

Bupa Care Homes (CFHCare) Limited

Old Gates Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection which took place on 6 and 8 January 2016. The service was last inspected in July 2015 when we found it to be in breach of three of the regulations we reviewed; these related to consent to care and treatment, the management of medicines and staffing levels in the service. Following the inspection in July 2015 we issued warning notices in relation to the management of medicines and consent to care and treatment. We also issued a requirement notice in

relation to staffing levels in the service. The provider sent us an action plan telling us what they intended to do make the improvements needed. This inspection was undertaken to check whether the required improvements had been made.

Old Gates Residential and Nursing provides accommodation in three units, for up to 90 people who need either nursing or personal care and support. These

Summary of findings

units are Cherry, Holly and Rowan. Care and support for people living with a dementia is provided in Rowan. There were a total of 64 people using the service on the days of our inspection.

We were aware that, as a result of difficulties in recruiting qualified nursing staff, following the last inspection the provider had reached the decision to suspend admissions to both Rowan and Holly units. During this inspection the registered manager informed us, following a successful recruitment programme for nursing staff, a plan of staggered admissions to these units was now in place.

The service had a registered manager 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.

During this inspection we found some improvements had been made. However we found a continuing breach of regulations in relation to the management of medicines. You can see what action we have told the provider to take at the back of the full version of the report.

People who used the service told us they felt safe in Old Gates Residential and Nursing Home. Staff had received training in safeguarding adults. They were able to tell us of the correct action to take should they witness or suspect any abuse had occurred. Staff also told us they would feel confident to use the whistle blowing procedure in the service to report any poor practice they observed.

Staff had been safely recruited. Records we reviewed showed staff had received the induction, training and supervision they required to be able to deliver effective care. Staff told us they enjoyed working in the service and received good support from the registered manager and senior staff. Although we received conflicting information regarding staffing levels in the service, our observations during the inspection showed staff responded to people's requests for support in a timely manner.

People told us staff were always kind and caring. They told us staff respected their dignity and privacy and promoted their independence as much as possible.

Although improvements had been made to the way medicines were managed in the service, some aspects needed further attention to ensure people always received their medicines as prescribed.

All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Regular checks were also in place to ensure staff were aware of the action they should take in the event of a fire at the service.

People's care records contained information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. However, risk assessments for three people on Rowan unit lacked detail about the action staff should take to deal with behaviour which might challenge others. We saw that staff had made referrals to health professionals to help ensure people received effective care.

We saw that arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was aware of the action to take to ensure any restrictions in place were legally authorised under the Deprivation of Liberty Safeguards (DoLS).

We received mixed views regarding the variety and quality of the food in Old Gates Residential and Nursing Home. However, all the people we spoke with who used the service told us they could always request an alternative if they did not like what was on the menu. We observed people received the individual assistance they needed to eat their meals.

A programme of activities was in place to help promote the well-being of people who used the service. Records we reviewed showed people were supported to access activities on both a group and individual basis.

There were effective systems in place to investigate and respond to any complaints received by Old Gates Residential and Nursing Home. All the people we spoke with told us they would feel confident to raise any

Summary of findings

concerns they might have with senior staff or the registered manager. Results from the provider's 2015 staff survey showed staff had increased confidence in the leadership of their manager.

There were a number of quality assurance processes in place. These were used to help drive forward improvements in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff were confident about the action they should take to protect people who used the service from the risk of abuse. People told us they felt safe in the service.

Although people who used the service told us there were enough staff on duty to meet their needs, they told us staff were too busy to spend quality individual time with them.

Improvements had been made to the way medicines were managed in the service but some areas needed further attention to ensure people always received their medicines as prescribed.

Requires improvement



Is the service effective?

The service was effective.

Staff received the induction, supervision and training they required to be able to deliver effective care.

Staff had received training in the Mental Capacity Act 2005. Arrangements were in place to ensure people's rights were protected where they were unable to consent to their care and treatment in the service.

People received the support they needed to help ensure their health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

People who used the service told us staff were caring in their approach. During the inspection we observed kind and respectful interventions between staff and people who used the service.

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to providing person-centred care and promoting the independence of people who used the service.

Good



Is the service responsive?

The service was responsive to people's needs.

Care records contained enough information to guide staff on the support people needed. People who used the service or, where appropriate, their relatives were encouraged to comment on the care provided.

Activities were provided to help improve the well-being of people who used the service.

Good



Summary of findings

The provider had systems in place to gather the views of people who used the service and their relatives. Any complaints received were recorded and investigated.

Is the service well-led?

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role.

Staff told us they enjoyed working in the service and found the registered manager and senior staff in the service to be both approachable and supportive. The provider's 2015 staff survey demonstrated increased confidence by staff in the leadership of the service.

There were a number of quality assurance processes in place. These were used to help drive forward improvements in the service.

Good



Old Gates Residential and Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 8 January 2016. The first day of the inspection was unannounced. We told the provider we would be returning on 8 January 2016 to continue to review records relating to the management of the service.

The inspection team consisted of two adult social care inspectors, a specialist advisor in the care of people with a dementia, a pharmacist inspector 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 had experience of residential and nursing care services.

Before the inspection we reviewed the information we held about the service including the last inspection report and notifications the provider had made to us.

We spoke with 14 people who used the service across all three units and three visitors. We also spoke with a total of 14 staff. The staff we spoke with were the registered manager, a unit manager, three nurses, five members of care staff, two activity organisers, the chef and the quality manager responsible for the service.

We carried out observations in the public areas of the service. We also undertook a Short Observation Framework for Inspection [SOFI] observation on the unit for people living with a dementia. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for 13 people who used the service and the records relating to the administration of medicines for 21 people who used the service.

In addition we looked at a range of records relating to how the service was managed; these included five staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People we spoke with who used the service told us they felt safe in Old Gates Residential and Nursing Home and that staff treated them well. Visitors we spoke with confirmed they had no concerns about the care their family member/friend received in the service. Comments people made to us included, “I feel safe when I am hoisted by staff. I always check they are doing the right thing”, “Staff are always here. I feel safe because I can always call on them if I need help” and “[My relative] is safe here. She is not frightened by anything.”

We reviewed the processes in place to help ensure people received care that was safe and appropriate to their needs. All the care records we looked at showed that risks to people’s health and well-being had been identified, such as the risks involved with reduced mobility, poor nutrition and the risk of developing pressure ulcers. Care plans were in place to help reduce or eliminate all the identified risks; these had been reviewed and updated where necessary to reflect any changes in people’s needs.

Staff on Rowan unit told us three people who used the service were sometimes resistive to interventions from staff when they tried to deliver personal care. Staff told us that on occasions it would require three staff to provide the care each individual required. All the staff we spoke to on this unit told us they had received training in how to deal with behaviour which might challenge others. However we noted none of the care records for the three people concerned contained detailed risk assessments or guidance for staff to follow to ensure they were delivering safe and appropriate care. However we spoke with the relative of one of the three people who was often resistive to care from staff. They told us they were fully aware of the actions taken by staff when necessary and had no concerns about the care their family member received. They commented, “I know [my relative] has gone worse because of the dementia and they [staff] manage the best way they can. I feel they are very caring and doing their best to deal with it. I am contacted if there is ever a problem. I feel that I am kept informed.”

At our last inspection in July 2015 we found a breach of regulation in relation to the management of medicines in the service. This was because medicines policies regarding the ordering, administration and recording of medicines

were not consistently followed. At this inspection we found that improvements had been made although some areas needed further attention to ensure people always received their medicines as prescribed.

Regular detailed audits of medicines handling were completed. Action plans were drawn up and acted upon should any shortfalls in medicines handling be identified. The registered manager had support from the Provider’s quality team and had implemented new processes for recording medicines administration. Training in this new process had been provided, with a further session planned for newer staff and those who were unable to attend.

All medicines were administered by qualified nurses or by suitably trained care staff. We observed part of the morning medicines rounds across the home. We saw that medicines records were referred to and completed at the time of administration to each person, helping to ensure their accuracy. Staff spoken with were aware that some medicines needed to be given ‘before food’ but arrangements help ensure this happened were not consistently applied across the home. This meant people may not receive the most benefit from these medicines. Where the covert (hidden) administration of medicines was needed assessments and care plans were completed to help ensure that people’s best interests were protected. However, we found that details of these best interest meetings and the names of the people involved were not consistently clearly documented.

People wishing to self-administer medicines were supported to do so. However, we found that arrangements were not always in place to help ensure people received their medicines when they were away from the home at the usual administration times. This had resulted in the person missing doses of one of their medicines on three of five occasions when they were away from the service.

We looked at 21 medicines records across the home. These were clearly presented to show the treatment people had received. Individual protocols were in place providing guidance for staff about when medicines prescribed ‘when required’ may be needed. Some people were prescribed medicines ‘when required’ for anxiety. Records of administration were clearly made but details of the reasons for administration and the outcome was not always noted. This would provide helpful information for medicines reviews. Additional records were kept for the use of

Is the service safe?

medicated patches to help ensure they were not always applied to the same place. However, these were not sufficiently detailed for one type of patch prescribed at the home.

Medicines included controlled drugs were safely stored. Generally sufficient quantities were kept in stock to allow continuity in treatment. However, on Rowan unit ordering procedures had not been effective over the Christmas holiday period. As a result four people had missed doses of one of their medicines for two or three days.

Our observations during this inspection showed there were generally enough staff on duty to meet people's needs in a timely manner. This was confirmed by all the people we spoke with who used the service. Comments people made to us included, "Staff are available most of the time unless someone rings in sick", "Staff come and turn me regularly" and "Staff always come straight away. I think there are enough staff on duty." One person who used the service insisted on testing out the call bell for us and a member of staff responded within two minutes. This person told us there were also no difficulties with the response times from staff at night.

During our observations at lunchtime we noted there was a lack of clear direction for staff on Rowan unit to ensure people received their meal in a timely and organised way. This meant some people waited for long periods to be served. We also observed that some people had to wait for up to 20 minutes on Cherry unit to receive their lunch as staff were occupied providing the individual assistance other people needed to eat. One person commented, "I suppose someone has to be last. What can you do?" We discussed our observations with the registered manager who told us they intended to re-introduce the hostess role to the service to provide additional support to care staff during mealtimes.

Staff told us they considered more care staff on duty would help them to spend quality time with people who used the service. One recently appointed staff member on Rowan Unit commented, "When I was on placement I had the time to spend with people but I've not had that since I started working here. I miss that side. It's nice to hear people's stories." This view was confirmed by two people who used the service on Cherry Unit. One person told us, "Although staff are caring they are very busy. I don't have to wait but they can't spend much time with me." Another person told us they would not make requests of staff if they considered

they were busy. On Holly Unit we observed that staff took time to chat with those people who were sitting in the lounge when they were not attending to people in their rooms. At the end of the afternoon on the first day of the inspection we noted that staff sat down with people in the lounge on Holly and initiated a discussion which people seemed to be enjoying. Staff told us that on other days they had offered activities to individuals such as nail care sessions. We also noted that the activities organisers were available to spend individual time with people who used the service should they want this support.

We discussed the comments people had made to us regarding staffing levels with the registered manager and quality manager. They told us they were in the process of reviewing people's needs using a new dependency tool. They told us this review would take into account both the health and social care needs of people who used the service, with the intention of ensuring there were enough staff on duty to provide the quality time people told us they wanted.

We looked at five staff personnel files to check if a safe system of recruitment was in place. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. We saw that any gaps in a person's employment history had been discussed and recorded at interview. However, we noted checks had not been made with all the previous employers of one person who had worked with vulnerable adults in a number of settings. Such checks are important to help ensure people are suitable to work with vulnerable groups.

Records we reviewed showed checks had been carried out with the Disclosure and Barring Service (DBS) for all staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw that systems were in place to review any risks in relation to applicant's previous convictions to determine if they were suitable to work in the service.

Records we reviewed showed 95% of staff had completed training in safeguarding adults; this figure included staff that were off sick or had left the organisation over the period to which the records referred.

Is the service safe?

All the staff we spoke with told us they felt that people who lived in the service were safe and said that they thought that good team working by them was one of the reasons for this. None of the staff we spoke with felt that they had any current safeguarding concerns. Staff were able to give a good account of the action they would take to protect people should they witness or suspect abuse.

Records we reviewed showed that any safeguarding concerns relating to people who used the service were discussed on a daily basis during the clinical risk meetings. This helped to ensure appropriate action had been taken by staff. We also saw that staff on each unit had access to the safeguarding alert forms to complete should an incident occur while the registered manager was not on duty. This was to help ensure that all concerns were reported in a timely manner.

At our last inspection we had concerns that some staff were not confident about the whistleblowing (reporting poor practice) procedures in the service. During this inspection all the staff we spoke with were aware of the organisation's 'Speak Up' telephone line and told us they would not hesitate to use this service should they feel it necessary. Staff told us they felt able to report any concerns they might have to senior staff and were confident they would be listened to and taken seriously.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the

bedrooms, dining rooms, lounges, bathrooms and toilets were clean and there were no unpleasant odours. We saw infection prevention and control policies and procedures were in place. We saw that regular cleaning checks and infection control audits were undertaken. Infection prevention and control training was undertaken by all staff. Our observations during the inspection showed staff used appropriate personal protective equipment (PPE) when carrying out tasks. None of the people we spoke with during the inspection expressed any concerns regarding the cleanliness of the service.

Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Personal evacuation plans (PEEPS) had been completed for all people who used the service; these records should help to ensure people receive the support they require in the event of an emergency. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what action to take in the event of an emergency.

Is the service effective?

Our findings

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.

At the time of this inspection there were 29 people for whom requests for DoLS authorisations had been submitted to the local authority. We saw that the registered manager had recorded when each authorisation was due for renewal. They were also aware of the need to ensure any restrictions in place were regularly reviewed. However, two of the staff we spoke with on Holly unit could not identify which of the people in the unit were subject to DoLS. It is important that staff understand these provisions in order to ensure that the rights of people who use the service are fully protected.

At our last inspection in July 2015 we found a continuing breach of regulations. This was because the provider did not have suitable arrangements in place to gain and review consent from people who used the service and to take appropriate action should people lack the capacity to make their own decisions. This was because the capacity assessments completed with people who used the service were general and did not relate to the specific decisions people might need to make.

During this inspection we noted the provider had taken the decision to move to paper rather than electronic care records. This meant staff were able to clearly record those decisions for which people lacked capacity and any best

interests decisions made to ensure people received effective care. We noted that guidance on mental capacity assessment and best interest decisions were displayed on the office wall on all three units.

11 of the 13 care records we reviewed provided clear guidance for staff about the action they should take to help ensure any actions they took were in the individual's best interests. The care records for one person described them as having fluctuating capacity. However the mental capacity assessment did not make clear to which decisions the assessment related.

We discussed with staff the care provided to a person who often refused their prescribed medication for an on-going medical condition. This person also spoke English as a second language. Although a DoLS application had been submitted to the local authority for the person, staff seemed unclear on whether the person had the capacity to consent to or refuse this medical treatment. We were told the GP and mental health team were closely reviewing the person's condition although no formal best interests meeting had been convened to discuss the risks and benefits of the person receiving the prescribed medicine. Staff told us they would ensure this was urgently arranged with an interpreter involved if possible to help the person concerned to participate in the decision making process as much as possible.

All the staff we spoke with told us they had completed training in the MCA. Records we reviewed confirmed almost 99% of the total staff team had completed this training. Staff were able to tell us of the action they would take to ensure people were supported to make choices about how they wanted their care to be provided. One staff member told us, "I always ask people before I do anything." A person who used the service confirmed, "I get to make my own choices." Care records provided information about how staff should ensure people were supported to make their own decisions whenever possible. One care record stated, "Staff to spend time with [name of person] to discuss what she would prefer and give her time to choose."

We saw that the care plans were written in a person-centred way; that is to say from the point of view of the person living in the home rather than from that of the service. This should help staff reading the files to understand how the person preferred their care to be provided and to take their preferences into account. People who used the service confirmed staff knew them well and

Is the service effective?

were aware of the care they needed. Comments people made to us included, “Staff know me well although they are often leaving”, “Staff know what I like and don’t like” and “I get all the care I need.”

All the staff we spoke with told us they had received the training they required for their role. Records we reviewed showed 92% compliance in staff having completed mandatory training in topics including moving and handling, first aid, safeguarding adults and infection control; this figure included staff who were off sick or had left the organisation over the period during which the audit was completed.

We spoke with a staff member who had joined the service four months prior to this inspection. They told us they had been provided with a comprehensive induction which helped to ensure they were prepared for their role. They told us, “You get a lot of knowledge which meant I felt ready to start work.” Records we reviewed showed there were systems in place to ensure staff received regular supervision and an annual appraisal of their performance. We saw that supervision sessions were used to discuss practice issues with staff to help ensure they were delivering effective care.

We looked at the systems in place to ensure people’s nutritional needs were met. All of the care records we reviewed contained a care plan which identified each person’s needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that staff took appropriate action such as making a referral to a Dietician or a Speech and Language Therapist where additional support or advice was needed.

We saw that drinks were made available to people both at mealtimes and throughout the day. The lunchtime meal on the first day of the inspection was soup and either homemade sausage roll or sandwiches. A main meal with a vegetarian option was to be served in the evening. The menu also offered a “Night Bite” option of dishes which could be requested overnight when the main kitchen was closed.

We spoke with the chef at the service who told us they were aware of the likes, dislikes and any allergies people who used the service might have. They told us people were asked about their meal choices on a daily basis and that if they did not want what was on the menu alternatives were always available. The chef told us they undertook visits to

each of the units on a daily basis to check the dining room experience. Records we reviewed showed a formal report was completed by the chef each month following their visit to each unit. The chef told us they would always check whether staff were attentive to the needs of people who used the service and whether appropriate personal protective equipment (PPE) was worn by staff. They told us they also checked whether staff treated people who used the service with dignity and respect when serving meals or providing individual assistance to people to eat.

During our inspection we observed lunch on each of the three units. We noted positive interactions between staff and people who used the service on all of the units. Staff were able to identify those people who required special diets such as pureed or liquefied foods on account of swallowing or other difficulties. We saw that staff took time to help people who required assistance with eating and did so in a caring way and without rushing. They also provided encouragement to people to eat their meals independently where appropriate.

We received contradictory comments regarding the quality of the food provided. From the eight people who commented on the food, only two told us the food was good and they had no complaints. The remaining six people told us the food lacked variety and choice. However, all the people we spoke with told us they were able to ask for an alternative if they did not like what was on the menu. One person told us, “I’m not keen on the food. Because I am a small eater I can always ask the kitchen to make me something such as cheese on toast.” Another person commented, “The food is bland. You order what you want the day before. You can have something else if you don’t like it. I asked for a cheese burger and received it.” A relative told us they had no concerns regarding the quality of food. They commented, “[My relative] is eating well. They have home baked cakes and they come round regularly with fresh fruit.”

We reviewed the systems in place to ensure people who used the service had their health needs met. People who used the service told us staff would always arrange for a GP appointment if they were unwell. We were also told that a local GP visited regularly in order to review the treatment people received.

Records we reviewed showed a log of professional visits was maintained. We spoke with a visiting health professional who told us staff would always follow any

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advice given and would contact them if they had any concerns regarding people's health. They told us they had no concerns regarding the care people received in the service.

Is the service caring?

Our findings

All the people we spoke with during the inspection told us the staff were kind and caring. Comments people made to us included, “Staff look after me well; I can have a laugh and a joke with them”, “Staff are very caring”, “Staff are brilliant. They are always very kind” and “[My relative] loves it here. She is always very happy and content.”

People told us staff would always respect their dignity and privacy when providing care and support. This was confirmed by our observations during the inspection when staff ensured all personal care was provided in private. Staff told us that making sure that people’s modesty was protected at all times and respecting people’s preferences were key ways in which they promoted dignity in the home.

During the inspection we observed positive and caring interactions between staff on all of the units. This included staff taking the time to laugh and joke with people and encouraging them to do as much as they could for themselves. We also observed staff asked discreetly if people needed assistance with personal care and were unhurried in their approach.

Staff we spoke with demonstrated a commitment to providing high quality care and support to people. They were able to tell us about the needs and preferences of people who used the service. We asked staff what they understood by person centred care. One staff member told us, “I always focus on the individual. Everyone is different. They all have their own ways.” Another staff member commented, “I think about the people who live here as if they were my relatives: I’d allow my mother to come and live here.”

We observed there were several visitors to the service during the inspection. We noted that staff made all visitors welcome and took the time to chat with them.

Care records were organised into a number of sections including a pen picture (‘My Day, My Life, My Portrait’) of each individual, their likes/dislikes and their family and

social history. This should help staff form meaningful and caring relationships with the people they supported. Staff demonstrated they had taken the time to find out about people’s interests. A staff member told us that one person who used the service “Was in the Navy and liked taking holidays in Blackpool. So we show [name of person] some photos of Blackpool and talk about the Navy and they really enjoy it”. They also told us that another person “Likes to wear make-up so we make sure we do that for them in the mornings.”

Care plans also included information for staff about how they should promote people’s independence wherever possible. One person who used the service told us, “I do as much as I can for myself. I want to hold on to my independence as much as I can and staff help me to do this.”

We noted that all care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

We looked at the results from the most recent survey distributed by the provider to people who used the service. We noted positive comments from people regarding the attitude and approach of staff. These comments included, “Staff are kind and caring”, “I couldn’t ask for more care than I receive” and “I have been treated well and the staff are marvellous.” We also saw numerous ‘Thank You’ cards on display on each of the units, providing positive feedback from relatives.

We noted that Information was on display on all the units regarding the advocacy service people were able to contact should they want independent advice or support.

We noted there was a system in place for staff to discuss end of life wishes with people who used the service. Care records we reviewed contained information about the support and care people wished to receive at the end of their life. One staff member told us they had received some training in end of life care, including a visit to a hospice, which was relevant to their work on the unit.

Is the service responsive?

Our findings

We asked staff to tell us how they ensured people received care and treatment that met their individual needs. We were told that people had a detailed assessment of the support they required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by the staff.

We looked at the care records for 13 people who used the service and noted that these contained detailed information about people's social and personal care needs. The care records also contained enough information to guide staff on the care and support people needed and wanted.

We saw that care plans were written in a person-centred way; that is to say from the point of view of the person living in the home rather than from that of the service. This should help staff reading the files to understand how the person preferred their care to be provided and to take their preferences into account. People who used the service confirmed staff knew them well and were aware of the care they needed. Comments people made to us included, "Staff know me well although they are often leaving", "Staff know what I like and don't like" and "I get all the care I need."

We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs. We saw there was a 'resident of the day' system in place. The paperwork relating to this system indicated the individual concerned should be visited by various staff members who were involved in their care, including the chef, housekeeping staff and the maintenance person to check they were happy with all aspects of their care in the service. However, staff told us this did not usually take place although they would always weigh the person who was resident of the day and review their care plans.

We asked senior staff how they ensured people who used the service or, where appropriate their relatives, were able to contribute to care plan reviews. Staff told us they would always try and sit with people to discuss whether they were happy with the care they were receiving. We saw evidence on the care records we reviewed that, where they were able, people had signed their care file to indicate their agreement with the contents. Staff told us they did not

routinely invite family members to care plan reviews but advised us they would always speak with relatives involved in a person's care to ensure they considered the care provided was appropriate to the person's needs. This was confirmed by relatives we spoke with during the inspection. One relative commented, "[The unit manager] has talked me through the care plan. [My relative] is getting the care she needs and wants."

All the relatives we spoke with told us they were always informed of any changes to their family member's needs. One relative commented, "They always call me if something happens and explain. I feel they do everything they can and try their best."

We spoke with the two activity coordinators in the service. They told us there was a plan of organised activities in place which included pampering sessions, bingo, cake decorating and floor games. During the inspection we observed activity staff spend individual time with people on all the units. We also noted that one of the activity coordinators supported a person to access the local shopping centre. The registered manager told us they were in the process of introducing appropriately trained and recruited volunteers to offer people additional 1-1 support. We saw that people's care records included a log of the activities in which they had participated including 1-1 time with activity staff.

One person who had recently moved into the service told us they were particularly pleased that staff had arranged for their religious needs to be met. They commented, "I'm really happy because my local priest has visited to give me communion each week since I came here."

We reviewed the systems for managing complaints received in the service. A copy of the complaints procedure was displayed in the reception area and was included in the service user guide. People who used the service and their relatives told us they would feel confident to approach staff or the registered manager if they wished to make a complaint. Comments people made to us included, "I would complain to [unit manager] and feel they would listen. I know [the registered manager] and would feel able to speak with her" and "[The registered manager] is very kind and approachable." Records we reviewed showed appropriate action had been taken to investigate and respond to any complaints received.

Is the service well-led?

Our findings

At our last inspection we had concerns about the leadership in the service. During this inspection we found improvements had been made.

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC). They were supported in the day to day running of the service by a clinical services manager. One of the three units had a unit manager in place with another unit manager due to return to work after maternity leave. Arrangements were in place to recruit a manager for the unit which cared for people living with a dementia.

All the people we spoke with made positive comments about the registered manager. One person who used the service told us, "[Registered manager] is very approachable." Another person who used the service commented, "I know [the registered manager]. I would feel able to speak with her if I needed to." Relatives we spoke with told us they would feel able to speak with the registered manager if they had any concerns and considered their views or concerns would be listened to.

All the staff we spoke with told us they enjoyed working in the service. They told us they considered staff were treated fairly and the registered manager was supportive and approachable. One staff member told us, "[The registered manager] comes down to the unit regularly. If I'm worried I only have to call her. I really enjoy working here." Another staff member commented, "[The registered manager] is very approachable and open to suggestions." Nursing staff told us they appreciated the support they had received from the registered manager regarding their revalidation. Revalidation is the process where registered nurses and midwives are required every three years to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice.

We saw that regular staff meetings took place and that these were used as a forum to discuss service improvements. Staff told us they felt able to raise any concerns or make suggestions during these meetings.

Staff on Cherry unit were very complimentary regarding the leadership shown by the unit manager. One staff member

told us, "[The unit manager] always provides excellent support. They are approachable and always thank us for the work we have done at the end of every shift. That makes you feel valued and respected."

We saw that there were systems in place to gather the views of people who used the service and their relatives. Regular meetings took place between staff, people who used the service and their relatives. Copies of the minutes of the most recent meeting were on display on the notice board of each unit.

In addition to the satisfaction survey distributed annually by the provider, the registered manager told us they were in the process of compiling a survey which could be completed on site. They told us they considered this would enable them to be more responsive to any feedback provided on the service.

The registered manager told us they were in the process of developing an action plan in response to the staff survey organised by the provider in 2015. We looked at the results from this survey and noted staff responses demonstrated they were more satisfied in the leadership at Old Gates in nine of the ten areas covered in the 2014 survey.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure that people received safe and effective care. They told us daily 'clinical risk' meetings took place between the management team to discuss any changes in people's needs in order to ensure any required action was taken. The clinical services manager also undertook a daily walk round on all the units to provide guidance and support to staff.

Records we reviewed showed that regular clinical review meetings took place on each of the units. These were used to review the care people required including skin care, nutrition, end of life care and to record any professional visits which were due or had taken place.

We saw that there was a system of quality assurance audits in place. These included audits in relation to care plans, medication and accidents/incidents. All of the audits we saw included a plan to address any required actions. However, it was not always clear that further checks had been undertaken to ensure the action plan had been completed.

Is the service well-led?

Records we looked at showed regular audits were also completed by quality assurance team from the organisation. This process was used to help identify themes and trends within the service.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed

about had been notified to us by the registered manager. This meant we were able to confirm that appropriate action had been taken by the service to ensure people were kept safe.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have robust systems in place to ensure the proper and safe management of medicines.