copy of the provider's complaints procedure and they said they knew that they could complain if they needed to. Staff also knew about the complaints procedure and they were confident about how to support a person if they wished to make a complaint. We viewed the complaints log and found there was a clear system in place for dealing with complaints. Complaints being made had a letter of response in the file explaining the outcome of the investigation and to the complaint. Themes of complaints being made were also being analysed. The service were keeping a log of compliments and one compliment we viewed stated "Lovely atmosphere on Windsor this morning – also lines of communication are improving".

There were two activities co coordinators on duty at the time of inspection. They shared their time across all

four units facilitating one to one and group activities. People were seen engaging in group and one to one activities including musical bingo, board games and reading. Staff spoke about the various different events/parties which had recently taken place to celebrate and mark various dates in the calendar including Halloween and remembrance Sunday. A group of people and staff told us they had made cakes and sold them to raise money for Children in Need; they raised over £200 for the charity.

The people we spoke with told us about the church service and a Bible Class took place very frequently. On each unit we heard age relevant music being played. Many people were seen enjoying singing along to it.

All the people we spoke to had discussed end of life provisions and were happy with measures put in place. One relative we spoke with said "I have discussed end of life with the home and they have put in place my family's wishes".

The rating in this domain remains as requires improvement. To improve the rating from requires improvement to Good would require a more consistent track record of good practice.

# Is the service well-led?

## Our findings

On the last inspection on 22 and 23 May 2017 we found that the registered provider did not operate an effective system for assessing, monitoring and improving the quality and safety of the service. A warning notice had been served with a compliance date of 16 October 2017.

On this inspection we found that improvements had been made in regards to the quality assurance within the service and the provider had met the legal requirements related to the concerns raised on the last inspection and in the warning notice.

However, we identified new concerns in regards to monitoring of quality within the service and therefore there was a continued breach of regulation.

On this inspection we found the provider demonstrated they had systems in place to assess, monitor and improve the quality and safety of the service. We looked into their systems for dealing with incidents and safeguarding concerns and found they were analysing them to look for trends and themes.

There was no registered manager at the time of our inspection but a home manager had been recently appointed. Two clinical leads had also been appointed since the last inspection who were registered nurses. The head of improvements was present for the inspection and told us they had supported the new manager in driving the improvements needed since the last inspection.

Since the last inspection the head of improvements confirmed with us they had implemented a range of governance systems to improve the quality assurance within the service. These included a manager's daily walk around, resident of the day, staff member of the day, monthly night time spot checks, residents meetings, weight monitoring audits, fortnightly staff meetings and email communication within families.

There was a robust system in place of dealing with complaints, safeguarding concerns and incidents with trends analyses being undertaken. This was an improvement since the last inspection.

We viewed the audits being undertaken and found audits of monthly weights, accidents and incidents, care plans, pillows, medication, skin tear monitoring, bed rails, pressure cushions and invasive devices. The clinical leads told us they undertook a daily walk around each morning and we viewed their walk around audit confirming this. We found comments written on the audit sheets but some had no actions detailing what was done. For example, we read "resident complaining they are cold at night". There were no details what was done when they became aware of this for us to be sure all that could be done was being done to address this for the person.

During the inspection we discussed our findings with the managers and found them to be responsive to any concern we raised. We raised with them that fresh fruit was not seen being offered to people. Fresh fruit was seen being offered on the second day of our inspection and we were assured this would continue to be offered. The lighting and heating was discussed with the managers as some people who we spoke with

talked to us about this being a problem for them. The managers responded immediately and confirmed the provider agreed for dimmer switches to be installed for people to regulate the light needed to meet their individual needs. People we spoke with provided positive feedback about the management. "I know {the manager}, {the manager} is very good and lovely to talk too. {the manager} is just right for the job. I can talk to {the manager}, {the manager} listens and gives a true answer". Another person who lived there told us "The manager on this ward is great". The third person told us "The managers who have been working here recently have been very good".

Visitors provided complimentary feedback to us: their comments included "They manage the service well as the home is clean and there are plenty of staff on this unit every day" and "It is well managed because the home is very comfortable and clean."

There was a serious incident of choking during our inspection which we are looking into. We found the person had no choking risk assessment and other people who we found had a choking risk did not have a choking risk assessment in their care plans. We discussed this with the managers who were present for this inspection. We were informed the choking risk assessment template had not yet been implemented within care plans. We asked the managers to implement this immediately. When we returned to inspect the risk assessments we found some were incomplete and not signed by the person completing the risk assessment. We raised concern with the managers about this. Choking risk assessments are needed to ensure staff know about the risk for each person and how to manage the risk. We also found one person who was receiving stoma care had no specific care plan for their stoma care for staff to follow. We found one recruitment file out of five we checked which did not demonstrate robust recruitment practices were being followed with a risk assessment for a previous conviction. The manager agreed action would be taken immediately to ensure their own quality assurance systems were robust enough to identify and mitigate risks in a timely manner.

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

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<b>Risk assessments were not always in place to mitigate risks for people.</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<b>The governance and quality assurance systems were not always robust to identify risks and mitigate them for people.</b>