

Veecare Ltd

# Tralee Rest Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 3 and 4 December 2015 and was unannounced. Tralee Rest Home is a care home which provides care and support for up to 36 older people living with dementia. There were 31 people at the service at the time of our inspection. People were living with a range of care and health needs, including diabetes and epilepsy. Many people needed support with all of their personal care, and some with eating, drinking and mobility needs. Other people were more physically independent and needed less support from staff.

The service had a registered manager in post at the time of our visit. 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.

Tralee Rest Home was last inspected on 29 January 2015. They were rated as Requires Improvement at that inspection. We issued Requirement Notices and asked the provider to submit an action plan to us to show how and when they intended to address them. We found that the provider had met some, but not all of the

# Summary of findings

Requirement Notices during this inspection. In addition we identified further areas where the provider was not meeting Regulations in the delivery of care to people living at Tralee Rest Home.

Risks to people's safety and welfare had not always been appropriately addressed. Medicines and creams had not been managed consistently, and actions to minimise some other risks such as to people's skin or their nutrition, had not been followed through. The risk of the spread of infection remained, because the service had failed to meet adequate standards of cleanliness and hygiene. There was not a robust system for raising safeguarding concerns with the local authority, because the registered manager did not fully understand the types of incident or event that should be reported.

There were not enough staff to meet people's needs, because some people's dementia meant that they showed behaviours that required greater levels of staff input to manage them. Staff and manager training had not always been effective and there were gaps in their knowledge in some areas. Staff had regular supervisions and appraisals and new staff completed a detailed induction programme.

The principles of the Mental Capacity Act 2005 (MCA) had not been properly followed in regard to consent, but applications to authorise deprivations of people's liberty (DoLS) had been made by the registered manager.

Staff were caring and considerate and treated people with dignity. There were now suitable activities available for people to enjoy. An activities coordinator had been employed and during this inspection people made Christmas decorations and played games together.

Relatives knew how to complain and complaints had been handled appropriately by the registered manager. There were a number of methods by which relatives and visitors could provide feedback about the service. Staff surveys were conducted and regular staff meetings were held, to provide staff with the opportunity to raise any concerns.

Auditing remained ineffective in highlighting shortfalls in the quality and safety of the service, but the provider had reviewed and updated their policies since our last inspection.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 safe.

Risks had not been appropriately mitigated to ensure people's health and safety.

Appropriate standards of hygiene had not been maintained.

There were not enough staff to meet people's needs.

Inadequate



### Is the service effective?

The service was not always effective.

The way in which people made decisions was not clear. The service was not working within the principles of the Mental Capacity Act 2005 (MCA).

Staff training was not always effective in helping them to carry out their jobs.

People had access to health care professionals such as opticians and chiropodists.

Requires improvement



### Is the service caring?

The service was caring.

Staff were thoughtful and kind when supporting people.

Peoples' right to privacy and dignity was considered.

Staff communicated with relatives to keep them involved.

Good



### Is the service responsive?

The service was not always responsive.

Care planning was not consistently person-centred or up to date.

People's needs for social interaction were met.

Complaints had been handled appropriately.

Requires improvement



### Is the service well-led?

The service was not always well-led.

Not all of the Requirement Notices made following the last inspection in January 2015 had been met.

Audits had not always been effective in identifying shortfalls in the safety or quality of the service.

Feedback had been sought about the quality of the service.

Requires improvement



# Tralee Rest Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 3 and 4 December 2015 and was unannounced. The inspection was carried out by two inspectors.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had also sent us an action plan following the last inspection.

We met nine people who lived at Tralee Rest Home. Not everyone was able to verbally share with us their experiences of life at the home. This was because of their dementia. We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We inspected the environment, including the laundry, bathrooms and some people's bedrooms. We spoke with seven care workers, kitchen and domestic staff, five people's relatives and the registered manager.

We 'pathway tracked' five of the people living at the home. This is when we looked at people's care documentation in depth and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed other records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

# Is the service safe?

## Our findings

One relative told us, “I’m really happy that Mum is safe at Tralee-they’ve done wonders for her”. Another relative said, “The elderly people are kept safe there, so that they don’t wander outside”.

Following our last inspection in January 2015, we reported that standards of cleanliness and hygiene were not adequate to protect people from the risk of acquiring infections. We issued a Requirement Notice about this and the provider sent us an action plan. This stated that soap, pedal bins and paper towels had been placed in all bathrooms and that infection control procedures had been reviewed by 14 April 2015. While we did find that hand washing equipment had been provided, people had been allocated their own individual hoist slings and the laundry walls had been tiled; there were other areas where hygiene standards remained poor.

The report of our inspection in January highlighted that the laundry floor was tiled and did not provide one continuous surface for cleaning purposes. We also reported on the lack of a separate hand washing sink in the laundry. At this inspection, the laundry flooring had not been changed and there was still no separate hand washing sink available. The registered manager told us that the sink had been ordered but was awaiting fitting. The provider’s action plan also stated that four-hourly checks of bathrooms would be undertaken and recorded. However, the registered manager told us that these checks were not to see if the bathrooms were clean and hygienic, but to find out if people had left any toiletries or personal items there.

Bed linen stained with faeces was seen in the laundry in open baskets, and there was no ‘dirty to clean’ process in place. Staff told us that all contaminated items should be placed into red laundry bags, but this had not always happened. There was a risk of cross infection from the sheets to other items, to staff’s hands or their clothing. We saw stained sheets and bed linen on some beds and one bed had no cover on the duvet. Some toilet brushes were dirty and had not been included on cleaning schedules to ensure that they were not missed. Two toilet seats in communal bathrooms were either cracked or had worn patches on them, leaving surfaces which could not be properly cleaned. There was a strong odour in some areas of the home. One of these areas was cleaned during the

inspection, but odours remained in other parts of the service. The registered manager told us that cleaning staff tried to keep on top of the odours but there were some that they could not remove.

The inappropriate standards of hygiene are a continued breach of the requirement now reflected in Regulation 15 (1) (a) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prescribed creams were kept in people’s bedrooms. There was no assessment in place about the possible risks of this, given that all the people were living with dementia. For example, there was a risk that people might apply more of their creams than had been prescribed for them. Some liquid medicines and eye drops had not been dated when they were first opened. This meant that it was not always possible to tell when those medicines should be disposed of. There was a risk that people might be given medicines which had passed the disposal dates recommended by the manufacturer.

There were no protocols in place for people who had medicines to be taken as and when needed (PRN). Some people had pain relief and others had medicines to help with agitation or anxiety that had been prescribed PRN. There was no guidance in place to show when people might need to take these medicines and how they might show that they were in pain or anxious. One person had a PRN medicine for anxiety. Staff reports showed that this person had been quite agitated and unsettled but they had not been given any of their PRN medicine for three weeks. There was a risk that staff might not recognise the triggers for people needing pain relief or anxiety medicines.

The unsafe management of some medicines is a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no robust system in place for raising safeguarding alerts with the local authority. This was due to the registered manager’s lack of knowledge and understanding about the incidents and events that should be reported. One person had a pressure wound that should have been notified both to the local authority and to CQC, but this had not happened. This person had received treatment for the wound but we referred the matter to the local authority following the inspection. The registered manager said that she did not know she had to report some types of wound. Incident and accident reports

## Is the service safe?

showed that there had been a number of occasions when one person injured another during episodes of challenging behaviour. Although the district nurse had been called to tend to the injuries or advice had been sought from mental health professionals, none of these incidents had been referred to the local authority safeguarding team for consideration. Information held in the home about making such referrals was out of date and staff understanding of abuse and safeguarding people was limited. There was a risk that situations in which people had come to harm could recur because they had not been assessed or investigated by the proper authority.

This is a breach of Regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not enough staff to meet people's needs. The registered manager told us that there were four care staff on duty all day and that staffing levels had been calculated based on people's dependencies. People were all living with dementia and some people had physical disabilities or were cared for in bed. During the inspection we observed that some people showed behaviours that challenged or needed a lot of staff attention. One person walked around the home almost constantly and often showed signs of distress. Staff comforted this person but sometimes had to interrupt care being given to other people or medicines rounds to do so. This person's dependency had been assessed by the registered manager as 'Low'. We observed another person becoming quickly aggressive and needing prompt staff intervention, and three incident reports about altercations between people showed that those people's dependencies had also been rated as low. We spoke with the registered manager about this and she agreed that the dependency tool needed to be revisited to ensure that there were sufficient staff on duty. All of the staff we spoke with said that there were not enough of them and that this was due to people's behaviours that challenged. They told us that this meant that they were often rushed and could not spend as much time as they would like with some people.

The failure to ensure sufficient staffing is a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care files contained assessments of any individual risks that had been identified. These included falls, mobility and skin condition. However, actions to minimise risks to

people had not always been followed through in practice. One person had a skin condition assessment which recorded that they needed specific creams to be applied daily by staff. However, cream charts showed that one cream had only been applied three times since 29 October 2015 and another had not always been applied three times each day as instructed in their care records. This person had a pressure wound. Another person was assessed as at very high risk of skin breakdown and had a history of pressure wounds. Their care records showed that one prescribed cream should be applied hourly. However, creams charts showed that this had frequently not happened. For example; on 1 December 2015 the cream had been applied only once all day and on 2 December 2015 it had been applied twice. A second cream was listed as being applied twice daily to this person's legs but the cream chart showed no applications of it at all during November 2015. There was a note in this person's care file to record that the district nurse had previously spoken to the registered manager about the fact that this person had not had their cream applied. The service could not evidence that people had received their creams as prescribed for them.

The failure to take appropriate actions to mitigate risks to people's health and welfare is a breach of Regulation 12(2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Three staff recruitment files were checked and we found that in each case, full employment histories had not been obtained or recorded. This meant that the provider could not be fully assured about what applicants had been doing during those gaps; which might be relevant to them being suitable for the job. The provider's policy about recruitment states; 'Any apparent gaps in employment history will be discussed and recorded with the candidate'. There was no evidence that this had happened and the registered manager was unable to tell us what staff had been doing during these gaps.

The failure to properly operate a robust recruitment procedure is a breach of Regulation 19(3) (a) and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There were a number of areas of the premises which required maintenance. Three toilets had broken flushing mechanisms, although one of these was fixed during the inspection. The locking mechanism was jammed on two

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communal toilets which meant people could not be assured of privacy when using them. There was a broken and taped up window in one bedroom, a patch of damp plaster on the ceiling of another and a leaking toilet pipe in a third bedroom. There was a hole in the window of a downstairs shower room where an extractor fan had been previously. The shower was immediately below this window and there was a draught through the hole. A water heater in the laundry was rusting and misshapen and the sink in one person's en-suite bathroom was badly cracked. Not all of these items were listed in the maintenance book but the leaking toilet had been entered in it since 17 November 2015. The registered manager said that there was no maintenance staff currently employed specifically for this service, although she hoped to recruit to the role. A maintenance man was being shared with another of the provider's services in the meantime, but staff told us that they did not visit often.

The lack of proper maintenance is a breach of Regulation 15 (1) (b) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in January 2015, there was no proper equipment in place to help evacuate people from the first floor in the event of an emergency. The provider's action plan stated that a special evacuation chair had been put in place immediately after that inspection. We found at this inspection that, although the evacuation chair had been

purchased, it was being stored in a locked cupboard on the ground floor. Staff knew where the key to this cupboard was held, but the need to locate the key, unlock the cupboard and carry the evacuation chair upstairs, would cause unnecessary delay in an emergency situation. We spoke with the registered manager about this and the chair was re-sited to an upstairs wall during our inspection.

Fire alarms had been tested and logged weekly and people had individual evacuation plans in place. Equipment such as hoists and the passenger lift had been tested at least annually to ensure they remained safe for use. Water temperature had been regularly measured to check that it was not too hot and we saw gas safety certification for the premises.

Controlled drugs (CD) had been stored appropriately and properly recorded. Medicine administration records (MAR) listed any known allergies and held photos of people to help staff ensure that the right people received the correct medicines. A medicines fridge was kept locked between uses and the temperature of this and the medicines storage room had been recorded daily to make sure that medicines were kept sufficiently cool.

Recruitment files showed that appropriate checks had been made of applicants' identity documents and any previous criminal convictions.



# Is the service effective?

## Our findings

One relative told us, “Mum is eating really well since she’s been at Tralee” and another relative said, “The meals always look good to me”.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). This 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.

Assessments of people’s capacity had not always been made about specific decisions and often contradicted other information in care files. One person was deemed to lack capacity in a general assessment, but had signed to give their consent to various aspects of care. Another person had a number of consent forms in their care file. Some of these had been signed by the person and others by a relative on the same date. However, they had been assessed as lacking capacity prior to this date; which would imply that they might be unable to give their own consent. The service could not evidence that it had consistently acted in accordance with the principles of the MCA (2005).

The failure to ensure appropriate consent is a breach of Regulation 11(1) (3) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Some people had lost weight and staff were recording their food and fluid intake onto charts. However, the information on these was not always sufficient to see whether people were eating or drinking enough. Staff had not always noted the portion sizes of food offered or how much of it was eaten. Fluid intake had not consistently been totalled up at the end of each day. There was a risk that poor intake would not be quickly identified so that people could be referred for dietician advice.

People had not always been protected from the risks associated with poor nutrition and hydration. Staff told us that one person seemed to have lost a lot of weight but records showed that staff had been unable to weigh them for more than a year. We spoke to staff about other recognised methods of checking for weight loss, such as taking a wrist measurement, but they were not aware of

any. There were no records of dietician involvement with this person and the most recent entry on this person’s fluid chart had been made 36 hours earlier. Another person’s care plan for nutrition stated that staff should monitor their food and fluid intake as they had lost weight. They had been prescribed a food supplement to be taken twice each day. We asked to see food and fluid charts for this person but two staff told us that there were none. However, we found one food chart for the period 16 to 22 November 2015 which recorded that this person had just one supplement each day that week except for one day when no supplement was shown as given.

The failure to ensure people’s nutritional and hydration needs were met is a breach of Regulation 12 (1)(2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff had received a variety of training; which was delivered by the provider’s in-house trainer. Staff told us that much of this training was on DVD and some of them said that they did not find this way of learning effective. One staff member remarked, “We watch DVDs but you really need to see things in practice in the home environment”. Another staff member told us, “We have had training about challenging behaviour, but it just isn’t in-depth enough to help us with the residents here”.

We asked staff about safeguarding people from abuse but not all of them were able to describe what this meant; even though records showed that they had received safeguarding training recently. The registered manager had also had safeguarding training but she did not understand the types of incident which should be reported to the local authority, such as injuries caused between people and some pressure wounds. Staff and the registered manager also showed limited knowledge of the Mental Capacity Act (MCA) (2005). All staff and the registered manager had had training about the MCA since 2014, but we saw that MCA assessments were not decision-specific and signed consent had been obtained from people to were deemed to lack capacity.

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). The registered manager had applied for and received DoLS authorisations for eleven people. The registered manager had been



## Is the service effective?

trained about DoLS but told us that the session did not inform her that she must notify the CQC of any DoLS authorisations. None of the eleven authorisations had been notified to us prior to the inspection.

The failure to ensure staff received effective training is a breach of Regulation 18 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service had not been suitably adapted for people living with dementia. There was no appropriate signage throughout the home to help people orientate themselves around it. All bedroom and other doors were a similar style and colour which might also prevent people from locating their own room easily; although people did have their name and a picture on their door.

Some people chose to remain in the lounge to eat their meals. However, there were only low tables there which meant that people had to reach down at an angle to their plates. We observed people eating like this and it was difficult for them to manage properly in this position.

The lack of suitable adaptations to meet people's needs is a breach of Regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There was a choice of meals available at lunch and teatimes and we observed staff showing people plated food to help them make a choice. People appeared to enjoy meals in the dining room; where gentle music was playing throughout. Food looked appetising and well-presented and the portions were generous.

Staff had received regular supervision and appraisal. Records of these showed that staff had received constructive feedback about their performance and were given the opportunity to discuss their developmental needs. New staff had a detailed induction into their roles and four staff were working through the Care Certificate. The Care Certificate is an agreed set of standards that health and social care staff follow in their daily working life.

People had access to a visiting optician, who attended during our inspection. A GP visited the home every week and at other times if he was required. We met a mental health specialist who had come to review a person who had been recently distressed. The registered manager told us that the mental health team provided her with guidance and support in caring for people living with dementia. A chiropodist visited every six to eight weeks to tend to people's feet, and we read records of the healthcare people had received.

# Is the service caring?

## Our findings

One relative told us, “I couldn’t be happier with the care-a weight has been lifted from my shoulders”. Another relative said, “The staff are lovely and caring and nothing is too much trouble for them”.

People were not all able to verbally share with us their experiences of life at the home. This was because of their dementia. We therefore spent time observing their care, including the lunchtime meal and activities.

Staff were gentle and considerate in their approach to people. They spoke quietly but clearly to some people who showed signs of distress or agitation, and were successful in calming them: although this was a constant demand on their time. We especially noted that staff were practiced at knowing the best things to say to people to distract them from repetitive behaviour that was causing them to be upset. One staff member told us, “Despite not having enough staff, we all go over and above to make sure people here are looked after as best we can”.

Staff understood people’s needs and were able to tell us about what specific people liked to do; such as having their hair brushed gently. We observed that staff patiently explained what was happening to people and guided a person with impaired sight by saying, for example; “Now watch the step coming up”. They recognised that people had different personalities and tried to cater to those where possible. For example, one person did not like to socialise with others and staff made sure they were able to sit in a quiet area away from the noise and bustle of the home. Another person liked to sing and staff encouraged them kindly when they did so.

Care files held information about how people communicated, and directed staff to give people time and

encouragement to do so independently. Each person had a ‘Passport’ in place to make sure that their care needs were shared with hospital staff, should they need to be admitted. This was important for people living with dementia; who might not be able to explain their own needs meaningfully. The relatives we spoke with all commented that staff kept them informed about their loved ones on a regular basis; which made them feel involved in their care.

Staff were mindful of protecting people’s dignity and we saw that staff were discrete when reminding people to use the toilet. We observed a staff member gently rearranging one person’s clothes as they stood up and placing a blanket over another person’s legs; to ensure that their dignity was not compromised. Staff respected people’s privacy and ensured that confidential care files were locked away between use. They knocked on bedroom doors and called out to people before entering.

Relatives said that they were able to visit at any time and were always made to feel welcome. We observed that visitors were greeted warmly by staff or the registered manager and given a hot drink and biscuits on arrival. One relative told us, “No matter how busy the staff are, they’ve always got a smile for you when you turn up and that makes all the difference”. People could take their visitors into a quiet lounge area if they preferred a more private space, and we saw that some people did so.

The service operated a keyworker system, which meant that each person had a designated staff member to oversee their care. Staff told us that this helped them to “Really get to know” the people assigned to them which meant they were able to provide care in the way people liked. Relatives said that the registered manager was always on-hand if they wished to speak with her and that she was, “Helpful and caring every time”.

# Is the service responsive?

## Our findings

A relative told us, “I’ve never had cause for complaint, but if I did, I know the manager would sort things out”. Another relative said, “They sometimes have music shows at the home; I know they had a 1940s sing-along that people really enjoyed”.

The care plans we reviewed did not always present an accurate and up to date picture of people’s current care needs. One person had been assessed as, ‘Fully continent’ but changes to this situation had not been reflected in the care plan about continence. Another person’s care plan recorded that they were continent but we found used pads in their room. We spoke with the registered manager about this but they had been unaware of the change to this person’s continence needs and suggested that the person’s relatives must have supplied the pads. There was a risk that people would not receive the continence care they needed.

A further person had been in hospital recently and their health needs had changed; but their care plan had not been updated to show this. This person’s nutrition care plan had not been amended to reflect changes following GP advice, and their nutrition risk assessment stated they were on a normal diet, even though this had altered. Information about one person’s mobility was different on three records in their care file; and the care plan had not been refreshed to show the current position. This made care plans confusing in places and meant staff may not act on the most recent information about people’s needs.

Not all of the care plans held details about people’s life histories or their preferences. The registered manager said that the activities coordinator was in the process of compiling some of this information about people. Although the permanent staff we spoke with knew people very well, the service often used agency staff to cover staff on maternity leave. There was a risk that agency staff would not have immediate access to the most up to date

information about people’s care needs or their individual personalities. This was especially important because all the people were living with dementia and many of them were unable to communicate meaningfully.

The failure to ensure people’s care plans were sufficiently detailed to ensure their needs were consistently met is a breach of Regulation 9(1)(a)(b)(c)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the last inspection in January 2015, we reported that there were not enough activities to stimulate people. The provider’s action plan stated that they would address this by May 2015 and keep activities under review. At this inspection we found that an activities coordinator had been employed by the service. We observed that people were engaged in doing jigsaws together, making Christmas decorations and cards and seated exercise games. The activities coordinator also visited some people in their rooms for “One-to ones” if they did not enjoy socialising with others. Care files showed that the activities coordinator had also started to compile information about the things each person enjoyed doing, so that they could tailor the activities on offer. There were questionnaires available for people and their relatives to complete about their choices and suggestions for future activities and entertainment. A hairdresser visited the service regularly and we saw that some people enjoyed having their hair styled. People now had access to activities to meet their need for stimulation.

The relatives we spoke with all knew how to make a complaint, if they should need to do so. They said that details about complaints had been provided to them when their loved ones were admitted to the service. A copy of the provider’s complaints procedure was displayed in the entrance hall and gave guidance about how complaints would be handled. Information included the timescales within which complaints would be addressed, and contact details for other bodies which could be informed if complainants were dissatisfied with the service’s response. We found that complaints had been logged and responded to appropriately by the registered manager.

# Is the service well-led?

## Our findings

A relative told us, “I always see the manager around the home. If I want to know anything or just speak to her, I can always do it”. Another relative said, “I think the home is well-managed- the manager is on the ball”.

At the inspection in January 2015 we found that auditing carried out by the registered manager had not been effective in identifying shortfalls in the quality and safety of the service. We issued a Requirement Notice about this. The provider sent us an action plan which stated that monthly audits would happen and regular reviews of procedures would take place to ensure that audits were effective. At this inspection, however, some auditing had still not been completely effective in highlighting the issues we found.

The most recent medicines audit dated October 2015 had been completed to show that creams and lotions had been stored appropriately. We found creams in the bedrooms and en- suite bathrooms of people who were living with dementia. There was a risk that people could apply creams themselves and possibly use more than had been prescribed for them.

An October 2015 infection control audit confirmed that toilet seats and lids were clean and in good repair, when we found some which were not, and which posed a risk of harbouring bacteria. The same audit stated that staff were aware of how to handle soiled and dirty linen, when we observed faeces-stained sheets in an open basket on the laundry floor. Toilet brushes had not been included as part of the audit and we found several that were dirty and unhygienic during the inspection.

The failure to ensure effective quality and safety assurance systems is a continued breach of the requirement now reflected in Regulation 17(1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Statutory notifications had not been made to the CQC about a pressure wound and DoLS authorisations. It is a requirement of the manager’s registration that these are submitted to us without delay. The registered manager said that she did not know she was supposed to send notifications about these issues, but had been made aware that this should happen for DoLS authorisations immediately before our inspection.

The failure to submit statutory notifications is a breach of Regulation 18 (1) (2) (a) (b) (e) of the Care Quality Commission (Registration) Regulations 2009.

Feedback had been sought about the service through a variety of methods. Resident and relative meetings were held quarterly and we read minutes of these. One relative had raised an issue about clothing, which was resolved during the meeting; and another commented, “Staff are brilliant here”. Questionnaires were available for relatives to complete, but only four had been submitted in recent months. Three of these gave positive feedback about the caring staff and one asked if a ramp could be fitted at the front of the service. The registered manager said that the provider was looking to see whether this would be possible.

The registered manager had attempted to gain the views of people in a questionnaire; which key workers had helped them to complete. However, it was clear from some of the responses that it was difficult to draw any meaningful conclusions from these, because of people’s dementia.

Some staff said they felt able to speak out with any concerns and that they would be listened to, while others told us they would be reluctant to express their views. Similarly, some staff said they were fully supported by the registered manager and others less so. However, a staff survey carried out immediately prior to our inspection had been briefly reviewed by the registered manager, who told us that staff had been positive in their feedback. Minutes of staff meetings showed that the registered manager always asked if staff had any issues or concerns to report and some staff had responded with minor comments, which had been followed up. The provider had a current whistle blowing policy and staff knew how to access this.

Relatives were complimentary about the registered manager. They said that she was a visible presence in the home and knew their loved ones well. The registered manager told us that she attended forums held by the local authority to try to keep abreast of good practice. She said that the provider was supportive to her and emailed information about developments within health and social care as they arose. Staff said that the vision and values of the service were to, “Give people the best care we can” and “Look after people as if they’re our own family”.

## Is the service well-led?

At the last inspection in January 2015 we reported that policies in use in the service had not been reviewed and updated. At this inspection we found that the provider's policies had been revisited and brought up to date where necessary.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p><b>Adaptations had not been made to meet the needs of people living with dementia.</b></p> <p>Regulation 9 (1) (b)</p> <p>Care planning was not sufficiently person-centred to wholly meet people's needs.</p> <p>Regulation 9 (1)(a)(b)(c)(3)(a)(b).</p> |

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p><b>Consent had not been appropriately sought.</b></p> <p>Regulation 11 (1) (3).</p> |

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>Robust recruitment procedures had not been followed in order to keep people safe.</b></p> <p>Regulation 19 (3)(a).</p> |

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

| 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>Medicines had not been consistently well-managed.</p> <p>Regulation 12 (2) (g).</p> <p>Actions to minimise risks to people had not always been followed through in order to protect them from harm.</p> <p>Regulation 12 (2) (a) (b).</p> |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | <p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>There was not a robust process in place for referring safeguarding matters to the appropriate authorities.</p> <p>Regulation 13 (1)(2)(3).</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>Appropriate standards of hygiene and cleanliness had not been maintained.</p> <p>Regulation 15(1)(b)(e).</p> <p>The premises had not been maintained properly to protect people's health and safety.</p> <p>Regulation 15 (1)(a)(2).</p>   |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>  |



This section is primarily information for the provider

## Enforcement actions

Quality assurance systems had not been effective in identifying shortfalls in the quality and safety of the service.

Regulation 17(1)(a)(b).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were not enough staff to ensure people's safety and well-being.

Regulation 18 (1).

Staff training was not always effective in preparing staff to carry out their roles properly.

Regulation 18 (1)(2) (a).