

Keychange Charity

# Keychange Charity Rosset Holt Care Home

## Inspection report

Pembury Road  
Tunbridge Wells  
Kent  
TN2 3RB

Tel: 01892526077

Website: [www.keychangecare.org.uk](http://www.keychangecare.org.uk)

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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

Rosset Holt is a care service that provides accommodation and personal care for up to 18 older people. The property is a large detached house. Accommodation is on two floors and there is a passenger lift. The service is within walking distance of Tunbridge Wells town centre and the main line railway station. The service is based upon a Christian ethos, but welcomes people of all or no faith.

This inspection was carried out on 5 January 2016 by three inspectors. It was an unannounced inspection. There were 16 people using the service at the time of the inspection.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. The registered manager was taking retirement at the end of the week of the inspection. The deputy manager, who had worked in the service for 12 months, had been appointed as the new manager of the service. They had not yet made their application for registration with the Commission.

Risks to individuals' safety and wellbeing were identified, but they were not always managed effectively to ensure the risk was reduced. Staff were not provided with written guidance about how to reduce risks for individuals, for example the risk of an infection or poor hydration. There was a lack of clear guidance for staff about how to safely evacuate people in the event of an emergency. You can see what action we told the provider to take at the back of the full version of the report.

People's medicines were not managed in a safe way. Staff did not always follow safe practices when administering and storing people's prescribed medicines. You can see what action we told the provider to take at the back of the full version of the report.

People did not have personalised care plans in place that ensured their individual needs and preferences were met. Whilst people's needs had been assessed the information had not been used effectively to plan personalised care that met these needs, such as their social needs. Staff were not provided with clear written guidance about how to meet people's needs and preferences, such as how to reduce anxiety. You can see what action we told the provider to take at the back of the full version of the report.

An effective system for identifying shortfalls in the quality and safety of the service and making improvements was not in place. The registered manager had not identified the shortfalls we had found in the management of risk, medicines and in the provision of personalised care. Action plans for making improvements to the service to meet the needs of people living with dementia had not been implemented in a timely way. You can see what action we told the provider to take at the back of the full version of the report.

The registered manager had not ensured that accurate and complete records about the care provided to people were maintained. This meant that the registered manager was not able to monitor whether people were receiving the care they needed and whether there were any changes to their wellbeing. You can see what action we told the provider to take at the back of the full version of the report.

Thorough recruitment procedures were followed to ensure staff were suitable to work with people. The registered manager did not have in place an effective system for establishing how many staff were required to work in the service to meet people's needs. This meant that they could not monitor the provision of staffing numbers to ensure it was adequate. However, we found that at the time of the inspection sufficient staff were provided in the service. We have made a recommendation about this.

Staff had completed the training they needed to provide safe and effective care. Staff were supported to gain qualifications relevant to their role. Staff told us they felt supported in their roles, but not all staff received an annual appraisal of their performance to ensure they continued to effectively meet people's needs. We have made a recommendation about this.

The premises had been adapted to meet the needs of people with limited mobility, but had not been designed to meet the needs of people living with dementia. A plan was in place to improve the environment to help people who were living with dementia, but this had not yet been implemented. We have made a recommendation about this.

People did not have effective care plans in place that recognised their existing skills and encouraged and supported them to be independent. We have made a recommendation about this.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

The premises were maintained to ensure it was safe for people to use and people benefitted from a clean environment that minimised the risk of the spread of infection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. This ensured people's rights to make their own decisions were respected and promoted when applicable.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People praised the food they received and they enjoyed their meal times. Staff knew about and provided for people's dietary preferences and restrictions.

People had their health needs assessed and care plans put in place to meet their needs.

People and their relatives were very positive about the caring attitude of the staff. One person told us, "It doesn't matter who you are you never feel out of place here." A person's relative commented "The staff are

wonderful." Staff knew people well and had developed positive relationships with them. Staff were caring and kind when they supported people. People's privacy was respected and people were assisted in a way that respected their dignity. People and their relatives praised the commitment of the service to meeting people's spiritual needs.

People's views were sought and listened to. People knew how to make a complaint if they needed to and felt confident they would be listened to. Complaints were recorded and responded to appropriately. We saw that the registered manager had dealt with complaints in an honest and transparent way.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Risks to the safety and welfare of individuals had not been managed effectively to ensure they were minimised.

People's medicines were not managed in a safe way. Staff did not always follow safe practice for storing and administering prescribed medicines.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

There were sufficient staff on duty to meet people's needs safely. Safe staff recruitment procedures were followed in practice.

The environment was secure, well maintained and clean.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff were trained and skilled to meet people's needs, however they did not always receive an appraisal of their performance to ensure they continued to meet people's needs.

Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation. The registered manager understood when an application for DoLS should be made and how to submit one.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink. People had their specific health needs met.

The premises met the needs of people with a physical disability, but had not been designed to meet the needs of people living with dementia.

**Requires Improvement** ●

### Is the service caring?

**Requires Improvement** ●

The service was caring, but required some improvements to support people to be independent.

Staff treated people with kindness, compassion and respect. People's privacy and dignity was respected by staff.

People were consulted about and involved in their care and treatment.

People had their spiritual needs met.

People did not have in place care plans that promoted and supported their independence.

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

The service was not consistently responsive to people's needs and did not always provide a personalised service.

People had an assessment of their needs, but the information obtained was not always used to plan personalised care. However, some areas of care delivery were personalised, for example, people's daily routines.

People were supported to take part in social activities in the service, but did not have personalised plans that ensured their social occupation reflected their interests, skills and needs.

The service sought feedback from people and their representatives about the overall quality of the service. People knew how to make a complaint.

### **Requires Improvement** ●

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

The service was not consistently well-led.

An effective system for identifying shortfalls in the quality of the service was not in place. The registered manager had not consistently ensured a safe and personalised service was delivered to people and they had not identified the shortfalls we found in this inspection.

The registered manager had not ensured that accurate and complete records about the care provided to people were maintained.

The registered manager was open and transparent. They responded to people's complaints in an appropriate way and

### **Requires Improvement** ●

worked proactively with the Commission and other agencies.

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# Keychange Charity Rosset Holt 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 carried out 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 was carried out on 5 January 2016 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports and sought feedback from the local authority commissioning service.

We looked at six people's care records. This included assessments of needs, care plans and records of the care delivered. We observed to check that people received the care and treatment agreed in their care plan. We reviewed documentation that related to staff management and two staff recruitment files. We looked at records relating to the monitoring, safety and quality of the service and sampled the services' policies and procedures.

We spoke with five people who lived in the service and two relatives of people using the service to gather their feedback. We spoke with the registered manager and four members of staff, including care staff, housekeeping and catering staff. The registered manager was retiring at the end of the week of our inspection and as such the deputy manager had been appointed as the new manager of the service. We also spoke with the new manager throughout the inspection.



# Is the service safe?

## Our findings

People told us they felt safe living in the service. One person said, "I am very happy here." Another person told us "I feel safe, they treat me very well." All of the relatives we spoke with said that the home provided a safe place to live and that their relative was being well looked after. Some people and their relatives commented that they felt there was sometimes a shortage of staff which led to delays in care. One person said, "Sometimes there is too long of delay" [for someone to attend when using the room call bell]. Another person said "They do their best, but there is a shortage of staff and sometimes there is a wait." However, people told us that the new manager of the home had informed them that they were reviewing staffing numbers with the intention to increase these. People told us they benefitted from a support group of volunteers that visited the service, providing them with some social activities and companionship.

Risks to individuals had been assessed as part of their care plan, but a plan had not always put in place to reduce the risks. For example, people at risk of developing pressure wounds had appropriate pressure relieving equipment in place, but did not have a written care plan that instructed staff how to reduce the risk, for example by supporting the person to frequently change position. No one using the service had a pressure wound at the time of the inspection, but the lack of effective risk management left some people at risk of developing pressure wounds. Two people's care plans stated that they were at risk of urinary tract infections, but they did not have a plan in place to reduce the risk of getting an infection, for example by increasing fluid intake. Both people had been identified as being at high risk of falls, for which an infection can be a contributory factor, and one person had had frequent falls in the past month. People at risk of falls had been provided with a sensory mat to alert staff when they got out of bed so they could be helped as needed. We saw that staff helped people to move around safely and that people had the equipment they needed within easy reach. One person had been resident in the service for two weeks without having a written care plan in place. Their assessment identified that they were at risk of poor hydration and required monitoring and encouragement to drink sufficient fluids. A plan was not in place to achieve this. Staff told us that it was usual practice for a care plan to be written after a one month trial period in the home. However, this did not protect people from identified risks during this time.

One person's care plan identified that they could become frustrated and place staff at risk of harm through aggression. A risk assessment had not been carried out to identify what the potential triggers were and how the risk could be reduced. We saw three people's care plans that stated they required a monthly check of their weight. This had not happened consistently and during 2015 only four weight checks had been recorded. At the most recent weight check staff had changed the units of measurement from Stones to Kilograms. They had not made a conversion to enable them to compare the recorded weights to see if the people had lost weight. When we asked staff to do this they found one person had a significant weight loss in December 2015. Staff were aware the person had lost weight, but did not know by how much. They had introduced some nutritional supplements, but this had not been under the guidance of the GP to ensure the risks were properly managed. The risks to individuals' safety and wellbeing were assessed, but there was a lack of effective systems for planning care to ensure these were minimised.

The service had an appropriate business contingency plan that addressed possible emergencies and

identified temporary accommodation at another local residential home. Staff were trained in providing first aid. Personal evacuation plans, that reflected people's mobility levels and individual needs, were in place, but these were inconsistent and staff were unclear how to safely evacuate people from the building in an emergency. We saw that two people's evacuation plans advised they needed to use a wheelchair to evacuate the building, but they were accommodated on the first floor. As it is unsafe to use the lift in the event of a fire staff were unclear how they would evacuate these people in this situation and there was no fire evacuation chair available. One staff member told us that they thought the policy was to wait for the fire brigade as fire resistant doors were fitted. Another staff said they would try to evacuate people using a mattress. Staff were unclear about the emergency evacuation procedures for the service.

Clear and effective written plans were not in place to ensure that staff understood how to reduce the risks to people's safety and welfare. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were not consistently managed in a safe way. The service had a policy for the administration of medicines that was regularly reviewed. Staff had received appropriate training and the registered manager had made checks of their competence to administer medicines safely. However, one member of staff, who was administering medicines, did not lock the trolley when they left it unattended to give people their medicines. They also dispensed tablets from a blister pack into their hand rather than into a clean pot to avoid touching them. This did not follow good practice guidance or the policy of the service. Bottles of liquid medicines were not always marked with the date of opening. This meant that staff could not demonstrate that they disposed of medicines within the recommended time given by the manufacturers after opening. One bottle of medicine had been dated when it was opened two months earlier and should have been disposed of after one month, but it was still in use. The temperature of the medicines room and the medicines refrigerator were not checked consistently as required by the policy of the service. The refrigerator temperature had not been checked for the four days prior to our visit. On a number of occasions during December, the refrigerator had been warmer than the recommended range, but no remedial action had been taken. Staff told us that there was no one with designated responsibility for checking temperatures and that it was therefore not always done. There were gaps in the records to evidence people had received their prescribed medicines. Staff were unable to demonstrate if this was an error in recording or if people had missed a dose of their medicine.

People's medicines were not always effectively managed to ensure they received them safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the registered provider had not carried out an assessment of the staffing levels that were required in the service. This meant that they could not be sure that the staffing numbers provided were sufficient to meet people's needs. However, the registered manager told us that three staff were provided during daytime hours and two at night. The rota showed that this had been provided, although there had been some agency use to cover staff vacancies. The newly appointed manager told us that a review of staffing levels was a priority on their action plan once they started their role. Although people told us that there were sometimes delays in the response times to their call bells we did not see this during the inspection. Staff responded within a reasonable timeframe when people called for assistance. The service used a system that allowed the registered manager to monitor the response times to call bells, but this was not being routinely used to check that there were sufficient numbers of staff to respond within an appropriate timeframe. We recommend that the registered provider implement an effective system to assess and monitor the provision of staffing in the service to ensure it meets people's needs.

Staff knew how to identify abuse and how to respond and report any concerns. Staff were able to describe

factors which increased people's vulnerability to abuse and of what they did to help reduce and manage this, for example by checking on people who spent long periods of time in their rooms. Staff knew to access information about safeguarding and where the policy related to the safeguarding of adults was located. Staff training records confirmed that their training in the safeguarding of adults was up to date. Staff understood their responsibilities to report any concerns about abuse and were confident to do so. Staff were aware of the registered providers whistle blowing policy that provided protection for staff that wished to raise concerns with other agencies outside the service. People were protected by staff that understood how to recognise and respond to the signs of abuse.

The registered provider followed robust procedures for the recruitment of new staff. The staff files we viewed contained evidence of the necessary checks including interview records, references and a disclosure and barring check. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

The premises were maintained to ensure it was safe for people to use. The premises had been assessed to identify risks in a full health and safety audit in April 2015 and action had been taken to minimise the risks. Bedrooms were spacious and clutter-free so people could mobilise safely. The building had been made accessible for people with mobility difficulties. There was a lift to the upper floors and handrails fitted around the service. People moved around independently or with assistance from staff. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Portable electrical appliances were serviced regularly to ensure they were safe to use. A passenger lift that facilitated safe access to the upper floors was serviced yearly. All hoisting equipment was regularly serviced. Staff tested the temperature of the water from various outlets each week to ensure people were not at risk of water that was too hot. The registered provider had carried out a review of the security of garden space following an incident in another service to ensure that people were safe. This had resulted in a plan to provide improved gates and fencing and to remove the risk of falls on steps. We were told this plan was to be completed by the end of January 2016. Accidents and incidents were recorded and monitored by the registered manager to ensure hazards were identified and reduced. There was a system in place to identify any repairs needed and action was taken to complete these in a reasonable timescale. External contractors were called when needed for repairs within the service. Risks within the premises had been identified and minimised to keep people safe.

People lived in a clean environment. People and their relatives told us that the service was kept clean. Staff were employed in housekeeping roles to ensure that areas of the premises were cleaned on a daily and weekly basis. Staff told us that the registered manager made checks of the cleanliness of the service. The service had recently been awarded a Food Safety rating of 5 from the local authority. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff had a good understanding of infection control practice and understood the importance of effective handwashing in reducing the risk of infection. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. This meant that people's risk of acquiring an infection was reduced.

## Is the service effective?

### Our findings

People and their relatives told us that the staff had the skills and understanding required to effectively meet their needs. One person told us, "I feel completely supported." Another person said, "The staff themselves are excellent."

People said that they had sufficient food and drink to meet their needs and they were generally satisfied with the range of meals provided. One person said, "Very good options for dinner and they do offer alternatives. The food itself is adequate." Another person said, "I have more than enough to eat." Another person said, "The meals are generally good, but supper can be a rehash of previous meals. However, the staff would accommodate me if I do not like what is on the menu."

Staff had completed the training they needed to provide safe and effective care. Where refresher courses were required this had been identified and courses booked. Staff in all roles completed training sessions in health and safety, equality and diversity, safeguarding adults, fire safety and infection control. However, it was found that the training in fire safety had not ensured that staff understood the evacuation procedure. Additional training was provided for staff in care roles which included end of life care, safe moving and handling and dementia. The registered manager told us that the service had agreed a contract with a local hospice to provide further in depth training to staff in end of life care and dementia. New staff were required to complete the 'Care Certificate' that was introduced in April 2015. The care certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Staff were supported to gain qualifications relevant to their role. Over half the staff team had successfully completed a relevant health and social care qualification. The registered manager had completed the registered manager award and the deputy manager, who was taking over the management of the service, held a social work qualification. An experienced staff member had a good understanding of the needs of people living with dementia and had completed leadership training in this area. This meant that staff were able to develop their skills and knowledge to care for people effectively.

Staff told us they felt supported in their roles. Staff had a supervision meeting with the registered manager or the deputy manager every two to three months to discuss their work and to identify any further training they needed. The registered manager told us, in their provider information return, that only four staff had received an appraisal in the last year. Staff felt able to approach the registered manager or deputy manager to discuss any concerns about their work and they told us they felt they were listened to. Staff were appropriately supported and clear about how to care effectively for people, but we recommend that staff have an annual appraisal of their performance, as required by the policy of the service, to ensure their ongoing competence in the safe care of people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service had complied with the MCA. Staff understood the importance of communicating clearly and giving people the time they needed to think about and make decisions. We saw that staff sought and obtained people's consent before they helped them. When people had been assessed as not having the mental capacity to make specific decisions, a recorded meeting had taken place with their legal representatives to decide the way forward in people's best interest. This ensured people's rights to make their own decisions were respected and promoted when applicable.

People were consulted when menus were planned and specific requests were taken into account. The cook spoke regularly with people about their dietary needs and had a good understanding of their preferences. Staff were aware of how to provide for specific dietary needs. People were offered tea and coffee at various points of the day and were able to help themselves to jugs of cold drinks available in the communal areas and people's bedrooms. People were able to make their choice from two main courses and two dessert offerings for each meal. Staff told us that they could provide an alternative if people did not like what was on the menu and people confirmed this. Records showed people were provided with a variety of food and drink and were able to access snacks and additional meals as they wished. People were provided with sufficient food and drink to meet their needs.

People had their health needs assessed and care plans put in place to meet their needs. People's wellbeing was promoted by regular visits from healthcare professionals. People had been referred to healthcare professionals when necessary, for example, to the district nurse when concerns about skin integrity were identified. People's care plans included relevant, up to date information about their specific health conditions. Records about people's health needs were kept and the outcome of health appointments was recorded within people plans so that staff knew what action to take. People had clear and effective plans to respond to their health needs.

The premises had been adapted to meet the needs of people with limited mobility. Handrails were fitted and two assisted baths were available for people to use. The premises had not been designed or decorated in a way that met the specific needs of people living with dementia. The registered manager told us that the needs of people accessing the service were changing and more people who were living with dementia were being cared for in the service. The registered provider had signed up to the dementia pledge and had carried out an assessment of the service to meet the needs of people living with dementia in April 2015. This included an assessment of the premises. It identified the need for signs and contrasting colour schemes to help people find their way more easily around the building. Action had not been taken to address the recommendations of the report at the time of the inspection. We recommend that the registered manager carry out the recommendations in the dementia pledge report to improve the environment for people living with dementia.

## Is the service caring?

### Our findings

People and their relatives were positive about the caring attitude of the staff. One person told us, "People here are very caring" and another said, "It is not like an institution at all." One person said, "It doesn't matter who you are you never feel out of place here." A person's relative commented "The staff are wonderful" and another said "The staff here are good. They listen and I do believe that they generally care. They are compassionate." People said they were encouraged to do things for themselves, but three people commented they would like to be able to make their own hot drinks when they wished. Records of compliments from relatives showed regular positive feedback about the care taken to celebrate birthdays and important events in a positive way for people.

People's care plans did not include information about their existing skills and levels of independence to ensure their care was tailored to their needs. Staff we spoke with gave examples of areas in which they knew people had the skills to be independent, but this information had not been recorded and used to plan their care. This meant that people may not be encouraged and supported to be independent. Three people told us they would like the opportunity to make hot drinks for themselves when they wished. We recommend that the registered manager review people's care plans to ensure they are effective in supporting people to be independent.

The values of the service were clear. Staff had developed positive relationships with people. They had taken time to find out about people's life history, family, interests and what was important to them. Staff were able to demonstrate that they knew information about people's backgrounds, for example their previous occupations or where they had lived. Staff knew the names of people's family members and we saw they took time to ask them how they were. People had a telephone in their bedroom to enable them to stay in touch with family and friends and there was internet access throughout the premises for people who wished to use this. Staff demonstrated a kind and compassionate approach when supporting people. They did not rush them when providing care and support. Staff were aware of people's emotional needs and were comfortable in displaying warmth and affection toward people whilst respecting people's personal space. Staff spoke kindly to people and gave them a hug if that was what they needed. People had positive experiences which were created by staff that understood their personalities and took time to chat with them and provide assurance.

People told us that their privacy was respected and that staff always knocked on their doors before entering. Staff were consistently discreet when offering to provide personal care to people. Arrangements were in place to ensure that people's records were stored securely and that their personal information remained confidential. Staff did not discuss personal information in communal areas of the service and were careful to ensure that people's care plans were returned to the office when not in use. Staff respected people's privacy and treated them with respect.

People and their relatives had been involved in planning their care. They had been asked what was important to them during an assessment of their needs. Information had been included in their plan about their preferred routines. People had been involved in making decisions about the care they received and any

treatment they required from health professionals. People were provided with information about the service. They were given a brochure that contained information about the services provided and how to make a complaint if they needed to. There was a notice board for people's use that included current information about the menus, activities, events and local services. The registered manager was aware of the process to seek support from advocacy services if people required this and they were planning to do so for one person.

People's spiritual needs were met. The service led a prayer session each evening during the week and holy communion was held twice a month. People were supported to continue in their faith and arrangements were made for people to be visited by members of their church as they wished. People and their relatives praised the commitment of the service to meeting people's spiritual needs. Staff were aware of the risk of social isolation for people who spent long periods of time in their bedroom. They ensured they checked on them regularly and spent time with them talking as they wished.



## Is the service responsive?

### Our findings

People and their relatives told us the staff responded well to their needs. One person told us, "When I moved here I had a room upstairs, but was moved downstairs due to a change in need identified by my doctor and was fully supported by the home." People told us that they had control over their daily routine, but that they would like more social activities to be available. One person said, "There are very few activities available. On Tuesday morning they do exercises." Another person said, "They arrange entertainment, but it would be good to have more everyday activities to keep us busy." Some people commented that the newly appointed manager had made them aware that a review of activities was to take place within the next few months. One person said "The new manager is trying to introduce new activities, which is good, and I feel that the service has become more personalised."

People knew how to make a complaint if they needed to and felt confident they would be listened to. One person said, "If I wanted to complain about something I would go straight to the manager." Another person said, "They are very good at responding to any concerns, they always take it seriously."

Each person's needs had been assessed before they moved into the service. This identified their needs in relation to their personal care, safety, mobility, skin integrity, nutrition, health and personal preferences. We found that the information gathered during the assessment process had not always been used to plan people's care, particularly in the area of social occupation. Information was recorded about people's previous occupation and their hobbies and interests, but a plan had not been written to ensure they were supported to continue to follow their interests if they so wished. One person had previously enjoyed gardening, but this information had not been used to write a plan that met their social and occupational needs. Another person's assessment stated they used to enjoy painting, Staff said they had sometimes undertaken this activity with the person, but there was no written plan in place to ensure the person was supported to undertake this consistently when they wished. There were no records to show this activity had happened. Staff told us that some group entertainment had been provided, including a WW2 show, Christmas carol services, exercise sessions, quizzes and film afternoons. There was a daily talking newspaper and large print books available for those with visual impairments. However, there were no records to demonstrate that people had been supported to be occupied in a personalised way. People did not have clear plans in place to meet their social needs and ensure they were occupied in the way they wished.

People's care plans included information about some preferences in relation to their daily routine, for example what time they liked to get up and whether they preferred a female or male staff for their personal care. People's care records showed that these wishes had been respected. People's care plans did not specify their preference of bath or shower or how frequently they would like this. People's care plans lacked personalised guidance for staff to follow to ensure their assessed needs were met. For example, two people's care plans stated they suffered from anxiety, but there was no plan in place to instruct staff how to recognise the triggers and signs and how to respond in a way that would reduce the anxiety for that particular person. Another person's care plan stated they required the use of a hoist, but there was no instructive care plan to tell staff in what situations this was and how the support should be provided for that individual. The care plans for two people living with dementia referred to the individual as being a frequent



"wanderer". This label is not useful in helping staff to understand the purpose of a person's walking. It may be that they are looking for something or have another unmet need. We discussed this with the deputy manager who understood the concept and we advised they refer to recent guidance about the use of the term wandering. This meant that people may not have always received personalised care that met their needs.

People did not have personalised care plans in place that ensured their individual needs and preferences were met. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had registered with the 'Ladder to the moon' programme, which is a scheme that supports services to change the culture of the support provided to provide people within personalised and vibrant care environments. The deputy manager was due to attend training in January for leadership of this programme in the service. The principles of the scheme had not yet been embedded in the service.

People's views were sought and listened to. Residents and relatives meetings were held quarterly. People were asked about their views of the care, the quality of the food and, more recently, the impact of the changes in management. People and their relatives told us that they could speak with the registered manager or staff at any time about their care. The service had sent a series of questionnaires to people's relatives or representatives to gather their views on the care provided in 2014 and it was planned to do this again in 2016. The feedback from the 2014 survey indicated people were satisfied with the support they received.

People knew how to make a complaint. The provider had a complaints policy and procedure. The complaint procedure was displayed in the dining area, but was four pages long and not easy to read without removing from the board. Complaints were recorded and responded to appropriately. We saw that the registered manager had dealt with complaints in an honest and transparent way. Where a complaint was upheld the registered manager had apologised to the complainant and described the action taken to put things right and improve the service for the future. Recently changes to staffing in the home had been made in response to a complaint investigation. We recommend that the registered manager review the accessibility of the complaints procedure.

## Is the service well-led?

### Our findings

People and their relatives told us that they were satisfied with the management of the service. One person commented, "If you asked me what I would like to see improved, I couldn't think of anything." Another person told us, "I am very happy to have chosen his establishment. It is an excellent home." People were aware of the upcoming changes in management of the service and one person told us, "The new matron should be complimented for her level of professionalism. She informs us regularly of any updates. If there is anything of concern we would get a phone call straight away."

The registered manager was visible in the service, they walked around the premises each day and asked each person they encountered how they were. The values of the service were clear in the conduct of the staff and the management team. People were confident that the registered manager would respond to any concerns they had and staff felt supported in their roles. A member of the management team sat with people at lunch each day to listen to their feedback and make observations of the support provided. The registered manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They participated in safeguarding meetings concerning people's safety when necessary. They learned from mistakes to improve how the service was run.

The registered manager had not consistently ensured a safe and personalised service was delivered to people. There were shortfalls in the management of risk and information about people's needs had not always been used effectively to plan their care. The registered manager told us they were aware of the need to improve the service to provide personalised care and they had signed up to the Social Care Commitment and the Dementia Pledge in order to do this. An assessment of the improvements required to provide a service that met the needs of people living with dementia had been carried out in April 2015, but as yet action had not been taken to make the identified improvements.

The registered manager participated in forums regarding the quality of care in residential settings where views and ideas could be exchanged. They used websites that included 'Skills for Care' and the 'National Institute of Excellence' that specialised in standards of residential care to obtain updates on legislation and useful guidance relevant to the management of the service.

However, an effective system for identifying shortfalls in the quality of the service was not in place and as such relevant plans for improvement were lacking. The registered manager had not identified shortfalls in the care planning process or in the safe management of risks or people's medicines. Where action to improve had been identified, for example in the Dementia pledge report, action had not been taken in a timely way to make the improvements. The service used a call bell system that allowed the registered manager to review the response times when people called, but this had not been used routinely to ensure that sufficient staffing was in place.

There was not an effective system in use for the continuous improvement of the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not ensured that accurate and complete records about the care provided to people were maintained. There were significant gaps in records about people's personal care, medicines, health needs and social activities. Records in these areas had been completed until June 2015 when they became inconsistent in completion. One example was for a person who had been identified as being at risk of constipation, but their record in relation to this risk was blank for long periods of time. This meant that the registered manager was not able to monitor whether people were receiving the care they needed and whether there were any changes to their wellbeing. People's care plans did not contain information about how their assessed needs would be met, for example in relation to manage their anxiety and meeting their social needs.

Accurate and complete records in relation to people's care needs and delivery were not maintained. This is a breach of Regulation 17 of the Health and Social Care Act 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 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>People did not have personalised care plans in place that ensured their individual needs and preferences were met.</p> <p>Regulation 9(1)(b)(c)(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>Clear and effective written plans were not in place to ensure that staff understood how to reduce the risks to people's safety and welfare.</p> <p>Regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>People's medicines were not always effectively managed to ensure they received them safely.</p> <p>Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was not an effective system in use for the</p>

continuous improvement of the quality and safety of the service.

Regulation 17(1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accurate and complete records in relation to people's care needs and delivery were not maintained.

Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.