

Little Brook House Ltd

Little Brook House

Inspection report

101 Brook Lane
Warsash
Southampton
SO31 9FE
Tel: 01425 582821
Website: www.littlebrookhouse.co.uk

Date of inspection visit: 30 & 31 July and 3 & 19
August 2015
Date of publication: 06/11/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Little Brook House is a privately run residential home for up to 25 older people, some of whom are living with dementia. The home also provides a respite service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection on 26 June 2014, the provider was in breach of six regulations relating to; Respecting and involving people who used the service; Care and welfare; Safeguarding people from abuse; Safety and suitability of premises; Staffing; and Assessing and monitoring the quality of the service.

The provider sent us an action plan telling us what they would do to meet the requirements. At this inspection the provider had made some improvements but we found some on-going concerns.

Summary of findings

Staff understood how to recognise the signs of abuse and knew how to report their concerns, if they had any, within the home or to CQC. However, not all staff had received safeguarding training and were not all able to identify the Local Authority safeguarding team which is the lead safeguarding agency.

Staffing was not sufficient and had not been increased following the opening of a five bedded extension in January 2015 and an increase in people living at the home. Staff told us there were not enough staff and said they did not have time to sit and chat with people or provide one to one time. The manager and team leader had not completed on going management tasks because they were required to help provide support to people. People told us they were often bored and there were not enough staff on duty. The home had employed a part time activity co-ordinator, but we did not see any activities taking place during the inspection.

There was a positive and caring atmosphere in the home. Staff interacted with people with kindness and respect and promoted their independence. Staff felt respected and listened to by the manager. They felt supported by the manager and team leader. However, training was not sufficiently robust to ensure all staff were competent to carry out their role.

The provider could not be assured their recruitment practice was safe because recruitment documentation for staff was inconsistent or missing. There were no photographs, identification documents or health assessments in some staff records.

Care plans and other records were not always sufficiently comprehensive to provide staff with the information they needed. However, despite this people whose care we

tracked had received appropriate healthcare interventions when required. Staff were aware of people's individual risk assessments and knew how to mitigate the risks, although this was not always recorded effectively.

Medication was stored safely and administered by staff who had been trained to do so. There were procedures in place to ensure the safe handling and administration of medication. However, medicines were not always ordered in a timely way and there were some gaps in recording and follow up of administration of medicines, particularly the application of creams.

Systems were in place to assess and monitor the quality of the service although these were not always effective. Most of the provider's policies were out of date or had been reviewed but not effectively. For example, they had not been amended to reflect changes in legislation.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the manager acted in accordance with the Mental Capacity Act 2005. People's mental capacity was assessed when specific decisions needed to be made, and were made in their best interest involving relevant people. Deprivation of Liberty Safeguards (DoLS) applications to the local authority had been submitted where appropriate. However, not all staff understood best interest decisions or whether people had a DoLS in place.

Maintenance and servicing of equipment and the environment was managed effectively.

At our previous inspection we found six breaches of regulations. At this inspection we identified six breaches of regulations. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is not always safe. There were not enough staff on duty at all times to ensure people were safe. Not all staff had received training in safeguarding people from harm or fire evacuation and the provider could not ensure recruitment practices were robust.

Some aspects of medicines management were managed well. However, some people were put at risk because they did not always receive their medicines as prescribed.

Risks to people had been identified and measures put in place to minimise these risks.

Inadequate



Is the service effective?

The service is not always effective. Staff had not received sufficient, up to date training to ensure they had the right skills to meet people's needs.

People were supported to eat and drink sufficient for their needs.

People were supported to maintain their health and wellbeing and were referred to healthcare professionals when necessary.

Requires improvement



Is the service caring?

The service is caring. Staff respected people's privacy and asked for permission before providing care and support.

Staff were kind and friendly and interacted with people positively and with compassion and understanding.

Staff promoted people's independence and their rights to make choices.

Good



Is the service responsive?

The service is not always responsive. People were not always supported to follow their interests or take part in social activities.

People's care plans were person centred and took account of their individual preferences. Care plans were regularly reviewed and reflected people's needs. However, advice from a health care professional had not been followed appropriately on one occasion.

Complaints and concerns were investigated and responded to appropriately.

Requires improvement



Is the service well-led?

The home is not always well led. People's care records were not stored securely and confidentially.

Systems were in place to assess and monitor the quality of the service, although these were not always effective in identifying shortfalls.

Requires improvement



Summary of findings

People told us the manager was approachable and they would raise concerns if they had any. People were asked for feedback on the quality of the service through annual surveys and residents meetings.

Little Brook House

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 was carried out by an inspector, a specialist adviser and a second inspector on 30 & 31 July and was unannounced. One inspector returned on 3 August 2015 to talk with the manager who had been on leave on the previous days of the inspection. An inspector returned on 19 August 2015 to collect some additional evidence we had requested.

Before and during the inspection, we reviewed all the information we held about the service including safeguarding concerns and notifications received by the Care Quality Commission. A notification is when the provider tells us about important issues and events which

have happened at the service. We reviewed the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helps us decide what areas to focus on during inspection.

During our inspection we observed how staff interacted with people. We spoke with six people living at the home and one relative to obtain their views on the quality of care. In addition, we spoke with the manager, the team leader and four care staff. We reviewed six people's care records which included their daily records, care plans and risk assessments. We viewed twenty three people's medicine administration records (MARs). We looked at recruitment and training files for seven staff. We also looked at records relating to the management of the home. These included audits, minutes of meetings, maintenance and health and safety records. We spoke with two care professionals before the inspection, and spoke with the Fire and Rescue Service following the inspection because of some concerns we identified.

Is the service safe?

Our findings

People told us they felt safe at Little Brook House. One person told us “I’m not worried about any of the staff or any of the other people who live here. If I thought someone was behaving badly I would say something about it.” Another person said “I feel safe here” and “They are all okay. There is no friction between the people who live here.” However, during this inspection we found the provider had not ensured all aspects of safety within the home were adequate and put people at risk of harm or not receiving the support they needed. People told us there were not enough staff. One person told us “There aren’t enough staff. They are always busy doing things. I don’t think the staff do a lot for everybody as they haven’t got the time.” Another person told us “They need more staff.” Another person said “Sometimes the food isn’t warm enough because there aren’t enough staff and they have to get the food out to everyone at once.”

At our inspection in June 2014 we found there were insufficient staff on duty to keep people safe and attend to their needs. At this inspection we identified on-going concerns and judged there were not sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed at all times.

Staff told us there were not enough staff on duty. One staff member said “We have enough staff if we only have to provide care. People definitely do not go without care, but we don’t have time to have a chat with people or provide one to one care. We could do with someone to do teas or help with the dishes. That’s what takes the time up.” Other staff said “We don’t have enough staff at all times. Fridays can be a problem. The manager will try and get someone to fill in even if it means using agency, or the supervisor will work on the floor if we can’t get anyone,” and “The main challenge here is having the time to do things.”

The provider had increased the number of care staff during the day from two up to three following our inspection last year when we identified there were not enough staff for the twenty people they were previously registered to accommodate. The home had recently opened a large, new extension with an additional five bedrooms and there were twenty three people living in the home at the time of our inspection. Some of these new bedrooms were now

occupied and one person who had moved in required two to one support from staff for their personal care needs. In addition, there was now a second communal lounge for staff to supervise.

We discussed staffing with the provider who confirmed they had not increased the staffing levels in light of the increased occupancy and size of the building. They told us they thought the staffing was sufficient as the team leader and registered manager were also available to support. However, the registered manager told us it was difficult finding time to complete their management duties as they also spent time assisting people and staff. Staff meeting minutes from 2 July 2015 stated that calls were being missed and were going to answerphone, noting an enquirer had rung and was told by a staff member they had to ring back the next day as staff were “too busy to talk”.

The provider had recruited a team leader in October 2014 to support the registered manager but we were told the team leader was a ‘Floater’ and supervised the three care staff and was also required to provide support to people. In this instance the ‘Floater’ was a member of staff who was on the rota as an additional staff member to work flexibly and support the three care staff where needed, as well as carrying out supervisory duties. However, we saw on two days during week beginning 27 July 2015, the team leader was on the rota as the third member of care staff. The rotas also showed that on four consecutive Sundays during July and August, one member of care staff worked a ten hour waking night shift, finishing at 8am. They then continued to work as the cook in the kitchen to prepare the meals during the day. In the evenings, when the registered manager and team leader had gone home, and at weekends there were only three care staff on duty to support twenty three people.

Throughout our inspection we observed people left unsupervised in communal areas waiting for staff to help them with aspects of their care and welfare. Inspectors went to look for staff to help people on three occasions but could not find anyone in the vicinity. On one occasion a person waited twenty two minutes before staff re-appeared. The provider told us the impact on staff during our inspection had been significant and this was why we had observed periods of time when people had waited for support. However, the comments we received from staff and people related to staffing in general and not just on the days of our inspection.

Is the service safe?

Not all staff had taken part in a fire evacuation drill, and according to the training information supplied to us by the provider, ten staff had still to complete their fire safety awareness training. The rota for 23, 24 and 26 July 2015 showed that the only staff on duty at night (waking night staff), were amongst the staff who had not received their fire safety training. Between 30 July and 16 August 2015 a further seven waking night shifts were being covered solely by night staff who had not completed their fire safety training according to the training information the provider supplied to us. A staff member on the day shift told us they had not had fire evacuation training.

This is a breach of regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing .

At our inspection in June 2014 we found concerns in relation to how the provider safeguarded people from abuse. At this inspection we identified on-going concerns.

Safeguarding procedures were in place but were not always effective. Staff knew about the current safeguarding policy, including the whistleblowing procedure and confirmed they would use it if they had to. Whistleblowing is when a staff member can raise concerns anonymously outside of their own organisation. Staff told us they had access to the registered manager and the owner and felt confident they would act if they raised a concern. However, staff had not all received safeguarding training. Whilst staff were able to explain how they would identify and report suspected abuse within the home or to CQC, they were not all aware of the lead agency for reporting safeguarding concerns to (The local authority), which was included in their safeguarding policy.

The safeguarding adults' policy required updating to ensure that staff had up to date guidance on safeguarding people in the home. The registered manager told us they had drafted a new policy and had received feedback on it from an external organisation. They had yet to make the amendments and produce the final policy for staff. This had been an outstanding action for the previous manager since August 2014 when it was requested by the local authority. Following the inspection, the provider told us the policy had been updated and agreed by the local authority but this was not available on the day of inspection. At the inspection we asked for the home's safeguarding

information and policy and were given the safeguarding file. The policy in the safeguarding file at the time of our inspection was dated 10 February 2014 therefore staff would be referring to an out of date policy.

This is a breach of regulation 13(1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safeguarding service users from abuse and improper treatment.

The management and administration of medicines was not always robust and people were at risk because they did not always receive their medicines as prescribed. Handwritten medicine administration record (MAR) charts had not all been counter signed by a second staff member to confirm the transcribed information was correct. Some handwritten MAR charts had not been signed at all so it was not possible to identify who had transcribed the prescription information should an error have been made. PRN medication (This is a medicine that is taken as and when, such as 1 or 2 Paracetamol for pain relief) where a variable dose could be given was not recorded accurately so staff could not be sure how much they had received. For example, there was no quantity recorded for one person who was given their PRN medicine between 20 and 26 June 2015.

Procedures for obtaining medicines were not always effective. One person's medicine had not been obtained in a timely way so they were unable to receive it when they needed it on one occasion. We were told this was because the person had not been registered as a temporary patient with a local GP during a respite stay so staff were unable to get an emergency prescription when their original medicine was spoiled. Another person's MAR chart had been recorded as "O" (none available) for their food supplement during a period between 20 and 26 June 2015 so they had not received it.

The home had an emergency contingency plan but it was not robust and did not give staff adequate information about what to do or who to contact in the event of an emergency. People had a personal emergency evacuation plan in their bedrooms. However, these were not individualised and there was no list in place for staff to prioritise who should be evacuated first or the level of assistance that would be required by each person. Some staff were aware there was a grab bag in reception, which they would take in an emergency and which included people's evacuation plans. However, other staff told us they

Is the service safe?

would refer to the evacuation plans on people's bedroom doors which did not give them sufficient instructions. One member of staff said they did not know who the most priority for evacuation would be but said they would evacuate the most mobile people first.

This was a breach of regulation 12 (2)(f)(g) & (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

Staff completed on-line training in administration of medicines and were assessed for competency before administering medicines. Refresher training and staff competency was reviewed annually. The provider had good systems in place for storage and disposal of medicines. The storage of medicines met the required standards, including controlled drugs. Controlled drugs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971.

We observed a member of staff dispensing medicines to people. They took time with people and asked them for their consent before giving their medicines. They ensured each person had a drink to assist them to take their medicines easily. Medicine administration records (MAR) were signed after each medicine was given to record that the person had taken it successfully.

A relative told us that "as far as they knew my [parent] always received their medicines as prescribed". They said "They [staff] always check what time [my parent] had their medicine when I return them, to make sure there is a four hour gap."

The provider could not be assured that people were cared for by staff who had demonstrated their suitability for the role. Application forms had been completed and recorded the applicant's employment history, references had been obtained and any relevant training recorded. We saw a Disclosure and Barring Service (DBS) check had been obtained before staff commenced work at the home.

However, there was no photograph identification in several staff records, or health declarations to demonstrate that all staff were mentally and physically fit to carry out their roles. The registered manager told us they had seen photograph identification for all staff but had disposed of this in some cases, as they thought they did not need to retain a copy or record what they had seen. They were not aware of the requirements of Schedule three of the Health and Social Care Act 2008 in relation to recruitment, which explains what checks a registered person should carry out before appointing a new member of staff.

This is a breach of regulation 19 (1)(b)(c) (2)(a) & (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Fit and proper persons employed.

People were protected from foreseeable harm arising from healthcare concerns because the provider had carried out individual risk assessments to identify when people were at risk, such as from falling or pressure ulcers. Appropriate measures had been put in place to reduce any identified risks.

The home was maintained to a safe standard by a member of staff employed specifically to oversee these areas. There was a maintenance book for care staff to inform the maintenance staff of items that required repairing but we were told this information was usually passed on verbally and the system worked well.

Checks were carried out on equipment such as the fire alarm and emergency lighting and any actions required were recorded and completed. Other checks and servicing were carried out by professional contractors as required, such as the gas boiler, passenger lift and hoist and any issues found were acted upon. However, we contacted the Fire and Rescue Service following our inspection due to concerns we had about the evacuation routes in one part of the building. They attended and identified some concerns which they have asked the provider to put right.

Is the service effective?

Our findings

People told us that they were provided with choices of food and drink and they had a varied choice. One person said “They leave orange squash around but I don’t like that so I have a jug of water in my room. I always eat in the dining room. I suppose I could eat in my room if I asked but I like to eat in the dining room. We get two choices at lunch.” Another person said “I suppose if we didn’t like something we could ask for an alternative. I have always been quite happy to eat what’s on the menu.” A third person told us “I get enough to eat and drink. I would ask for something if I was hungry.”

People and relatives told us they felt the staff were competent in their role. One person said “I do think the staff know what they are doing when they are providing care.” A relative told us “My [parent’s] health has improved dramatically since coming here. My [parent] wasn’t eating at home and was totally confused.” They told us their parent’s appearance and articulation had also improved significantly.”

However, whilst we found some improvements had been made since our inspection in June 2014,

the provider had not ensured that staff received appropriate and adequate training and were supported to improve their practice. The provider expected staff to complete on-line training but the effectiveness of this training had not been assessed. There were some gaps in knowledge around some key areas of care such as the Mental Capacity Act 2005 (MCA) best interest decisions, safeguarding, or challenging behaviour and some staff told us they had not received this training. One member of staff said “We don’t get feedback on the training booklets. I think they go into our personnel files.” Staff told us they had received some recent face to face training from a district nurse about diabetes and pressure ulcer care and wanted more training to support them in the roles.

The provider told us they were looking into other ways of providing training but this would not happen until they had completed the National Minimum Data Set (A national organisation for collecting information from care providers) requirements so that they could reclaim the costs of the training.

We asked for the training records and were told these were kept up to date by an administrator who was away at the

time of the inspection. Following the inspection, the manager sent us their staff training records which confirmed that all of the training listed was delivered by an on-line provider. Records showed that training had not been undertaken by a significant number of staff in important key areas. Of the eighteen staff identified on the training plan, only two staff had completed first aid training, four staff had completed health and safety and only six staff had completed training in diet and nutrition. Six staff had completed infection control training, eight had completed fire safety training and four had completed MCA training.

This is a breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing.

Staff received a formal induction when joining the service. All but one member of staff told us they received on-going one to one supervision meetings as well as attending staff meetings. Staff told us these were opportunities to review practice and bring up any concerns they may have. Staff and supervision records confirmed staff were able to discuss any concerns they had regarding people living at the home. One member of staff said, “I have regular one to one meetings with the manager every three months. We can discuss how I can improve.” A second member of staff said, “We have staff meetings monthly or bi-monthly. We discuss grievances or if there are going to be any changes. We don’t discuss residents at staff meetings. The handover is where we discuss residents.”

We observed effective communication between staff at the afternoon handover shift change. Staff discussed people’s care and mood during the morning and identified anything the on-coming shift needed to know, such as a reminder to apply a person’s cream, a district nurse’s visit and a relative’s request to bring some furniture in.

People told us that they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us that they had seen their GP twice since moving into the home and attended a specialist clinic for their condition. Care and the daily diary showed people accessed support from other health professionals such as the chiropodist, the GP, the district nurse and a community psychiatric nurse (CPN), when required.

Is the service effective?

People's mental capacity had been assessed and taken into consideration when planning their care needs. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Consent to care and treatment had been recorded in people's care plans and these had been signed by people to say they had given their consent. Where people had refused care, this was respected by staff and recorded when they had offered the care again later. Staff were knowledgeable about the requirements of the MCA and confirmed that they gained consent from people before they provided personal care. However, there was inconsistent knowledge within the staff team in relation to best interest decisions. One staff member told us "If I had concerns about a person's mental capacity I would inform the manager. I don't really know what best interest assessments are." They told us the manager completed these.

Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included 'do not attempt cardio pulmonary resuscitation' (DNACPR) forms, and showed that in all but one record, relevant people, such as social and health care professionals and people's relatives had been involved.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager understood when an application should be made and had applied to the local authority for relevant authorisation to deprive a person of their liberty when required.

There was a choice of food and drink available throughout the day in the communal areas, such as fruit and orange squash. People were offered tea and coffee and biscuits during the morning and afternoon, and water jugs were placed on each dining table at lunchtime. People were also offered wine with their meal which many people accepted and enjoyed.

People who were at risk of dehydration or malnutrition were appropriately assessed using a recognised assessment tool. Daily records showed people's food and fluid intake was recorded and monitored, and people were referred to a doctor if staff had concerns. Information was shared with health professionals at reviews to inform decisions about how to meet people's changing needs.

Is the service caring?

Our findings

People were positive about the care they received and one person told us that staff were “Very, kind. They are really charming.” Another person said “The care couldn’t be better. The staff are always smiling.” A third person told us “I would say it’s very apparent that the people here care.” A relative told us “My [parent] described the staff as lovingly kind.” A visitor said “I think the care staff are marvellous. They [People] always look clean and well presented.”

Staff knew people well and were able to tell us about them in detail, such as their care needs, preferences, life histories and what they liked to do. They spoke sensitively and enthusiastically about the people they supported. People’s needs in respect of their disabilities had been accommodated. For example, one person who had sight difficulties had a telephone in their bedroom with an extra-large number pad so they could see the numbers they were dialling.

Staff promoted people’s independence and described how they recognised people’s individual choices, such as where they wanted to eat their meals, and their views were

respected. Our observations throughout the inspection confirmed that staff, although they were task focussed, were kind and caring and interacted with people in a relaxed and informal way.

Staff provided care and support for people with respect, used people’s preferred names and checked for permission before providing any care or support. For example, we saw staff knocking on people’s doors and asking for permission before they entered their bedrooms and asking for consent before giving people their medicines.

The home was relaxed and people looked comfortable and happy with the staff on duty. People’s bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People could spend time in their room if they did not want to join other people in the communal areas.

Visitors were able to come and go at any time and people told us that staff welcomed them. One person said “My friend visits regularly. She gets offered a cup of tea when she comes.”

The home had an on-site shop which opened once a week and enabled people to choose and purchase their own provisions.

Is the service responsive?

Our findings

People told us that they felt involved in day to day aspects of their care although not everyone thought they were involved in other decisions. One person said their relative had power of attorney and “They do most of that.” One person said “I am asked about daily things. I choose my own clothes and can wash and dress myself. They have resident's meetings, they had one last week.” A relative said: “My [parent] had a trial day before they came in. It was initially for respite but the home explained it was also to assess if the home was suitable for their needs.” However, people told us there were not many activities to keep them occupied. One person said “We don't get a lot to do. I asked for a quiz instead of us all sitting and looking at each other.” Another person told us “There is never anything to do. I like to be doing something. I would like to do more during the day.” A third person said “We don't have activities every day.”

We did not see any activities taking place during the time we spent in the home on 30 and 31 July. Some people had regular visitors and were taken out. For example, to the garden centre or for lunch. Other people told us there was not much to do in the home. Staff said they sometimes did quizzes and some people liked to get involved with the running of the home and help out with tasks such as hanging out the washing or wiping down the tables after lunch.

Staff told us there was a part time activities co-ordinator and showed us an activities file. This had some information in it which showed when people had attended an activity, such as a poetry session or a seated physical activity. The facilitator recorded the content of the sessions. For example, exercising fingers, elbows and co-ordination skills. Staff told us that external entertainers visited regularly such as a harpist and music reminiscence and there were arts and crafts sessions. We looked in people's daily records and there were very few recorded activities. During the month of July, records showed that no-one had attended music reminiscence or arts and crafts. For the month of August there were no diarised activities planned in the diary.

We spoke with the provider about the lack of activities and that there was no record of activities taking place on 20 and 28 July 2015 which were in the diary. They showed us

invoices for two dates, 20 and 28 July to demonstrate that activities had taken place on those dates. They said the hairdresser had been to do people's hair on 30 July. We informed the provider that we did not consider the hairdresser to be an activity as this should be offered to people to maintain their personal appearance, self-esteem, self-respect and dignity. The provider also told us they used to have outings but people didn't go and that people often didn't want to join in activities, even when they had been asked and had said they did.

One person had been reviewed by a Community Psychiatric Nurse (CPN) who had requested on 26 June 2015 that “behavioural and activity charts need to be in place” in order to help identify when and why they behaved in a certain way. However, this had not been implemented one month on so staff would not be able to provide information to the CPN about any patterns, triggers or changes in the person's behaviour and mood which would help them to identify appropriate and relevant treatment or support.

This is a breach of regulation 9(1)(a) (b) & (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Person centred care.

People's care plans and risk assessments included specific plans for their health conditions and how to support them if they became unwell. These were explained in sufficient detail for staff to understand people's conditions and what it meant for the person concerned. People's care plans and risk assessments were relevant to their individual circumstances and were reviewed and updated regularly or when their needs changed. Care records included information about people's life history, interests, individual support needs and what was important to the person.

People told us they knew how to make a complaint and would raise any concerns with the staff or manager. One person said they had complained about a draft coming in from their window. They told us it had taken quite a while because the window had to be replaced, but it was now resolved. They said “If I have ever raised an issue they have sorted it out for me.” A complaint received in April 2015 from a local GP about the flooring in the dining room had been responded to in writing, with an explanation of what actions had been taken and an invitation to discuss any other concerns.

Is the service well-led?

Our findings

At our inspection in June 2014 we found that there were ineffective systems in place to monitor the quality and safety of the home. At this inspection we found some improvements had been made but identified on going shortfalls.

Quality assurance systems and audits were in place to assess and monitor the quality of the service but these were not always effective. For example, one care plan audit showed a tick against the heading “MCA”, but it was not clear what this meant. We spoke with the registered manager about this. They agreed that it was not clear and said they thought it meant there was an MCA assessment in place but they would review the audit process for care plans. The care plan audits had not identified some of the issues we found. For example, one person’s care plan had not been written since they moved into the home two months earlier. Another person was at risk of falls and had a falls risk assessment. However, there was no falls care plan to guide staff in how to mitigate the risks. On scrutinising the person’s other care plans and records, measures had been put in place to minimise the risks and appropriate actions taken, but the lack of a falls care plan had not been picked up in the audits. There were gaps in the recording of medicines and the application of topical creams in some people’s MAR charts. These had not been picked up by the audits.

The provider did not have appropriate arrangements in place to maintain confidentiality. Staff used an area at the top of the stairs on the first floor as an open office space and did not take appropriate steps to maintain confidentiality. This area was in between two people’s bedrooms and they had to walk in to this area to access their rooms. Staff held their handover meetings in this area so information could be overheard by people or visitors passing by or by people wishing to access their rooms. There was also a risk that people might not feel free to come and go to their rooms if staff were holding a meeting in the area.

People’s records were also kept in this area but were not kept securely or confidentially. Daily records, the appointment diary and handover records were left out on the desk so they were visible and accessible to people and visitors as well as staff. People’s confidential care records were kept in an unlocked filing cabinet. We spoke with the

provider about this. They told us there was no-where else to move it to as there was no other space in the building. We did not find this response helpful and found it demonstrated a lack of concern for people’s privacy and confidentiality. We confirmed this was not acceptable and that they would need to find an alternative solution.

Records were not always robust or fit for purpose, because they did not always reflect an accurate picture of people’s current care needs. For example, one person had previously had pressure ulcers and had a monitoring chart to record when topical cream (Three types were prescribed) was applied and when they were turned in bed. There were many gaps in the recording of the application of creams and when it was recorded, in most cases, it did not state which cream had been applied. The majority of records of the person’s position in bed stated “back.” It did not record how staff had changed the person’s position which would have put the person at risk of developing further pressure ulcers. However, other records showed the person had improved in health, their pressure ulcers were healed and they no longer had visits from the district nurse. We asked staff about this and they told us the person had improved in health and was able to move themselves in bed and were not sure why there was still a chart in place.

Most people’s care plans were comprehensive and personalised, and provided guidance to staff in how to provide care in the way people wanted. However, one person had moved in to the home on 27 May 2015 but most of their care plan remained blank two months later so there was insufficient information to guide staff in how to provide their care. There was also a risk that agency staff would not have sufficient guidance to support the person. We showed this to the team leader who was surprised but could not provide a reason why this had been overlooked.

Care plans were reviewed and updated regularly. However, changes were made by hand and a new review date added at the bottom of the care plan each time a change was made but these were not cross referenced in any way. It was therefore not clear when changes to people’s needs had occurred or when each handwritten amendment had been made.

The home had operational policies in place. However, most of the policies we looked at were out of date or did not reflect current legislation. For example, policies which had been reviewed by the registered manager in May 2015 and

Is the service well-led?

signed off as current, still related to the previous Health and Social Care Act regulations 2010 which were replaced by the 2014 regulations in April 2015, before the review of the policies.

We spoke with the registered manager at length about how they were addressing the improvements required within the home. They told us they found it difficult to find the time to get everything done, such as transferring the care plan format over to a new system called Pact. The registered manager told us they had been trying to complete the safeguarding policy which they said had been reviewed by an external organisation for relevance and still needed completing. This had been on-going for some time. This was because they spent time in the home talking to people and relatives, which was an important part of their role, but also supporting staff with hands on care. They told us they met with the provider regularly and discussed the improvements required, such as with staffing and training, and had a 'To do list' but had not developed an action plan. There was, therefore, no clear process for prioritising work and reviewing progress and achievements.

We discussed the lack of an action plan with the provider and the registered manager. We raised our concerns again about staffing levels and the impact this had on the registered manager's time which made it difficult for them to complete all the improvement work that was required.

This is a breach of Regulation 17 (1) & (2)(a)(b)(c)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Staff were complimentary about the management team. One staff member told us "It's a really good place to work." Staff said that they had received regular supervision and that they attended regular staff meetings. They told us that they felt listened to by the registered manager and they could raise ideas and suggestions at team meetings and that meetings "Try to pre-empt problems." None of the staff we spoke with were aware if the home had a mission statement or any stated values.

Staff told us they felt supported and involved in the way the service was run and felt valued because of this. Staff told us the home was well led and that the manager was approachable. There was a positive atmosphere in the home with management and staff working to together.

Staff meetings took place regularly. The most recent meeting discussed topics such as equipment and answering the phone promptly. Residents meetings took place monthly and at the most recent meeting in July 2015 people were reminded they could eat and drink whenever they felt the need in between meals. One person raised a concern about the lighting which had been temporarily addressed while waiting for a permanent solution to be found.

Annual surveys were sent to people and relatives to obtain their views about the quality of the service. The most recent survey was carried out in August 2014, so the next one was due. The results from 2014 showed that most people were "satisfied" or "very satisfied," although it was not clear what action had been taken when people had made any comments or suggestions. The provider told us they would record this in future.

There was a system in place to monitor incidents and accidents, which were recorded and investigated. Systems were in place to manage the health and safety aspects of the home, such as fire and emergency lighting checks, and water temperature checks which were up to date. Certificates were in place to confirm the annual maintenance and servicing of appliances and equipment had been carried out and any remedial action completed.

The home had a complaints procedure and this was available for people's information. The home had dealt with any formal complaints they had received. The outcome was recorded and a response was given in writing.

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

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 9 (1) (a) (b) (c) HSCA 2008 (Regulated Activities) Regulations 2014; Person centred care.

The provider did not ensure that care and support was appropriate, and met service user's needs and preferences.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

Regulation 12 (2) (f) (g) & (i) HSCA 2008 (Regulated activities) Regulations 2014; Safe care and treatment.

The provider did not have effective systems in place to manage and administer medicines safely.

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

Regulation 13 (1) (2) HSCA 2008 (Regulated activities) Regulations 2014;

The provider did not have effective systems in place to ensure people were safeguarded from abuse.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

Regulation 17 (1) (2) (a) (b) (c) (e) and (f) HSCA 2008 (Regulated Activities) Regulations 2014: Good governance.

Systems and processes were not always effective in enabling the provider to identify where quality and or safety were being compromised. People's records were not always accurate and fit for purpose or kept confidentiality.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 (1) (2) (a) HSCA 2008 (Regulated Activities) Regulations 2014 : Staffing

There were insufficient staff deployed to meet the individual care and support needs of service users. Staff had not received appropriate support, training and supervision as necessary to carry out the duties they were required to perform.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 (1) (b) (c) (2) (a) (3) (a) HSCA 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

The provider had not ensured they had completed all relevant checks on staff, as set out in schedule 3 of the HSCA 2008, before they started employment.

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 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 9 (1) (a) (b) (c) HSCA 2008 (Regulated Activities) Regulations 2014; Person centred care.

The provider had not ensured that care and support was appropriate, and met service user's needs and preferences.

The enforcement action we took:

We have issued the provider with a warning notice and told them to make improvements to meet the regulation by 14 December 2015. We will re-inspect to check they have taken the required action.

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

Regulation 13 (1) (2) HSCA 2008 (Regulated activities) Regulations 2014; safeguarding service users from abuse and improper treatment.

The provider did not have effective systems in place to ensure people were safeguarded from abuse.

The enforcement action we took:

We have issued the provider with a warning notice and told them to make improvements to meet the regulation by 14 December 2015. We will re-inspect to check they have taken the required action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (1) (2) (a) (b) (c) (e) and (f) HSCA 2008 (Regulated Activities) Regulations 2014: Good governance.

This section is primarily information for the provider

Enforcement actions

Systems and processes were not always effective in enabling the provider to identify where quality and or safety were being compromised. People's records were not always accurate and fit for purpose or kept confidentiality.

The enforcement action we took:

We have issued the provider with a warning notice and told them to make improvements to meet the regulation by 14 December 2015. We will re-inspect to check they have taken the required action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 (1) (2) (a) HSCA 2008 (Regulated Activities) Regulations 2014 : Staffing

There were insufficient staff deployed to meet the individual care and support needs of service users. Staff had not received appropriate support, training and supervision as necessary to carry out the duties they were required to perform.

The enforcement action we took:

We have issued the provider with a warning notice and told them to make improvements to meet the regulation by 14 December 2015. We will re-inspect to check they have taken the required action.