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Firs Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 September 2018 and was unannounced.

Firs Residential Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 33 older people and older people living with dementia in one purpose-built building. Currently there are 29 people living at the home. Accommodation is provided over one level.

At the last inspection November 2017, the home was rated good. This is the first time the service has been rated Requires Improvement.

A registered manager was not in place. 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. A new manager had been in post since October 2017 and was going through the application process to be registered with the Commission.

People told us they felt safe and staff knew how to recognise and report any concerns about people's safety and welfare.

Not all the required checks were completed before new staff started work to help to protect people. Staff told us the training was good and relevant to their role. However, records did not reflect training had taken place. Staff were supported by the manager and were receiving formal supervision where they could discuss their ongoing development needs.

Overall, there were enough staff deployed. However, we recommended the provider reviews staff levels at busy times of the day and during the night.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were not all up to date. This meant care plans did not always detail what care and support people wanted and needed.

Individual risks to people's health and welfare were not always identified and managed. Their care plans were not always detailed enough, and this created a risk they would not consistently receive appropriate care which met their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met. Medicines were being stored safely; however, they were not always managed safely.

Staff knew about people's dietary needs and preferences. People told us the food was very good. There were drinks and snacks available for people in between meals. Improvements were required to the service's monitoring of nutrition and people's weight.

Activities were on offer to keep people occupied. Visitors were made to feel welcome and could have a meal at the home if they wished.

The home was spacious but required decoration. Also, two bathrooms and one toilet were out of use, and the sluice room was being used as a store room.

The complaints procedure was displayed. The home had not received any complaints.

Everyone spoke highly of the manager who said they were approachable and supportive. The provider had systems in place to monitor the quality of care provided. However, these were not always effective. Where issues were identified they acted to make improvements; however, the outcome was not documented.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and made one recommendation. We are considering the appropriate regulatory response to our findings.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always managed safely.

There were enough staff available to meet people's needs.
However, this was not always the case at busy times.

The provider didn't always follow safe recruitment procedures.

Staff knew how to recognise, and report concerns about people's safety and welfare

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not always trained to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good. However, the meal time experience was not always a calm and relaxed experience for people. People were supported to access health care services to meet their individual needs.

Improvements to documentation of people's food and fluid requirements was needed to provide assurance that people's nutritional needs were met.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good ●

The service was caring.

Staff knew people and their care and support needs. Staff respected people's dignity and treated them with respect.

People were comfortable in the presence of staff and good relationships had developed.

Is the service responsive?

The service was not always responsive.

People's needs were assessed. More work was still required to bring all care plans up to date.

There were activities on offer to keep people occupied. However, improvements were required to involve people in choosing what they would like to participate in.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

People were very complimentary about the service and everyone we spoke with said they would recommend it.

Improvements were needed to the processes for checking the quality and safety of the services provided.

Requires Improvement 

Firs Residential 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted by concerns raised by the local authority that indicated potential risk around the management of nutrition, medicines and care planning in the service. At this inspection we examined those risks.

This inspection took place on 4 September 2018 and was carried out by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this occasion had experience in caring for older people and people with dementia. The inspection was unannounced.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had not completed a Provider Information Return (PIR) as this inspection was prompted due to concerns raised. The PIR is a document we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked around the building including some people's bedrooms, bathrooms and communal areas. We spent time observing care and support. We also looked at records, which included four people's care records, four staff recruitment files and records relating to the management of the service.

We spoke with 12 people who used the service, five relatives, three care workers, the chef, the activities co-ordinator, the housekeeper, one district nurse, the manager and provider.

Is the service safe?

Our findings

Staff were observant of people's safety in the daily routine of the home. For example, we heard staff reassure people to move at their own pace and take their time to move around safely.

Individual risk assessments were contained within the care records to mitigate risk to people's safety. However, from one person's records we saw they had fallen recently. Staff used a hoist to lift the person from the floor. The person had not been assessed for using the hoist or sling. Therefore, the person could have been at more risk of harm by staff using equipment which the person had not been assessed for. The care plan had not been updated to reflect the change of the person being at risk of falls.

We saw another person's care plan had an assessment which told us they were a high risk of developing pressure sores. The care plan stated the person should always sit on a pressure relieving cushion. We observed this person was sitting on a chair in the lounge without a pressure cushion. We asked the senior care staff why the care plan had not been followed. We were told it was due for safety reasons, as the person sometimes slid out of the chair. However, the care plan did not reflect this. We discussed this with the senior care staff member who was responsible for updating the care plans. They confirmed the person's skin was intact on the day of our inspection. The manager told us the person's care plan would be updated to reflect their current needs.

From our review of staff files, we found recruitment was not robust. Staff had attended interviews; however, the interview record was very sparse. We saw gaps in the employment history of two staff members, which had not been fully explored at interview, and explanations were not recorded. We also identified concerns about some references. For example, one person did not have a reference from their previous employer, and no exploration of the reason they left their last job. For another member of staff, there was no evidence of discussion around information on their Disclosure and Barring Service (DBS) check. This meant people were not always protected from the risk of being cared for by staff who were unsuitable to work in the care setting.

The provider was unable to demonstrate they consistently followed safe recruitment procedures. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were mostly managed and administered safely. We saw in one instance where this was not the case. One person received PRN medication. Instructions stated no more than three times a week. However, the person had been administered this medication for 14 days. Immediate and effective actions were taken to address the concern.

We saw medicines were stored in locked trolleys, cabinets or fridges. The senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw these were well completed.

The administration of topical medicines such as prescribed creams was recorded in a consistent way. The MAR included information including a body map of where cream should be administered and when.

People did not have an up to date list of prescribed medicines or a medicines profile in place to provide information on the medicines people were prescribed and the reasons why, including possible side effects of prescribed medicines. Protocols were not in place to clearly described when medicines prescribed for use 'as required' should be administered.

The provider was unable to demonstrate they consistently followed safe medicine procedures. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager explained they used a staffing tool to ensure staffing levels met people's needs. They told us there were usually one senior care staff and two care staff on duty in the morning and afternoon and two care staff on duty overnight. Staff we spoke with confirmed this. On the day of our inspection, there were enough staff on duty to meet people's needs. However, people told us, "When I call from help, they will say 'we'll be back in a minute', but they take a long time", "I have to wait quite a while if I use the nurse call; it depends who the staff are dealing with. Quite a few people need two staff to care for them; there are only two staff on during the night", "Sometimes when you call for help during the night, they take a while to come" and "There should be more staff."

Relatives told us, "They do need more staff", "Although the staff are wonderful, they do need more of them", "Sometimes there are not enough staff. I have observed that some people have to wait ages for help and assistance" and "The cleanliness suffers when they are short of staff."

We looked at how staff were deployed. The cook told us they worked until 1:30pm but prepared the teatime meal before finishing their shift. This meant care staff had the responsibility for heating up the teatime meal, serving the meal and clearing up, including washing pots. This meant at least one staff member was removed from assisting with personal care.

Staff told us, and care records showed some people required two staff to assist with personal care. This meant staff would not be available to ensure the remainder of people received the care and support they required. Staff deployment would also be a risk at night in the event of fire. For example, one staff member would need to call for assistance, leaving the other to evacuate the home, including those people who required two staff members to assist with their mobilising.

We recommend the manager reviews the staffing levels to ensure safe cover is provided at busy times and during the night.

There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. However, we found the fire risk assessment had not been updated since 2017. We checked the personal emergency evacuation plans (PEEPS) against the list of people who used the service provided by the manager. We found PEEP's for two people no longer living at the service were still in the file. We found a further six people were either not listed in the correct bedroom or did not have a PEEP in place. This meant in the event of an emergency, correct and updated information on people's support needs were not present. We brought this to the manager and registered provider's attention to update.

The provider was unable to demonstrate they were doing all that is reasonably practicable to mitigate risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the fire alarm was tested weekly and fire drills were held. Staff could tell us what they needed to do if the fire alarms sounded.

People were kept safe from abuse and improper treatment. People who used the service told us, "The staff are wonderful, they make you feel safe and secure", "This is a safe place", "Yes, certainly, I feel safe here", "The staff are really good at helping me manage my medication day or night, if I need it they help me." Relatives told us, "I worry a lot, but [relative] being here offers all our family the peace of mind that [person] is safe", "I would not hesitate reporting safety matters to the manager", "[Relative] always gets [person's] medication on time when I am here - and I visit at different times every day", "The staff call me or my [relative] at any time if there is a problem", "Keeping people safe is paramount here" and "My [relative] is much safer here than when they were at home."

Staff said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

People were protected from any financial abuse. The manager held some money for safekeeping on behalf of people who used the service. Records of monies held were kept and receipts for any purchases were obtained.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, water, electrical and gas systems. However, there were no records of no checks completed of portable appliances. It's a legal requirement for all electrical equipment used in a workplace to be checked regularly.

We looked around the building to check if the service was safe, clean and well maintained. There were two bathrooms and one toilet which were out of use. This meant some people did not have facilities close to their bedroom. We found the sluice room was being used as a store room and staff were using bathroom areas to clean commodes. We brought this to the attention of the manager and the registered provider ensured the sluice room was cleaned immediately so it could be used correctly. Clinical waste bins were kept in the bathroom and had no lids and waste was not double bagged, which means people were exposed to the risk of contamination.

The provider was unable to demonstrate the premises were safe to use for their intended purpose and used in a safe way.

We looked at the laundry area and found there were not effective systems in place to manage the risk of cross contamination. For example, baskets containing people's clean clothing was stored directly above skips containing dirty bedding and clothing. The flooring was a mixture of exposed concrete and lino which made it difficult to be effectively cleaned. Paintwork in this area required attention to ensure flaking paint did not drop into people's belongings. The registered provider told us of plans to move the laundry to another part of the building following completion of the new extension.

The home was clean with few malodours. However, one room had a strong malodour, even with the window opened. We spoke to the manager and the provider about this, who told us the carpet should be cleaned daily, it was evident this was happening. The manager told us she would speak with the cleaner to ensure this was completed daily. The provider said they were planning on changing the flooring throughout the home.

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

2014.

We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again; for example, increase monitoring from staff.

Is the service effective?

Our findings

The manager completed needs assessments before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

Staff we spoke with were knowledgeable about their roles and responsibilities around the caring and supporting of people who lived at the home. Staff we spoke with told us they had recently received training updates. We saw some certificates on the files we looked at which confirmed training had taken place. However, dates when some staff required updates to their training had passed and we could not confirm refresher training had taken place. For example, records showed no staff had completed an update for moving and handling or safeguarding since July 2017.

The manager and the provider told us there were issues around staff training and some training was out of date. They had recently started working with a new training provider and the local authority to ensure all staff were up to date with training. The manager had arranged for additional training in areas such as such as pressure care, care planning and end of life care. It was difficult to see training staff had completed as the training matrix was not up to date.

The manager told us staff had not completed the Care Certificate, but had been enrolled on this. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Staff were provided with supervision sessions which gave them the opportunity to discuss their work role and any issues. Staff we spoke with told us they felt supported and said they could go to the manager at any time for advice or support. Annual appraisals were also completed which looked at staff performance and development over the year.

People who used the service told us meals were good. Comments included, "The food is excellent", "If you don't like what's on offer the cook tries to make you something else" and "The kitchen staff are fantastic; I have ordered a bacon sandwich for a snack, it'll be no trouble." People's relatives told us, "My relative never complains about the food. [Person] eats everything given. [Person] would say if they were not happy about the food" and "They have offered me a meal; it was lovely."

We spoke with the cook about menus and diets for people who required specific food due to their allergies. The cook had a good understanding of people's likes and dislikes because they had taken time to speak with people when they were admitted into the service. The cook knew about and was providing fortified diets for some people who had been assessed as nutritionally at risk.

People's nutrition and hydration needs were not always met. The service was using a malnutrition universal

screening tool (MUST); however, we saw this was not being completed and reviewed correctly. For example, when a person's weight had changed, the MUST did not reflect this. People who had been assessed as being nutritionally at risk were being weighed regularly. However, where people had lost weight, no records of what actions had been taken were present and their care plans had not been reviewed.

Records were being maintained of what people were eating and drinking. We found these records were well completed. However, staff were not using 'best practice' guidance to calculate how much fluid people should be drinking daily, to ensure they were kept well hydrated. Records showed staff were reviewing fluid charts daily. However, as people's individual targets were not calculated staff would not know whether people were meeting or exceeding these.

Menus were not displayed in the home, so people did not know what meal they would be having. One person told us, "I have no idea what's for dinner today, it'll be a surprise." Another person told us, "I have no idea what is for dinner, I just eat what is offered." Relatives told us, "We never know what's for lunch or tea" and "The staff get very busy; the meals can be late sometimes."

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

We found breakfast was relaxed and people were in no hurry to move away from the table when they had finished their meal. However, at lunch time there was a lot of background noise in the dining room which included noise from doors slamming. This could lead to raised anxiety levels and people becoming distracted and uninterested in their meal. We discussed the mealtime experience with the manager and registered provider and asked them to address this with staff and the maintenance person as we heard noise from slamming doors continued throughout the day.

Care records showed people had access to a range of health and social care professionals such as GPs, district nurses, dieticians, opticians and dentists. People told us staff supported them well with their healthcare needs. Where staff were concerned or had noted a change in people's health we saw they had made referrals to health care professionals. This meant people were effectively supported in access to healthcare services and received on-going healthcare support. One person told us, "The staff are really good at making sure I have appointments with specialist nurses." Another person said, "The staff organise all my medical appointments, they also arrange for the district nurse to come."

The district nurses regularly visited the home and the service liaised with GPs when people felt unwell. Staff also supported people to attend hospital appointments without them being charged. The district nurse told us, "The staff are very caring I have no concerns about the care provided to people." Staff told us they had a good relationship with the district nurses and they were able to ask them for advice.

The accommodation had been purposely built to meet the needs of people who used the service and was spacious with wide corridors and doorways to facilitate easy access for wheel chair users. The living and dining rooms were on the ground floor along with people's bedrooms. People's bedroom doors had a number and a memory box which was relevant to them. We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs.

We found some of the environment was not dementia friendly. Although we acknowledge that some people were not living with dementia, it was clear that some people had some loss of cognitive skills and would benefit from better signage. For example, although people's bedroom doors had memory boxes to help identify their rooms, toilets and bathroom doors did not have pictures on them to help people identify these. The use of dementia friendly colours on corridors, different door colours and better signage would

enhance the environment.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisation to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were one authorised DoLS in place. Several applications were awaiting assessment by the local authority.

People were asked consent before care and support was provided. Where people lacked capacity, best interest decisions had been made involving families and healthcare professionals. For example, the best interest process had been followed for one person who was being supported to take their medicines covertly (hidden).

We saw CCTV was in operation throughout the communal areas of the home. A notice was displayed in the entrance hall which informed visitors about the use of CCTV for the 'safety of staff and residents.' Some people had a care plan which stated people and their relatives were informed about the use of CCTV. However, the record was not dated or signed to confirm their agreement. We could not determine if a best interest meeting had been held to confirm people had the capacity to understand why cameras were in use. We discussed this with the manager and registered provider. They told us when the cameras were first installed they carried out formal discussions with relatives and people who used the service. However, there was no evidence to confirm any further consultation with people had taken place. We asked the registered provider to address this issue as soon as practicable.

The manager had oversight of which people who used the service had Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This showed us the manager understood their responsibilities to act within the legislation.

Is the service caring?

Our findings

During our inspection, we found the service was caring. Staff were caring and supportive to the people who used the service. Staff and management were committed to ensuring that people received the best possible care in a homely environment.

People had developed positive relationships with the staff supporting them. They knew the staff supporting them and we saw a good rapport had been developed. Staff related well to people and we observed kind and caring interactions throughout the day. Staff were smiling and friendly with people. There was lots of laughter and friendly 'banter' between people.

Staff spoke with people and one another respectfully and there was regard for people's privacy and dignity. We saw staff knocked on people's doors and consulted with people before supporting them with any care tasks. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff gave examples of how they respected people's privacy and dignity, such as ensuring doors and curtains were closed when assisting with personal care and knocking before entering people's rooms. Staff told us they explained to people what was happening at each stage of the process when delivering personal care

People we spoke with said they were all well cared for and well looked after. One person told us, "The staff are wonderful, they go to so much trouble." Another person told us, "You couldn't want for better staff to look after you." Other comments included, "The night staff are lovely, they know me so well", "The staff are so good to me", "The helpers who look after me are wonderful" and "The staff deserve a medal, they work so hard, there needs to be more of them."

Feedback from relatives was positive. One person told us, "I cannot express my gratitude enough; the care team do just that - care." Another person told us, "The staff know and love my [Person]; they have such devotion towards [Person]." Other comments included, "Our whole family are cared for by the staff team here", "Me and my family can rest assured [Person] is well cared for", "[Person] couldn't receive better care.", "I have every confidence [Person] is now getting the care they need" and "I come every day, so I get a good idea of what's going on; the staff are great."

People who used the service were supported to be as independent as possible. For example, one person told us, "I could not walk when I came to live here a few months back. With the help and dedication of the staff, I am more mobile now. I can take myself off into town now."

Staff we spoke with were positive about their role. They told us they enjoyed working with the people living at The Fir's, which gave them lots of satisfaction. Comments included, "I have worked in other places, but I really enjoy working here."

Care files did not contain information about people's life histories, interests and hobbies. We spoke with the manager about this, who told us this information would be included in the updated file.

We saw the provider had policies and procedures in relation to protecting people's confidential information. This showed they placed importance on ensuring people's rights to confidentiality, were respected. All confidential records and reports relating to people's care and support were securely stored in locked cupboards to ensure confidentiality was maintained.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights.

Is the service responsive?

Our findings

A pre-admission assessment was carried out before a person came to the service, to make sure the home had the right resources to meet their needs. When people moved in, a more detailed assessment of their needs was carried out and this information was used to develop their care plans. The care plans addressed all aspects of daily living such as personal hygiene, eating and drinking, continence, mobility, sleep, skin integrity, mental health and social care.

Care plans that had recently been completed were person centred and aimed to promote independence. They contained information about people's likes, dislikes and personal history.

People's plans were not all up to date and some of the plans had not been reviewed since May 2018. This meant care records were not always reflective of people's current needs. The manager had already identified this. Eight people's care plans had been updated, 11 were in the process of being updated and there was a plan in place to update the remainder. The manager told us, she had spoken with people and relatives when reviewing and updating care plans. The work the manager had already completed gave us confidence the rest of the plans would be updated. Staff we spoke with knew people, together with their personal histories, personal preferences for care and support and other individual needs such as dietary requirements, likes and dislikes.

We looked to see how the service supported people who required different means or assistance to communicate. People did not have communication care plans setting out how staff were to communicate effectively with them. However, staff knew people's needs well and this mitigated any risk. The manager did not understand the Accessible Information Standard (AIS) and wasn't aware of their responsibilities in this area. AIS applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. It covers the needs of people who are deaf/deaf, blind, or deafblind, or who have a learning disability. We discussed this with the manager who informed us they would address this as a matter of urgency.

People said their care needs were met by the service. However, some people living at the home were not always well groomed. One person's beard had dried food and debris in it and, they had long, dirty and unkempt finger nails. Several people had long, unkempt nails that were not clean and several men had not had a shave on the day of our inspection. This showed people's personal care needs were not being met by the service. The manager told us, for some people it was their choice, but they would address with staff during supervision.

Where people had a do not resuscitate (DNAR) instruction in place, we saw this was located at the front of people's care files. This ensured the document was easily located in the event of a sudden deterioration in a person's health. We were told no-one at the home was receiving end of life care at this time.

End of life plans were basic and lacked information regarding the people's wishes or preferences as they neared the end of their life. However, the manager told there was an action plan in place to update all

information in care files and was currently working with the local authority to address this.

A complaints policy was in place which was on display in the entrance area. The service had not received any complaints. People told us they knew how to complain. One person told us, "I always say it like it is. I would say if I wasn't happy." One relative told us, "My [[relative] has no problems, but I would pop in and see the manager if I was worried." Another relative told us, "I will always make sure [person] is safe. I would stop at nothing in complaining."

The activities co-ordinator role was being covered by one of the care staff, whilst employment checks were completed for the recently employed activities co-ordinator. The staff member told us they did not keep any records of the activities that had taken place. This made it difficult to review the activity arrangements and ascertain their benefit. The manager explained improvements would be made when the activities coordinator commenced employment.

One person told us, "I enjoy sitting outside in the car park area; the staff encourage it. I can see all the comings and goings." People told us activities were not planned and if staff had time, there would be impromptu music and game sessions. One person told us, "I love it when entertainers come in, but it's not very often." Another person told us, "Nobody ever asks us what we want to do." Other comments include, "I would happily go out on any trips. I would be happy to pay too" and "The activities don't suit me, so I just keep away. The good thing is that no one pressures you to get involved." One relative said that there had been entertainers in the past and there had been no trips or outings this year. They also told us that no one ever had been out to sit in the garden over the summer months.

We saw people taking a part in a large group session of listening to music, playing skittles and ball throwing. It was clear from the smiles on people's faces and laughter that people enjoyed this. One person told us, "I really enjoy singing along to the music."

On the day of our inspection, there were no examples of care staff actively sitting with people and chatting. We observed throughout the afternoon that most interactions with people were very task based with staff having little time to chat and provide people with social interaction. This meant people were sitting unoccupied and not engaged for long periods of time.

Is the service well-led?

Our findings

There was a manager in post who provided leadership and support. They were supported by a deputy manager and senior care staff. However, recently there had been several deputy managers employed who had subsequently left the service. Staff we spoke with were positive about their role and the attitude and approach of the manager and the management team. They said the manager was approachable. One staff member told us, "A lot of things have come in place since the last inspection; documentation which have made things better. New staff started. The manager has had a positive impact. We all work together now, it's a good atmosphere."

People who used the service and relatives told us the management team were well thought of and said they were approachable and empathetic. People we spoke with were positive about contact with the manager. Everybody said there was a good atmosphere in the home. People told us, "The manager is very nice, but I don't see much of her." Another person told us, "The manager is smashing, she is so friendly." Relatives told us, "The manager and senior staff are so supportive, they have made our lives so much better" and "The managers are marvellous; nothing is too much trouble."

We found the management team open and committed to make a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care, and achieving good outcomes for people living at the service.

Staff morale was good, and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first.

A range of audits and quality assurance processes were in place with actions and analysis to drive service improvements. These included monthly medication audits, mattress audits, bedroom audits and environmental audits. Where external audits had taken place, such as the food safety, fire officer inspections and pharmacy audits, we saw the provider had worked to address the issues raised.

However, systems had not always been operating effectively and had failed to identify and address some of the issues we found at inspection. For example, the audit system had failed to identify issues such as; information missing from staff recruitment files, information relating to people's nutrition not being correct, information relating to consent for CCTV, and the checking of portable appliances.

People told us there were no meetings taking place to discuss their views and we saw the last resident's meeting was held in September 2017. One person said, "Resident meetings sound like a good idea. I for one would certainly go to a meeting that discussed the running of the home, I am sure that the people that live here could come up with ideas too." Another person told us, "I would go to a meeting. I would ask about trips out." Relatives told us, "I'm not aware that they have relatives' meetings", "I have not filled in any questionnaires about the service" and "We have not been asked our views and opinions since [Person] has been here."

Accidents and incidents were analysed to look for any themes or trends and help prevent a re-occurrence. However, there was no record of how this information was used to determine if further control measures were required, such as involvement of the multi-disciplinary team. The manager told us information was fed back to staff through the handover and team meetings. However, we identified information from accidents/incidents wasn't always used to update care plans.

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

The manager told us they felt supported by the provider. They told us, "I meet monthly with the registered provider. I feel supported by the registered provider. I feel they listen to what I say, and actions have been taken."

Staff meetings were held. Staff met with the deputy manager and senior care assistant more frequently on a one-to-one basis to discuss any concerns or receive any updates. Staff told us team meetings took place and they found them useful.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The manager told us they work in partnership with the local authority contracts team and the NHS. The manager and staff work in partnership with other agencies such as district nurses, GP's and social workers to ensure the best outcomes for people. This provided the manager with a wide network of people they could contact for advice.□

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home; we found the service had also met this requirement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Provider had not sought the views of a wide range of stakeholders, including people who use the service, about their experience of, and the quality of care.</p> <p>Systems and processes such as regular audits of the service were not effective to assess, monitor and improve the quality and safety of the service.</p> <p>Provider had not assessed, monitored to mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity</p> <p>The provider had not maintained accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not assessing the risks to the health and safety of service users of receiving the care or treatment

The enforcement action we took:

Warning notice served

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed robust recruitment procedures were not being implemented.

The enforcement action we took:

Warning notice served