

Mr & Mrs P C Jowett

Brooklands Residential Home

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

This inspection took place over two days on 09 and 29 June 2015. Both days were unannounced.

At the last comprehensive inspection in July 2014 we rated the service as inadequate. We found the provider had breached three regulations associated with the Health and Social Care Act 2008. We found people who used services and others were not protected against risks associated with infections as standards of cleanliness

and hygiene had not always been maintained. The registered person did not ensure people were protected against the risks of unsafe or inappropriate care due to the lack of an accurate record in respect of each person including appropriate information and documents in relation to the care and treatment provided to them. The provider had failed to monitor the quality of the service to identify issues. We told the provider they needed to take action; we did receive information about the actions that

Summary of findings

had been completed within the factual accuracy letter dated 29 December 2014. At this inspection we found the home was still breaching one of the three regulations and we also found additional areas of concern.

Brooklands Residential Home is registered to provide accommodation for up to 27 people who require support with their personal care. The service is situated in the Yeadon area of Leeds. Accommodation is provided in 19 single rooms and four double rooms on two floors. A stair lift was used by people with mobility difficulties to access the first floor.

The service had a registered manager who had been registered since 2010. 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.

Staff training and support did not always provide staff with the knowledge and skills to support people safely. Mental capacity assessments had not been completed and the service had made Deprivation of Liberty Safeguards applications inappropriately.

Staff were aware and knew how to respect people's privacy and dignity; however, this was not always carried out. People were not always protected against risks and individual risks had not always been assessed and identified. There were not always effective systems in place to reduce the risk and spread of infection. People were not protected against the risks associated with medicines because the provider did not have suitable arrangements in place to manage medicines safely.

People's care plans contained sufficient and relevant information to provide consistent care and support. People were happy living at the home and felt well cared for. There was opportunity for people to be involved in a range of activities within the home and the local community; however, there was not always varied social stimulation and meaningful activity provided.

There were enough staff to keep people safe. The recruitment process was robust which helped make sure staff were safe to work with vulnerable people.

People had good experiences at mealtimes. People received good support that ensured their health care needs were met. Appropriate arrangements were in place to manage infection control.

People got opportunity to comment on the quality of service and influence service delivery. Complaints were investigated and responded to appropriately.

There were not always effective systems in place to manage, monitor and improve the quality of the service provided. We saw staff, relatives and residents meetings were held.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action.

Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Staff knew how to recognise and respond to abuse correctly. However, not all incidents had been reported appropriately. People told us they felt safe but, we found some people were not kept safe. Individual risks had not always been assessed and identified. There were not always effective systems in place to reduce the risk and spread of infection.

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines safely.

There were enough staff to meet people's needs. The recruitment process was robust which helped make sure staff were safe to work with vulnerable people. Appropriate arrangements were in place to manage infection control.

Inadequate



Is the service effective?

The service was not effective in meeting people's needs.

Staff training provided did not always equip staff with the knowledge and skills to support people safely. Staff did not always receive regular supervision or appraisal.

Staff told us they had not completed Mental Capacity Act 2005 or Deprivation of Liberty Safeguards (DoLS) training. We could not see from the care plans we looked at that people had received appropriate mental capacity assessments. The applications for the Deprivation of Liberty Safeguards had been carried out; however, the applications had not been followed up.

People enjoyed their meals and were supported to have enough to eat and drink. People received appropriate support with their healthcare.

Inadequate



Is the service caring?

The service was not always caring.

Staff understood how to treat people with dignity and respect; however, we saw examples of where people's dignity was not respected.

We saw caring interactions when staff provided assistance. Staff knew the people they were supporting.

Requires Improvement



Is the service responsive?

The service was responsive to people's needs.

There was opportunity for people to be involved in a range of activities within the home and the local community; however, there was not always varied social stimulation and meaningful activity provided.

Requires Improvement



Summary of findings

People's care plans contained sufficient and relevant information to provide consistent care and support.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

The service was not well led.

The provider did not take appropriate action following the last CQC inspection.

Quality monitoring systems in the home were not effective. We were not able to see the management's action plan for the future of the home or whether accidents and incidents were monitored. The provider failed to notify CQC about important events.

We saw staff, relatives and residents meetings were held.

Inadequate



Brooklands 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 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 over two days on 09 and 29 June 2015. Both days were unannounced.

The inspection team consisted of three adult social care inspectors, a specialist advisor in governance and an expert by experience in people living with dementia and older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the inspection team consisted of two adult social care inspectors.

On day one of our inspection there were 19 people living at the home. On day two of our inspection there were 18 people living at the home. During our visit we spoke with five people who lived at Brooklands Residential Home, two relatives, four members of staff, the matron, deputy manager and registered manager. We observed how care and support was provided to people throughout the inspection and we observed breakfast and lunch on all the floors of the home. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records and quality audits. We looked at seven people's care plans and six people's medication records.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. We asked one person what made them feel safe and they said, “It’s nice, everybody is friendly. It’s one big happy family.” One person said, “Yes I feel safe, why would I feel anything else?” Another person said, “Yes; they treat you well. It isn’t a good job for them [the staff].” One person told us they had not heard anyone shouting at people.

Relatives we spoke with said they had no safety concerns. One relative told us, “Very safe, because I see that care is in situ and the environment is comfortable. I have no anxieties about her well-being.” However, one relative we spoke with told us, “The residents have their own armchairs and a staff member tore a strip off [name of person] because they sat in a different seat. I felt so sorry for them. It has happened twice; the same staff member.” We asked them for the staff member’s name but they were reluctant because they had a family member at the home. When we asked if there was a staff member who raised their voice at their family member they said, “Yes.”

Staff we spoke with were able to talk about what they would do should they suspect any form of abuse was taking place. Staff said they would report any concerns to the senior and if necessary would speak with the manager or deputy manager directly. Staff we spoke with told us they had completed safeguarding training. The training records showed six staff members had not completed safeguarding training.

One staff member told us, “[Name of person] got out of the home and was over the road by Morrison’s a few weeks ago. Staff went to look for them.” We looked the person daily records for 10 May 2015, which stated, ‘[Name of person] had not been unsettled but after she went to the toilet at 19:30pm – 19:40pm, I noticed she hadn’t returned. Searched the home and grounds but unable to find [name of person]. Searched the surrounding area and then contacted the police. [Name of person] had already been found just by Morrison’s and police returned her shortly afterwards.’

We noted from two other people’s daily records they had also left the home unaccompanied and unnoticed by staff members.

We spoke with one person’s relative who told us their family member had left the home three times. They said, “It’s happened three times, the last was a few weeks ago, they opened a fire door at the back.” They also told us, “They got out of the front door; it wasn’t locked with a key.”

We noted on the first day of our inspection, on both the front and back door to the home posters were displayed telling two specific people not to leave the building. We asked if one person would be able to read the sign on the door and the registered manager said no. As the sign would be ineffective in ensuring people did not leave it meant people’s privacy and dignity was unnecessarily compromised. On the second day of our inspection both signs had been removed.

The matron confirmed no mental capacity assessment or DoLS application was in place for the person. We could not find a care plan to show how the home was managing the safety risk of these people. On the second day of our inspection we did see a mental capacity assessment had been completed, however, the ‘description of the decision to be made by the service user in relation to their care or treatment’ was blank.

We spoke with the registered manager and matron about these incidents and asked what had been put in place to keep people safe. The registered manager told us one person was a lot more settled and they said, “We are trying to keep an eye on them really.” They said they had fenced around the garden so they could not get out. A police incident form and wrist band with their name on had been put in place before he originally went out for the first time. They told us another person had settled down now. The registered manager told us one person had not tried to leave before or since. They told us staff were more vigilant.

We asked the registered manager if any of the incidents had been reported to the local authority safeguarding team or the CQC. They said they had not completed any notifications for the CQC and then said, “It did not cross my mind to make a safeguarding referral. Would I need to?”

We concluded the provider had not taken appropriate steps to ensure people were protected from abuse and improper treatment. This is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

One person we spoke with told us they got their medication on time but was not aware what the medication was for. Another person told us they got their medication on time and knew the medication was for blood pressure and their heart. Another person told us, “I think they bring me tablets now and again.”

We looked at medication stock and found it was not possible to account for all medicines. Staff had not accurately recorded when medicines had been administered and new stock was delivered. One person’s medication administration record (MAR) stated 28 Diazepam tablets were received on the 18 May 2015. The prescriber’s instruction stated ‘take one tablet at night when required’. The MAR showed 18 tablets had been taken, however, there were 12 tablets left. This indicated two tablets had not been taken but the MAR had been signed to say the tablets had been taken daily. One staff member told us, “She always has it and she needs it.” We also spoke with the matron regarding the ‘when required’ instruction. They said this was how the GP prescribed them but the person took the tablet daily. It was not clear if this medication was to be given as ‘when required’. We asked the matron to clarify this with the person’s GP to ensure the medication was being administered appropriately.

We concluded the provider was unable to account for all medicines.

We did not see people had refused medication and there were no notes on the back of the MAR to indicate medication had not been taken. A senior member of staff and the matron were unable to explain the differences in the stock levels and whether people had taken their medication.

The arrangements in place for the storage of medicines were satisfactory. The medicines were stored in the dining room. We saw the fridge was locked and the temperatures were checked. However, we found two people’s eye drops had not being stored according to the prescriber’s instructions. Both people’s eye drops had been stored in the fridge following opening on the 22 May 2015. The instructions for the eye drops clearly stated ‘before use store in a refrigerator (2-8oC). During use store at room temperature (up to 25oC). Discard remaining after four weeks’. The matron removed the eye drops from the fridge.

We asked how people living at the home received pain relief overnight when none of the night staff were trained to

administer medicines. The registered manager told us they were on call and staff would call them and they would come to the home to give the medicine out or make a decision that medication could be administered. This did not ensure people received pain relief in a timely and safe manner.

We found there were no individual written protocols in place describing the use of ‘when required’ medicines and about any individual support people may need with taking their medicines.

We found that care and treatment was not provided in a safe way for people using the service because there was no safe management of medicines. This is a breach of Regulation 12(2)(g) (Safe care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we had identified concerns about the provider’s policy for evacuation in the event of a fire. We had raised these concerns with the fire service. At this inspection, we reviewed fire records at the service to see if our previous concerns had been addressed. We asked for personal evacuation plans for people living at the home. Personal evacuation plans are records, which are used in the event of an emergency to ensure people’s safety is maintained. The matron could not locate these records at the service. We found the provider had taken them home, along with the fire risk assessment to update them. This meant the service did not have appropriate evacuation measures in place at the time of our visit. We were shown these records later in the day when the provider was asked to bring them to the home by the registered manager. We found these records to be up to date and detailed people’s support requirements.

Some staff we spoke with said they were unaware of the existence of personal evacuation plans. One staff member said, “Yes, they are in the file in the office.” Another staff member said, “We would use the fire door.” All the staff we spoke with said they had recently had ‘horizontal’ fire training which showed staff the best route to exit the building when required.

The matron told us they were the fire marshal on duty and said there was always a fire marshal on each shift. We asked the matron what additional training they had

Is the service safe?

received to undertake this role. She told us she had only completed general fire training via distance learning. We saw four staff had not received any fire training from the home's training record.

We asked one person living at the home if they had fire drills and they told us no but they would go outside if there was a fire. They told us the alarm goes off sometimes. Another person told us no one had spoken with them about what to do if there was a fire. One relative we spoke with told us they had heard the alarm being tested.

The matron told us weekly fire tests were undertaken. We saw records to confirm this and showed a weekly fire drill was also completed at the same time. We saw fire evacuation procedures had been discussed in the recent staff meeting. We saw regular checks were being completed on fire alarms, nurse call bell systems and emergency lighting. We also saw the home was undertaking regular health and safety checks in areas such as gas safety, portable appliance testing and lifting equipment.

We looked at the safety of the premises and found the home had wooden windows in some parts of the home. We found the windows did not have window restrictors, which complied with Health and Safety Executive guidance. We found seven of the windows we looked at exceeded the minimum opening distance therefore, putting people at risk. We highlighted our concerns to the registered manager who said they would arrange for this to be addressed. On the second day of our inspection we noted the windows had been adjusted and now met the Health and Safety Executive's guidance.

We looked at the accident records for two people. One person had five falls recorded from the end of March to the beginning of June 2015. They also had two records that contained information about unexplained bruising. We could see a GP had been called to look at one bruise; however, there was no evidence that an investigation had been completed. We asked the matron if the home had looked into these bruises and they said "It's just one of those things."

We looked at the care plans for both people. The person who had five falls was described as 'low' risk of falls in their manual handling risk assessment on 27 May 2015. There was no falls risk assessment in place and it was unclear how this risk had been assessed. We could only see one

body map had been recorded on 11 June 2015. We asked the matron if it was policy to record a body map following a fall which she told us it was. The body map on file was relating to unexplained bruising.

Another person had ten accidents recorded in 2015, eight of which were attributed to falls. We could see the home had contacted the GP on 26 May 2015 and asked for the person's medications to be reviewed as they may have been contributing to the large amount of falls. The manual handling risk assessment was recorded as 'medium' risk. We could not see how this risk had been calculated as no falls risk assessment was in place. We only saw one body map dated 12 May 2015 had been recorded following a fall.

We asked the matron if either of the people had been referred to the falls clinic to look at longer term preventative measures. We were told neither had been referred. Neither of the plans we saw detailed how the service was supporting the people to minimise any further risks.

We found that risks were not fully assessed for the health and safety of people who used the service and the environmental risks had not been updated. This is a breach of Regulation 12(2)(b) (Safe care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One relative told us, "There is a low staff turnover; there seems to be enough staff."

Staff we spoke with expressed concerns about the poor staffing levels at the home between 4:00pm and 9:00pm. One staff member told us, "We do not have enough staff. Call bells can take time to answer and after 4:00pm there are only two staff and the senior makes the tea." Another member of staff told us, "We could do with three staff at all times." We spoke with the deputy manager who told us the cook was away from work and a senior member of staff was taking it in turns to do the cooking. During the day the senior in the kitchen was not working on care and after 4:00pm there were only two members of staff.

We looked at the staff duty rota for the home for three weeks. We could see the home had three staff in the morning and two in the afternoon to care for nineteen people. Two staff were on duty during the night after 9pm. The registered manager confirmed they were on call out of hours.

Is the service safe?

On the second day of our inspection we were told by the deputy manager and noted from the staff rotas that staffing levels from 4:00pm had been increased. We were also told the cook had returned to work.

We found staff were recruited safely at the home. We looked at three staff files which showed appropriate pre-employment checks had been made, including a check to look at if people had any criminal convictions. All files showed staff had received an induction.

The matron told us the home used a regular member of agency staff. We asked to see the induction for this staff member and confirmation they were suitably trained and the appropriate checks had been completed. The registered manager told us this information was unavailable as it was stored on her home computer. Following the inspection we received the information relating to the agency member of staff.

At a previous inspection in October 2014, we found people who used services and others were not protected against the risks associated with infections as standards of cleanliness and hygiene had not always been maintained. At this inspection we found improvements had been made.

We found cleaning records were very basic at the home. The registered manager told us they were looking at introducing new records. We could not see details of any deep cleaning taking place. We saw night staff were responsible for the cleaning of communal areas. The cleaning record for the night before our visit had not been completed. However, historic records were in place.

We looked around the home and observed that all communal areas and a number of bedrooms were visibly

clean and hygienic. We saw personal protective equipment and liquid soap was available to people. However, we noted that one staff member did not wear an apron when carrying out domestic duties. We spoke with them and they said they used gloves but would only change these if people had diarrhoea. They said they had completed infection control training two years ago. The training records showed staff had completed infection control training in May 2015 and this would be carried out every two years.

We noted that in one bathroom the bath chair was cracked and this had 'duck' tape over it and the seat was not clean. We also noted patches of rust on bath chair equipment. We looked at three people's mattresses and found two were heavily stained. One person's mattress had a blue plastic sheet on which had holes in and the mattress was stained on both sides. We also noted the duvet had a plastic cover on before the duvet cover was put on. We asked a member of staff if they would sleep in the bed and they said no. Another person's bed base and mattress were stained and the mattress had a plastic cover over which had holes in it.

On the second day of our inspection we noted one bath chair had been replaced and a second bath chair was due to be fitted. The registered manager told us they were in the process of obtaining new bed bases. A mattress audit had been completed following the first day of our inspection on the 17 June 2015. This had identified that areas of several people's bed had failed and needed to be replaced, which the provider and registered manager were in the process of arranging.

Is the service effective?

Our findings

Staff we spoke with told us they had completed several training courses and these included safeguarding, fire awareness and medication administration. We looked at staff training records, which showed not all staff had received mandatory training. We saw the home's training policy stated mandatory training 'should be attended by all staff' and listed ten key training courses. We saw the two most recently appointed staff members, appointed in March and April 2015, had only received infection control training. The training records also showed two staff members had not received manual handling training; three staff members did not have health and safety training; six staff members were without first aid training; 11 staff members did not have food hygiene training; seven staff members did not have dementia training; and four staff members did not have fire safety training. These courses were all listed as mandatory in the home's training policy. Some staff were currently undertaking distance learning courses in medicine management and safeguarding. The matron told us these courses had been sent off to be marked externally.

We saw from the training records that some training had been completed over two years ago particularly in the areas of dementia and the Mental Capacity Act (2005), which were completed in 2012 and 2013. We asked the registered manager how often the service would update training for staff. The registered manager told us there was not a specific target such as annually, but that training was arranged when it was felt it was needed. We saw the training policy did not contain information regarding how often training should be renewed.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. One staff member we spoke with said, 'I have not had supervision over the last few weeks.' Another staff member told us, 'If I need anything I ask.' One staff member said, 'Not had an individual one to one.'

We looked at supervision records within staff files. The registered manager told us they tried to do supervisions every three months. We saw records of supervisions were sparse and did not show staff were able to discuss their ongoing development needs. One staff file recorded in March 2015 stated 'had a chat about a problem with

agency staff'. Only one of the files we looked at showed staff had received supervision in 2015. The other two files showed the last recorded supervisions were dated 20 August 2014 and 7 August 2014. All files showed staff had received an annual appraisal.

We were told by the registered manager they did not have a supervision policy or a supervision matrix to show when staff member's supervision was due to take place. We saw in the staff induction policy a one year induction and appraisals programme was in place, which included an annual appraisal. However, there was no evidence this process was carried out.

Staff training provided did not equip staff with the knowledge and skills to support people safely. There was no evidence staff knowledge and implementation was checked following completion of specific training courses. Staff did not have the opportunity to attend supervisions or annual appraisal meetings. This is a breach of Regulation 18 (2) (Staffing); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with both the registered manager and matron about how the home managed Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). Both the registered manager and matron acknowledged they were unclear of the processes involved.

On the first day of our inspection, the matron showed us three draft assessments she had completed. These assessments were not decision specific. For example, one assessment we looked at covered areas such as medication, resuscitation and personal care. This did not meet the requirements of the Mental Capacity Act. We saw six staff members had not completed MCA 2005 training. One staff member told us, 'We have just started doing capacity assessments.' Another staff member told us, 'Everything is written in care plans about people's MCA.' However, we were unable to evidence this was the case.

On the second day of our inspection the registered manager told us four mental capacity assessments had been completed. We looked at three of the mental capacity assessments, which recorded how people were unable to make a decision about their safety when out of the home alone. However, we noted that not every section had been completed and were not able to see involvement of family members or advocates.

Is the service effective?

The care plans we looked at did not contain appropriate and person specific mental capacity assessments, which would ensure the rights of people who lacked the mental capacity to make decisions were respected. This is a breach of Regulation 11 (Need to consent); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had made DoLS standard authorisation applications in October 2014 for 'most residents'. They told us they had sent the applications recorded delivery to the local authority safeguarding team but they had become lost. The local authority then asked that applications be sent electronically. No copies of these original applications were available for us to review.

The registered manager stated they had recently completed 'about nine' DoLS applications electronically. We were told no copies were available at the home as they had been sent from their personal computer. We asked to look at mental capacity assessments for these applications. The matron told us none were in place as they had only just begun to write them and she was waiting for the registered manager to check them. One staff member told us, "We have applied for two DoLS."

We were shown one approved DoLS application from 10 November 2014. Despite this no longer being needed, the home had not made an application to have the DoLS removed.

The matron and the registered manager were not aware the home could complete an urgent seven day DoLS authorisation. The home did not have a policy on MCA, DoLS or consent.

The applications for the Deprivation of Liberty Safeguards had been carried out; however, the applications had not been followed up and appropriate mental capacity assessments had not been carried out prior to the applications being submitted. This is a breach of Regulation 13(7)(b) (Safeguarding service users from abuse and improper treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the lunch time meal in the dining room and saw this was not rushed and we noted pleasant exchanges between people we were speaking with. The atmosphere was calm and relaxed. We observed staff working as a team and saw they indicated to each other where they had observed a person requiring support.

We noted the tables were laid with clean cloths and cutlery. We saw there was a choice of main course on a sheet on the wall and the main courses looked appetising.

We saw a staff member sat with one person during the meal, giving support when needed; however, we did not notice any conversation between them.

One relative we spoke with said, "[Name of person] eats well; she has soft food. Her drinks are fortified and she is weighed" and "The food is terrific here. [Name of staff member] is a really good cook. The food is lovely, it's made from scratch." One person told us they did have choice, however, said "But not always what you want." One person told us, "I can't see the TV. I could do with an optician." The person could not remember the last time they had seen one. One relative we spoke with said, "Mum sees a chiropodist and has her hair done now and again."

We saw from people's care records they received regular support from other health care professionals, such as district nurses, their GP, infection control nurses, the community psychiatric nurses and chiropodist. People also received regular eye checks.

We saw in one person's care plan they experienced on-going problems with an accumulation of wax in their ears. We asked if a plan was in place to monitor this with a view to them receiving medical intervention ear syringing on an annual basis. We saw the care plan had last been reviewed on 27 May 2015. The registered manager told us they had requested the district nurses to assess the person's ears during their regular visits and they were currently in discussions regarding the district nurses providing an ear syringing service on a more regular basis.

Is the service caring?

Our findings

At the last inspection we rated this domain as requires improvement. People were subject to institutional practices such as having baths on set days. Some inappropriate labels were used when referring to the support people required.

On the day of our inspection we observed staff assisting people who used the service. People appeared relaxed and comfortable in the company of staff and each other. Staff were friendly, although there were long periods when people had no interaction with staff. We saw people were dressed appropriately, looked clean and appeared well cared for.

People we spoke with said they were generally happy with the care they received and they were well looked after. One person told us, "Lovely; good food." Another person told us, "Yes, I have a nice little room. Where else can I go? I don't want to go in an asylum, I'm 97! [they chuckled]. It's a nice home." One person said, "I'm a bit of a rebel. My life is not my own." One person said, "I like all the staff." Another person told us, "The staff are perfect, they are all my friends."

We spoke with relatives who told us they were happy with the care and support their family member received at the home. They told us staff understood the care and support needs of their family member. One person told us, "From what I can see, the place is clean. They [the staff] try to interact, but whether he responds, I don't know. The tone of people's voices matters; some he will respond to but not to raised voices. He never complains." Another relative told us, "Staff treat mum with respect; she is always clean and well dressed. Even her bed linen is coordinated, they do these extra cares." One relative said, "Staff have been very good with me. My husband died. The staff sent me a card. They are very caring with a nice attitude." One relative told us they were very involved with her mother's care.

We observed staff spoke with people in a caring way and supported their needs. We observed the interactions between staff and people were unhurried and friendly. Staff appeared to know people well.

Relatives were coming and going throughout the day without restriction. One person told us, "My wife comes every day and my son comes to take me out about every three weeks." Another person told us, "My son is taking me out today and my grandson came on Sunday."

A staff member told us, "One of the residents had a visitor last week and we let them do what they wanted to do; we let them eat together."

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day. The premises were spacious and allowed people to spend time on their own if they wished. One person told us, "If I ask for anything, they will do it."

One person we spoke with told us, "I get weighed but they don't tell me what I weigh. That is wrong." One relative told us, "I am involved in my mum's care planning." Another person told us, "When Mum could no longer walk and with everything that had gone on, we discussed what to do next. I was impressed because [name of staff member] said, "Of course, we'll keep her here; it's her home."

We found some of the language used around social support was not dignified. The deputy manager showed us 'where the resident's toys were kept' and also 'residents were playing with the play mat today'. This terminology did not show people were treated with dignity and respect at the home.

One person told us, "There is no opportunity to talk privately to the Dr or anyone."

One person told us they had a set day for a bath or shower. We asked whether they could change the day they had a shower they said, "No. Because it's a fixed day." Another person told us staff came in at night to make sure they were ok. They also said they got up in a morning between 7:00am and 7:30am and the staff came in without knocking on the door. Another person told us they were treated with respect and kindness.

One person told us, "No, you don't stay in bed. I've never known anybody have a lie-in. It would be nice, but I think they want to look after you like that" and "Mostly I can go to bed when I like but they like you to be in bed by 8:00pm."

Is the service caring?

One staff member told us, “I love it. The residents come first. They have a choice about the time they get up; if they don’t want to get up then we don’t get them up. They have their own toiletries too. They can have a shower or bath anytime.”

A relative told us, “People are encouraged to walk rather than use frames.” However, we saw on one occasion, one

person was approaching the toilet and we saw a staff member was coming the other way and they spoke to the person in a disrespectful manner and in a tone of voice that would have been best suited to a naughty child. They said, “Just look at the state of you.” We told the registered manager about this who said they would speak with the member of staff.

Is the service responsive?

Our findings

At the last inspection we rated this domain as requires improvement. Care records did not include regular records of the support people received. This made it difficult to check people had received support in line with their care plan.

The care plans we looked at contained a range of information including, diet and weight; communication; hygiene needs; pain; continence; mobility; mental state and cognition; medication and promoting independence. We saw people's daily record sheets had been regularly updated up to the date of our inspection.

We saw care plans had been reviewed regularly. Care plans we saw included a life story, we were able to see staff had taken the person's interests and background into account when assisting them in their daily living. This included visits to places of interest or watching specific documentary programmes or films on TV.

We noted one person had developed an allergy to their medication for pain management and this was promptly referred to the GP who changed this straightaway. The person also had a leg brace fitted, which, according to the notes, prevented them from being weighed. When we discussed this with the registered manager and matron, they told us the person's weight was being regularly monitored visually and they were hopeful the brace would be removed soon.

We saw one person was unable to get out of bed and that consequently, they were being regularly monitored for pressure ulcers. The person was receiving a diet of pureed food and a syringe for giving them fluids, along with a thickening agent. This regime was regularly documented in the care plan. We also saw this person was receiving regular visits from the district nurses.

We spoke with one person living at the home who told us they were in pain. We saw they had very sore and swollen legs. The person told us the pop socks they had on were hurting their legs and we asked staff to remove them. We saw the socks left a dent in this person's legs and we also noticed a pressure ulcer was on her right ankle. We saw the person was visibly wincing with the pain they were experiencing. We spoke with the deputy manager who told us they had been dressing this wound with 'an allevyn dressing'. We asked the deputy manager who had

prescribed this dressing and were told it had not been prescribed by a doctor or nurse and they had chosen it to "Give some protection to the wound." We asked the manager if a GP could be contacted and they said they would book an appointment.

We looked at the person's medicine administration record and saw they were receiving a regular dose of pain relief. The person told us, "I am on Paracetamol but that doesn't touch my pain." They also told us the pain was worse at night time when they were in bed. We looked at the person's care plan which noted on admission in the foot care section, they were diabetic. We spoke with the registered manager and matron who told us they were not diabetic but was 'borderline' when they first came into the home.

We saw in the person's care plan under the pain section; it stated, 'takes regular pain relief and is able to express her needs'. We noted on the 5 May 2015 the person saw the practice manager regarding their legs and cream was commenced. On the 25 May 2015, the person complained of pain in their legs and 'was encouraged to take pain relief'. On the 27 May and the 3 June 2015, staff carried out an annual review of this person's care along with a family member, following which it was recorded that no changes were required to the pain management plan.

We also saw on the 27 May 2015, a body map in the care plan showed there was a small sore to the left ankle, to which a dressing was applied. The daily records showed cream had been applied and on the 5 May 2015 a GP visit request was made and they were prescribed ointment and cream to be used.

We spoke with the registered manager about how the home managed the person's pain. The registered manager told us the pain described by this person 'was more of a psychological thing'. They said they didn't believe this person had pain and stated she had just gone to ask them if they were in pain and was told no.

Following the inspection we received information from the registered manager, which stated the district nurse visited on the person and said the sore patch on their ankle was nothing to worry about, but put an allevyn dressing on and a stockinette in an attempt to stop her removing the dressing. The GP visited and changed the person's PRN medication and on reviewing this a few days later, the

Is the service responsive?

person told the registered manager they had no pain because they had a special bandage on their leg now and it had cured them. One the second day of our inspection we noted the person had a support bandage on.

We looked at social activities offered at the home. The registered manager told us activities were planned weekly and displayed on the information board in the dining room. They said the activities could change daily to suit the needs of the people living at the home.

We saw an activity plan was written on the information board. This information was not very clear as it was written in small writing. We looked at the 'entertainment book' where staff had written what social activities people had participated in. Information was very basic and did not show that varied social stimulation was offered to people. For example, on the 1 June 2015 the entry read 'played play mat', on 4 June 2015 the entry read 'sat outside and chatted' and on 6 June 2015 the entry read 'residents watched films this afternoon'.

One person told us, "There are all these board games and two singers come in about once a fortnight; they are good." One person told us, "I used to paint with oils. Things that I used to see. You don't go out and see things like that anymore." One relative we spoke with told us, "They do raffles. They had events before Christmas. They make an effort. They set the tables for Easter."

We looked at the service's complaint policy and complaints records. The policy clearly stated how people could make complaints and where they could contact outside agencies for assistance. One complaint and one concern had been recorded since our last inspection. We saw that appropriate actions had been taken to address issues.

One relative we spoke with to us they had only had minor concerns which had been dealt with.

Is the service well-led?

Our findings

At the last inspection we rated this domain as inadequate. There was no formal monitoring of quality and risks in place. Where audits had been completed there was no record of these available at the time of our visit.

At the inspection in July 2014 we found the provider was breaching three regulations. The breaches related to infection control, assessing and monitoring the quality of service provision and the keeping of accurate records.

At the time of our inspection the service had a registered manager who was also the provider. The registered manager was in day to day control of the home. The home had a matron and a deputy manager. The registered manager worked alongside staff overseeing the care and support given and providing support and guidance where needed.

We asked people if they knew who was in charge. One person told us, “No, but no doubt my daughter does.” Another person said, “[Name of manager] comes round but she doesn’t spend time.”

We saw the home had a policies and procedures file that had recently been updated. The matron told us staff had access to these policies at all times.

We asked the matron what quality audits were undertaken at the home. We were told the home had recently been sent a new detailed audit by the local authority and this would be implemented soon. We received a copy of the local authority visit report which was dated May 2015. The matron also told us care plan audits and health and safety audits were also being planned but had not yet been agreed. We saw the matron completed ad hoc medication audits of the ‘as and when’ required medicines. We saw three people had these audits in place and had been completed in May 2015.

We saw a fuller medicine audit had been completed on 29 June 2014 and saw the audit indicated all staff who administered medicines had a competency assessment in place. We looked at the records for the two staff on duty who were administering medicines on the day of our visit. Neither staff had records which showed they had received a competency assessment. One of the staff members had a record in their supervision file which stated on 7 July 2014 the matron would be observing them giving the lunch time

medications. We asked the matron to clarify this and they confirmed no formal assessment had been undertaken to look at competency. We did see evidence the two staff had received medication training in 2012. The matron told us staff were currently undertaking a distance learning medicine course.

We saw an infection control audit had been completed by one of the providers of the service. This audit was not dated and the provider told us, “It is a work in progress.” We saw within the audit, sections had been fully completed, however, the sub sections had not been calculated to obtain a score. This made it difficult for us to determine if the service had passed the audit.

We saw there was a mattress audit in the infection control file. This had not been completed. The registered manager told us they were currently picking which audit tool to use. We saw the home had recently introduced an audit for ‘monthly survey and preventative maintenance’. This audit was completed on 1 June 2015.

We looked at accident records at the home. It was hard to evaluate the accidents that had occurred as there was no overarching monitoring record in place which showed an analysis of the accidents. All records were kept in people’s individual files.

The matron told us no safeguarding referrals had been made by the home in the last six months. During the visit we identified three incidents where people left the service without staff realising. These incidents had not been referred to safeguarding and no notifications had been sent to CQC to advise us of these incidents as required to do so. The registered manager told us they were not aware these incidents needed reporting to CQC. We asked the registered manager to look at a record of all CQC notifications sent in the last six months. The registered manager said, “I send them all by post and I don’t keep copies now.”

On the second day of our inspection, we asked the registered manager how they quality managed the home and mitigated risks to people who used the service. They told us this would be included in the new monthly management report they were in the process of adapting following a local authority visit. They also said they had updated the accident report since our inspection on 9 June 2015.

At the inspection we identified there was a lack of gathering, recording and evaluating information about the

Is the service well-led?

quality and safety of the service and concluded the provider's systems and processes were not operated effectively. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at records of staff meetings held at the home. We saw the last meeting was held on 24 March 2015. We saw areas for development of the home were discussed during these meetings. We saw the home had a residents and relatives meeting on 17 March 2015 that was attended by the majority of people living at the service. Feedback recorded from this meeting showed people were happy with the service they were receiving.

The registered manager told us they had begun work on feedback given to the service from a recent local authority visit. They said they had only just received this report so had not yet formulated an action plan.

We looked at quality surveys the home had undertaken. We saw an analysis of the resident and family audit that was

completed in February 2015; however, the home was unable to provide us with the original surveys to view. The matron told us, "I am not sure where they are." We saw from the analysis 19 surveys were sent out and 14 were received back. The overall response was positive.

One relative told us, "Our granddaughter attended a meeting with others, there weren't many there and not much was discussed." Another person told us, "I get involved, They have meetings; they are not fabulously attended. Relatives do get involved to a certain extent."

We saw an employee survey had been completed in February 2015. Fourteen surveys were sent out and 12 were received. The analysis stated the negative answers 'were returned by only one member of staff' and 'this member of staff has now left their employment of her own accord due to numerous concerns during her employment'. All other feedback was positive.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(2)(g) We found that care and treatment was not provided in a safe way for people using the service because there was no safe management of medicines.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(2)(b) We found that risks were not fully assessed for the health and safety of people who used the service and the environmental risks had not been updated.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staff training provided did not equip staff with the knowledge and skills to support people safely. There was no evidence staff knowledge and implementation was checked following completion of specific training courses. Staff did not have the opportunity to attend supervisions or annual appraisal meetings.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The care plans we looked at did not contain appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected.</p>

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The applications for the Deprivation of Liberty Safeguards had been carried out; however, the applications had not been followed up and appropriate mental capacity assessment had not been carried out prior to the applications being submitted.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have effective systems in place to monitor the quality of service delivery.

The enforcement action we took:

We have served a warning notice and the provider was told they must become compliant with the Regulation by 14 September 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

We concluded the provider had not taken appropriate steps to ensure people were protected from abuse and improper treatment.

The enforcement action we took:

We have served a warning notice and the provider was told they must become compliant with the Regulation by 14 September 2015.