

HICA

The Rowans - Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement**Is the service safe?****Requires improvement****Is the service effective?****Requires improvement****Is the service caring?****Good****Is the service responsive?****Requires improvement****Is the service well-led?****Requires improvement**

Overall summary

We carried out this inspection on 26 and 27 August 2015. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

The last inspection was carried out 21 October 2014; this was a follow up inspection to check whether the home

had carried out improvements in relation to infection control in the home that had been identified at the previous inspection. In October 2014 they were found to be compliant with the regulations we looked at.

The Rowans is a care home in Kirk Ella in East Yorkshire and provides accommodation and care for older people who may be living with dementia. The home is registered to accommodate 53 people and there were 47 people living in the home at the time of the inspection.

The home is required to have a registered manager but has not had a registered manager in post since May 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered provider has employed a new manager and they came into post in May 2015. The manager told us that they submitted an application to be registered on 28 August 2015.

We saw that although the home had systems in place for monitoring and assessing the quality and safety of the service we found that they were not always effective. This was a breach of a regulation. You can see what action we told the provider to take at the back of the full version of the report.

We found that the homes premises and equipment were not all clean and properly maintained. We found that some areas of the home had a strong malodour and that some carpets needed replacing. This was a breach of a regulation. You can see what action we told the provider to take at the back of the full version of the report.

The homes manager was able to show they had an understanding of Deprivation of Liberty Safeguards (DoLS). However, we found that Mental Capacity Act (2005) guidelines had not been fully followed. This was a breach of a regulation. You can see what action we told the provider to take at the back of the full version of the report.

We found that people were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding issues. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

We saw that there were sufficient numbers of staff on duty and people's needs were being met. However, staff felt that at times the way they were deployed in the home could be improved to prevent some staff being left on their own.

The home had a system in place for ordering, administering and disposing of medicines and this helped to ensure that people received their medication as prescribed.

We saw that staff completed an induction process and that staff had received training in a variety of topics. However, we saw that a significant number of staff had not undertaken a refresher course within the providers specified time scales.

Staff told us that they felt well supported by the homes manager and could approach them if needed. However, we saw that some staff had not received regular supervision. We have made a recommendation about the need for regular supervision.

We found that the lunchtime experience for people in the home was inconsistent. We saw that the homes manager already had plans in place to address this.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health based professionals in the community.

Assessments of risk had been completed for each person and plans had been put in place. Incidents and accidents in the home were accurately recorded and monitored monthly. However, this information was not always used to review peoples care plans.

We observed good interactions between people who used the service and the care staff throughout the inspection. People told us that staff were caring and this view was supported by the visitors we spoke with.

We saw that people were treated with respect and that they were able to make choice about how their care was provided.

Care plans contained lots of information about each person who lived in the home and were reviewed on a monthly basis. However, we saw that despite these reviews care plans did not always reflect a person's current level of need. We have made a recommendation about the homes care plans.

The home offered a variety of activities for people to be involved in and also enabled people to go out of the home on day trips or to access facilities in the local community.

Summary of findings

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people, their relatives and the homes staff about the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The environment and premises were not properly maintained and areas of the home had a strong malodour.

People told us they felt safe and staff were able to tell us how they protected people from harm.

Appropriate systems were in place for the management and administration of medicines although some improvements were needed in respect of storage.

Requires improvement



Is the service effective?

The service was not always effective.

The homes manager was able to show they had an understanding of Deprivation of Liberty Safeguards (DoLS). However we found that Mental Capacity Act (2005) guidelines were not been fully followed.

Staff had received training in key topics but had not completed refresher training within the timescales specified by the registered provider.

We found that the lunchtime experience for people in the home was inconsistent. We saw that the homes manager already had plans in place to address this.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. People who used the service received additional care and treatment from health based professionals in the community.

Requires improvement



Is the service caring?

The service was caring.

We observed good interactions between people who used the service and the care staff throughout the inspection. People told us that staff were caring and this view was supported by the visitors we spoke with.

People were treated with respect. The staff were knowledgeable about people's support needs.

People told us they were given a choice about how their care was provided.

Good



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. However when reviewed they were not always updated to reflect a person's current level of need.

We saw people were encouraged and supported to take part in activities.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed in a timely way.

Is the service well-led?

The service was not always well led.

The systems in place to monitor and improve the quality of the service provided were not effective.

There was a manager in post but they were not yet registered with the CQC.

Staff and people who used the service told us they found the manager to be supportive and felt able to approach them if they needed to.

The manager was making every effort to consult and involve people using the service, relatives and friends and members of staff in ways to improve the home.

Requires improvement



The Rowans – Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was 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 over two days on the 26 and 27 August 2015 and was unannounced.

The inspection team consisted of two Adult Social Care (ASC) inspectors.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commission a service from the home. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they have had with the home.

The provider was not asked to submit a Provider Information Return (PIR) prior to the inspection, as this was not a planned inspection. A PIR is a document which the provider completes which provides some key information about the service.

During the inspection we spoke with six people who lived at the home, four visiting relatives, seven members of staff, the manager and the regional manager. We also spoke with two health and social care professionals who visited the home during the inspection. We spent time observing the interaction between people who lived at the home, relatives and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for four people, handover records, the accident book, the recruitment, supervision and training records of five members of staff, staff rotas, and quality assurance audits and action plans.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. One person who lived in the home with their spouse said “I know my spouse is safe here and they will be looked after.” Another relative told us that they felt their family member was safe in the home stating “She’s totally safe; the staff are really good with her.”

We found the service had policies and procedures in place to guide staff in safeguarding people from abuse. The registered manager explained how they used the local authorities safeguarding tool to decide when they needed to inform the safeguarding team of an incident, accident or an allegations of abuse. The staff confirmed they had completed safeguarding training and could describe the different types of abuse, what signs to look for and the actions they would take should they become aware of poor practice. Staff said they would take action to protect the person at risk, report concerns to the senior carer or line manager and make a record of the concern. One staff member told us “I would report anything that concerns me.”

We saw that safeguarding concerns were recorded, audited weekly and submitted to both the local safeguarding team and the CQC as part of their statutory duty to report these types of incidents. However, when we viewed the accident and incident reports we saw one incident that had resulted in an injury had not been recorded as a safeguarding concern nor had the homes manager notified the CQC of this event. This appeared to be an isolated event as other notifications had been completed as required.

We saw the home had systems in place to ensure that risks were minimised. Care plans contained risk assessments that were individual to each person’s specific needs. This included assessed risk for falls, pressure care, mobility and nutritional status. We saw the manager monitored and analysed all accidents and incidents and reported these to the provider for further analysis. This was a measure to help ensure that any learning was identified and appropriate adjustments made to minimise the risk of the accidents or incidents occurring again.

We saw that the provider monitored the maintenance of the building with support from the estates team. The home had in place a current fire safety policy and procedure, which clearly outlined action that should be taken in the

event of a fire. A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible. We saw that the home completed regular fire drills which would help prepare staff to respond appropriately in the event of fire. Records showed that all necessary checks were carried out on equipment and installations such as gas, electricity and any lifting equipment including hoists. This ensured they were safe and in good working order. The home had also developed an up to date personal emergency evacuation plan (PEEP) for each person they cared for. It is a requirement of The Regulatory Reform (Fire Safety) Order 2005 for the responsible person to ensure that a PEEP is in place for any person who may need assistance evacuating a building in an emergency.

Some staff told us that they felt that there were not enough staff on shift at busy times, particularly in the morning. One said “There’s supposed to be two seniors and six staff on. It used to be seven staff and before that it was eight.” Another said “Sometimes I get left by myself to cover one zone, that shouldn’t happen” and “We are told that the senior can help out, but they’re really busy as well with medications and paperwork.”

We were also told that the home used agency staff to cover annual leave and sickness. One member of staff said “We have a good staff team, but get a bit anxious when agency staff come in. You feel like you have to check that they are doing things right which means things take twice as long” When asked if this impacted on the quality of care that people received we were told “Everybody has their needs met, but it means that we cannot spend as much time with the residents as we would like.”

We spoke with people who used the service. One person said “If I need staff I press the buzzer, I don’t wait long.” Another told us “There’s usually staff around when you need them.” However, another said “Sometimes you have to wait a while, I’ve waited 15 minutes.”

We observed that there were enough staff on duty to meet people’s needs, due to the homes layout and number of lounges it was difficult for staff to observe people at all times. We also saw that the activity coordinator was at times required to assist the care staff which helped ensure the needs of people were met. However, this meant that there would be an impact on the amount of time they were free to carry out their designated role. One person told us “[name] does more caring than activities.”

Is the service safe?

We spoke with the manager about how they ensured there were enough staff on duty to safely meet people needs. The manager told us that they had a staffing ratio that was used to calculate staffing levels. They explained that there were currently a higher number of agency staff being used than normal as staff were taking annual leave and they also had some staff on sick. However, they ensured that there were always the required number of staff on duty, but acknowledged they needed a larger pool of staff to select from to help cover periods when they had a shortfall. They explained that they had two new members of staff ready to move from another HICA home imminently and hoped that would ease this pressure.

We looked at the recruitment records for five staff members. We found the recruitment process was robust and all employment checks had been completed. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured staff were aware of what was expected of them.

The homes manager told us that medication was administered by managers and senior carers; they had received training and also completed annual competency checks. We looked at training records which confirmed that all staff responsible for administering medication had completed training with a pharmacist in July 2015 and had also completed competency checks within the last two months.

We saw that all medication delivered into the home was checked and signed for by staff. Support was received from the local pharmacist who dispensed people's medicines into a monitored dosage system (MDS) prior to delivery. An MSD is a way in which medication is repackaged into a "box" or "blister system" which indicates the days of the week and times of day medicines should be taken. We looked at the medication systems and records for five people. We saw that people were receiving their medication as prescribed by their doctor. Any medicines which had been given were recorded on their medication

administration records (MAR). Any medications which had not been administered were signed for by staff to acknowledge why this had not been given. The application of prescribed topical creams/ointments was clearly recorded on a body map, showing the area affected and the type prescribed.

All medicines were stored securely; however, they were not stored at safe temperatures. Not storing medicines at the correct temperature could lead to the medication deteriorating affecting its effectiveness. We saw that there was a designated fridge in which medications were stored. When we checked the temperature log we saw that both the fridge and the room were above the recommended temperature for the previous three days. This had not been reported by staff to the manager therefore no action had been taken to rectify this. We addressed this with manager who immediately arranged for an air conditioning unit to be placed in the room which arrived the same day.

Records showed that a full audit of medicines, including people's Medication Administration Records (MAR), was completed each week. This helped identify any gaps on MAR charts, discrepancies in stock levels and also room and fridge temperatures.

We were told that the home was undergoing a process of refurbishment and the homes manager was able to show us an environmental action plan on how they were planning to address the current issues with the homes environment. When we looked around the home we saw that some areas of the home had recently been re-decorated and that the provider was replacing carpets in people's bedrooms to flooring that was easier to keep clean and hygienic as and when the rooms became empty. We saw that people's rooms were personalised and on the whole clean. The smaller lounges were also clean and free from any odour and provided comfortable areas for people to relax and watch television or join in with activities.

We saw that staff had adequate access to personal protective equipment (PPE) and they were observed to be using this appropriately. We saw that colour coded mops and buckets were available for the staff and that these could only be used in certain areas of the home to avoid the spread of infection from areas such as bathroom into kitchens. All of the toilets had facilities to enable people to effectively wash and dry their hands.

Is the service safe?

We found that in some areas of the home there was a strong malodour. When we discussed this with the manager they were able to explain the reason for the malodour and the actions they had taken to address this. However, this has not addressed the issue and we recommend the provider reviews this area in order to eliminate any malodours.

We saw that the home had daily cleaning schedules in place and that these were followed by the homes three domestic staff. However, we did not see any deep cleaning schedules in place making it difficult to determine how often this type of cleaning took place.

The flooring in the home felt 'sticky' underfoot and some carpets were torn where the door was catching on them. This not only looked unsightly but also presented a trip hazard. The hand rails in the home had been recently painted and although we observed these had been cleaned they still felt sticky to touch. We discussed with the homes manager who agreed that they either needed to try a different cleaning product or repaint them using a different type paint.

We saw that in a number of communal toilets and bathrooms there was chipped and scuffed paintwork, stained and damaged toilet seats and in one bathroom we

noticed the floor was uneven, the bath panel was cracked and the wood behind the sink was damaged and coming away from the wall. Additionally we found that the flooring had cracked and lifted which meant that any spillages would be able to leak under the floor. All of these issues would prevent the area from been effectively cleaned, increasing the risk of infection.

The laundry room had thick layers of dust, dirt and clutter behind the washing machines and dryers and the radiator was chipped and rusting. The floor was also cracked along the seams and was coming away from the subfloor at the edges.

The outdoor areas of the home looked 'tired, had paint flaking off the woodwork and offered little for the people living in the home to enjoy. One of the areas had wooden decking, which when wet was extremely slippery. We requested that the door to this area be locked to ensure the safety of the people living in the home until the decking could be cleaned and treated to make safe. When we returned the next day the door had been unlocked again enabling access to this area.

This was a breach of Regulation 15. Premises and equipment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

Staff told us they completed a one week induction; this involved training at the head office on those topics the provider deemed necessary before staff started to work within the home. One member of staff told us “We receive training, a lot of it is provided in house by HICA.”

We looked at the homes training records and saw that staff had completed training in moving and handling, challenging behaviour, dementia awareness, safeguarding, Mental Capacity Act 2005 / DoLS, fire safety and infection control. However, a significant number of staff had not received refresher training in some of these areas within the required timescales identified by the registered provider. For example we saw that less than half of staff had received a refresher on MCA and DoLS and that only 36% of staff had up to date training on infection control. We also saw that only 15% of staff had completed the 6 monthly in house refresher course on fire safety, although we did see that fire drills had taken place. We saw that the provider had already taken action to address this and that training days had been arranged for the required training and staff had also been issued with relevant workbooks.

Staff told us that they had received supervision sessions, which they found were informative and helpful. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. It is important staff receive regular supervision as this provides an opportunity to discuss people’s care needs, identify any training or development opportunities for staff and address any concerns or issues regarding practice. One member of staff told us “I receive supervision every two months.” We saw how supervision had been used to address an issue regarding the medication trolley being left unattended on medication rounds. However, when we looked at staff supervision records we saw that some staff had not received supervision for several months and in one case over a year. Despite this staff told us that the home manager was approachable, they felt supported and that if they had any concerns they felt they could approach them.

We recommend that the homes manager ensures that all staff receive regular supervision.

The Care Quality Commission (CQC) is required by law to monitor the use of the Deprivation of Liberty Safeguards. DoLS are applied for when people who use the service lack

capacity and the care they require to keep them safe amounts to continuous supervision and control. At the time of our inspection none of the people living at the home were subject to a DoLS authorisation although applications had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they completed MCA training during their induction. However, when we looked at training records we saw that less than half of the care staff had completed refresher training in MCA and DoLS.

We looked at the care notes of one person who used the service and saw that they had been moved within the home. A decision was then made by the manager on behalf of the person for them to remain in their new room. There was nothing recorded in the persons care plan to indicate that they or a representative had been consulted regarding this move, whether a capacity assessment had been completed or that a best interest meeting had been held. Best interest meetings are held when people do not have capacity to make important decisions for themselves; health and social care professionals and other people who are involved in the person’s care meet to make a decision on the person’s behalf.

We also saw that one person had attended hospital to have a surgical procedure completed. Although the consultant would be the decision maker in this process, it would be expected that any conversations or meetings held to determine that this procedure was in the person’s best interest, this would be fully documented in their care plan.

We found that another person received their medication covertly. This is when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. There was evidence in the persons care plan that the home had requested a best interest meeting to determine whether they were able to administer the person’s

Is the service effective?

medication in this manner. However, although we saw a letter of consent from the GP we did not see any MCA or best interest paperwork present in the persons care plan to record the decision making process.

This showed that the homes manager and staff had not followed guidelines as set out in the MCA 2005.

This was a breach of Regulation 11. Need for consent, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to care staff and they told us that some of the people living in the home could display some distressing behaviour particularly whilst been supported with personal care. They told us that they managed these situations by following people's individual behaviour plans. They were able to describe how, when people become agitated, they tried to either distract the person, offer them a drink or leave them to calm down and try to provide the support they needed later on. They told us that the home had a no restraint policy and one member of staff told us that they would not feel comfortable holding a person against their will.

The food in the home was provided by a private catering company that prepared the meals off site and delivered in batches to the home where they were reheated and served. The home held taster sessions for people living in the home, their families and the staff prior to introducing the new type of meal provision. Since its introduction it had been well received by people in the home; they told us they felt they were still offered a good choice of meals. However, some people using the service told us they missed the cooked breakfasts they used to have.

We saw that drinks were provided on a regular basis throughout the day and people were offered tea, coffee, juice and water and a choice of biscuits, cake or some fruit. This supported the dietary needs of people living in the home and helped them to remain hydrated. .

We observed the lunch being served in the main dining room. Although there were enough staff in the dining room during mealtimes, there appeared to be little organisation. This meant that some people had to wait long periods of time before they received their meals. We saw that one person had been sitting in the dining room for 30 minutes before they received their meal. We saw that although tables had table cloths and napkins on them, there was no cutlery or condiments laid out. Having tables set for

mealtimes could assist people with memory impairment to understand that it was a mealtime. During the meal we saw that people had to ask the staff for salt and pepper before they were provided with any condiments.

We saw that although people were offered a choice of two meals the amount of choice they were given for other elements of their mealtimes was restricted. We saw that when people were offered a drink they did not get a choice of what flavour of fruit juice they would like, nor were they asked whether they wanted tea or coffee, milk or sugar. We saw that one person requested three sausages with their meal, however when their food was served they were only given two despite their specific request. We spoke to staff afterwards regarding the way that drinks were offered. Staff told us that they knew how people liked their drinks as they saw them every day, but acknowledged they should still ask them in case they wanted something different for a change.

Those people who required full assistance with eating received this in an inconsistent manner. We saw that one person who had a pureed diet received very attentive support by a member of staff. They showed patience and care by explaining what was on the person's spoon for each mouthful and offering encouragement to the person throughout. However, another person received their food without explanation of what they were eating or encouragement from the staff member supporting them. We saw that where people required specific equipment to enable them to eat independently this was provided.

We saw that the provider had recognised that the dining experience required improving and they had carried out a review of the dining experience across all of their homes. We were provided with a 'procedure' which is to be rolled out across all homes.

We saw that although the changes were still in their initial stages the home had made some improvements to the layout of the dining room. This was to enable staff to observe people whilst eating, but also provided areas within the main dining room for those people who preferred to eat alone.

We saw that people were weighed regularly and weights were recorded in the people's care plans and also in a weight records book. This helped identify those people who were experiencing either rapid weight loss or gain. The home used the Malnutrition Universal Screening Tool

Is the service effective?

(MUST) to help assess people's nutritional needs and determine whether a person's weight loss was significant. We saw that those who were deemed to be nutritionally at risk were weighed on a weekly basis and the weight charts were handed to the manager to review. We saw that people who experienced rapid weight loss or had a loss of appetite were then referred to the dietitian for a nutritional assessment.

Some people had food and fluid recording charts in place to record the quantities of food and drink they were consuming. This was to ensure that people's nutritional needs were being met. However, we saw that these were inconsistent in the way they were completed. This meant that it was more difficult to accurately determine whether people's nutritional needs were being met, increasing the risk of people suffering dehydration and weight loss. However, we did not see any evidence that this had affected anyone's general health or well-being.

We saw that when people were unwell or required support with their health, they received this from the relevant

healthcare professional. For example, where people had lost weight we saw that they were referred to the GP or the Dietitian. People told us that their health needs were met. One person we spoke with told us "The care is very good, if I need to go to the hospital they always take me." Another said "The chiropodist visits me to look after my feet. They were here yesterday."

We asked one relative if they felt their family member's health needs were met. They told us "Oh definitely, they have got her a new wheelchair which supports her head much better." Another said, "They take my spouse to the GP whenever she needs to go." We saw that visits and conversations in relation to people's health needs were accurately recorded in the relevant care plans.

We spoke with a health and social care professional who was attending the home on the day of the inspection. They told us that the staff always followed any advice that they were given and would also request support and guidance if they were unsure how to approach a person's specific health need.

Is the service caring?

Our findings

All of the people we spoke with told us that the staff were nice and provided good care. One person said “The carers are all very nice.” Whilst another complimented the night staff stating “The night are staff are nice.” One relative told us “The staff continually show love and affection.”

We carried out a Short Observational Framework for Inspection (SOFI) in the lounge; this is a way of observing care to help us understand the experience of people who could not talk with us. The SOFI observation highlighted a number of positive interactions between members of care staff and the people living in the home. We saw when one person made it known they needed to use the toilet staff attended to their needs quickly. We saw that staff knew when to use touch, eye contact and gestures to enable them to effectively communicate with people.

We observed a member of staff whilst they administered medication and saw that they spoke to people in a respectful and caring manner. We saw that the staff member asked how the person was, explained that it was time for their medication, told them what the medication was for and asked them in what order they would like to take their medication. The staff member was patient, offered encouragement and checked to ensure that where medication was taken orally it had been swallowed.

We saw that people were treated with dignity and respect. We observed staff whilst serving drinks; they were cheerful, polite and spoke to people in a respectful manner. They took the time to speak with people when they could, even if it was just asking them if they were “OK.” We saw that staff always knocked on people’s doors before entering and knew people by their preferred names.

Staff told us that they read people’s care plans and that these included information that helped them to get to know the person, such as their hobbies and interests, their family relationships, their likes and dislikes and their usual daily routine. On the day of the inspection we saw evidence to indicate that staff knew people’s individual needs and wishes.

Staff were confident in their ability to manage people who displayed distressing behaviours. One member of staff said “We have received training in dementia awareness and know how to approach people with dementia.” We observed that staff were able to quickly respond to people who showed signs of distress and were skilled in alleviating any anxiety they were experiencing.

People told us they were given a choice about how their care was provided. They told us they were able to choose what time they got up in the morning and what time they went to bed. They told us they were given a choice of meals and were also able to decide what activities they wanted to join in with.

During the inspection we saw that that friends and family were able to visit whenever they wanted to and could stay as long as they liked. One relative said “I am always made to feel welcome and so are the rest of the family. They are allowed to bring the dogs in to see my spouse and the other residents.” Other comments included “My friend comes to visit; she is always made to feel welcome” and “I am always made to feel very welcome and I have been impressed with the care given to my spouse” and “You can come in at any time; I find that the staff are brilliant, they never seem to lose their cool.”

Is the service responsive?

Our findings

We looked at the care plans of people who used the service. We saw that they included an initial individual assessment which identified the elements of the person's care that required a detailed plan of care to be developed and also those elements that required a risk assessment. The care plans also contained a lifestyle profile which described in good detail the person's normal daily routines from early morning through until night time. This included key information regarding what time people usually liked to be woken up, what they liked for breakfast and whether they were normally awake throughout the night.

We saw that although care plans were reviewed on a monthly basis, this did not always mean that the information they contained was the most up to date. For example we saw that one care plan had been updated on 19 May 2015 which stated that the person 'mobilises with a frame or hand rails.' However, on the day of the inspection we saw that the person was totally reliant on the use of a wheelchair. Omissions such as this had the potential to put people at increased risk, especially when the home was using agency staff that might not be as familiar with all of the people using the service.

The home held records of the number of falls people had suffered and these were reviewed on a monthly basis. We saw that some people had fallen repeatedly in a short period of time. The homes manager told us when a person had fallen four times they would be referred to the falls team for an assessment. However, we saw that the information from the falls diary was not always transferred to people's care plans. For example, we saw one person had seven falls recorded in the falls diary since 17 May 2015 and that their care plan noted their last fall was 10 September 2014. This shows that despite the home recording information it had not been used to effectively inform people's care planning.

We saw an entry in the person's records that a referral had been made to the falls team on the 31 May 2015. We saw that the recording of these referrals was not always clear. For example one entry read 'TC (telephone call) to GP regarding referral to the falls team, told to call back tomorrow.' However, that was the final entry in relation to the referral. We saw that nothing was recorded to indicate whether the falls team had received the referral, visited the

person, given any advice or whether this had been actioned by the home. However, when we spoke with the falls team they confirmed that they had received referrals from the home where stated.

We recommend that the homes manager ensures that all care plans are reviewed to ensure that these are reflective of people's needs.

The registered manager told us that the home employed an activity coordinator who provided activities five days per week. The activity coordinator spoke passionately about the people they supported and about the activities that they delivered. They told us "I love my job." And "I do deliver some structured activities but people's moods can change so quickly it is better to see what catches their interests and then run with it." They told us that people particularly enjoyed trips out of the home visiting garden centres and stately homes. We looked at the activity plan and saw 13 of these trips out were arranged between the months of May and December. On the day of the inspection they had brought a Guinea pig into the home. This was well received and sparked lots of conversation amongst the people who lived in the home. We saw that the activity coordinator had also provided newspapers and a number of people enjoyed looking through them.

We saw that the activity coordinator enabled people to maintain links with the local community. One relative told us that their loved one had always enjoyed meals out and that the activity coordinator took them out. He said "She was taken out to the local pub for steak and chips and she had a whisky. She did the same two weeks ago." They added, "She has her hair done every week, just like she always has done. Even though she has dementia, she still knows that this happens."

We observed that people's friends and relatives were free to visit people living in the home whenever they wanted and that these visits took place both during the day and in the evening. We saw that people who lived in the home were able to choose where and with whom they spent their time. This enabled people to develop friendships with people who had similar interests. One person told us "I'm happy here, [name] my friend lives here as well."

The people we spoke with told us they knew how to make a complaint if they needed to. They told us they would speak with either the homes senior carers or the manager. One person said "If I was worried I would I would speak to the

Is the service responsive?

seniors, they are very good. I would be comfortable talking to them.” Another told us “Oh yes I would ask to see the boss, but I’ve not needed to make a complaint.” One person told us they did make a complaint about not receiving a drink at lunch time. They said “I told them I wanted to make a complaint and then the second in command made all the staff apologise to me.” This showed that people’s complaints were listed to and acted on.

The home had a complaints procedure in place. The registered provider told us that they responded to any complaints promptly and that complaints were audited each month. We checked the complaints log and noted that complaints had been responded to in writing and that

the person making the complaint had been asked to confirm they were happy with the outcome. There was evidence that appropriate action had been taken in response to complaints received, and that complaints were used as an opportunity for learning.

The activity coordinator told us that they hold monthly ‘residents’ meetings for the people living in the home which provided an opportunity to discuss anything they wanted to talk about. As not all people were happy to speak in front of a group, people were also consulted separately to find out if they had any particular issues or would like to try a specific activity.

Is the service well-led?

Our findings

We saw that the provider had audits in place to check that the systems at the home were being followed and that people were receiving appropriate care and support. However, we saw that these audits had failed to identify that MCA guidance was not followed in relation to mental capacity assessments and best interest decisions; where care plans had not been updated to reflect people's current level of needs; that medication was not stored at the correct temperature; that staff supervisions had not taken place and that food and fluid charts were not accurately completed. This showed that they did not drive improvement as was intended.

We saw that a full environmental audit had been completed in June 2015 and this had identified a number of areas for improvement. The manager was able to provide an environmental improvement plan that the home had started to implement. However, we saw that some issues such as the malodour present in the home was not addressed promptly.

We discussed the shortfalls in the systems with the manager and regional manager who had started to take actions to make improvements. However, we were unable to determine if these would be effective as they had not been implemented at the time of this inspection.

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

The home did not have a registered manager in post. The previous registered manager left in May 2015 and a new manager came into post immediately. They told us that they had submitted an application to be registered as manager on 25 August 2015. Checks confirmed that this application had been received by the CQC. The manager explained that the home was in a transitional phase and acknowledged that although they had started to implement a number of changes to improve the quality of care they delivered, these were still 'early days' in the plans for the home. They had identified changes were needed to the environment; the recruitment of new care staff and also a change to the culture of the home as key areas of improvement.

People we spoke with were complimentary about the manager and told us that they had started to make

improvements. They told us they had seen some improvements to the homes environment and hoped that this would continue. The staff we spoke with told us that the manager was approachable. One staff member said "The manager is really approachable and supportive." Whilst another commented "I feel well supported by the manager and go and see her if I need anything."

People living in the home knew that the home was under new management and some people who used the service knew who the manager was and could tell us their name. One person said "I could go see the boss lady. She is always buzzing about." Other people told us "I haven't seen her to speak to but she brought me my radio times last week" and "I know we have a new manager but I've not met her yet."

We spoke with the manager about the culture of the organisation and how they made efforts to ensure people who used the service were able to discuss issues openly. They told us there were regular residents meetings in place for people who used the service which were held by the activity coordinator. They explained that while some people were quite happy to contribute in a larger meeting, others preferred a less formal, one to one setting in order to express their views and opinions. Meeting minutes did not always contain actions so it was difficult to determine from one month to the next whether people's requests were carried out by the home or whether an explanation was given as to why they had not. We did however see that where people had made suggestions about what places they would like to visit, the activity coordinator had arranged this for them.

The provider was working to ensure that people's relatives and friends were consulted regarding the standard of care provided by the home. The home recently held a successful relatives evening where they were able to discuss some of the recent events concerning the home and receive feedback directly from family and friends. As a result the home was now holding monthly 'drop ins'. This provided an opportunity to speak with the manager face to face regarding any concerns, observations or suggestions for how the home could improve. The first day of the inspection was also the first day this 'drop in' had been held. The registered manager told us that although only one person had attended they had made a suggestion for the home to produce a newsletter to keep people informed of any upcoming events in the home. This was something they hoped to implement.

Is the service well-led?

We saw that the manager ensured that notifications to the CQC were made in line with registration requirements. We

also saw evidence that when issues were brought to the attention of the registered provider that they were able to put together a robust action plan to ensure that any concerns were investigated and appropriately addressed.

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 11 HSCA (RA) Regulations 2014 Need for consent

How the regulation was not being met: People who used the service were not protected against the risks associated with receiving care and treatment they had consented to or which had not been agreed in a best interest forum.

Regulation 11 (1)(2)(3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

How the regulation was not been met: People who used the service were not protected from the risks associated with living in accommodation that was not clean nor properly maintained.

Regulation 15 (1)(a)(e)(2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met: People who used the service were not assured a quality service because there was no effective system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

Regulations 17 (1)(2)(a)(f)