

St Anne's Community Services

St Anne's Community Services - Smithies Moor Lane

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

The inspection took place on 20, 21 and 22 July 2015 and was unannounced. The service had last been inspected on 13 January 2014 and was not in breach of the Health and Social Care Act regulations at that time. The Care Quality Commission is notified when there has been an unexpected death at a service. We had been notified of

the death of a person who used the service and as a result we undertook this inspection to ensure the people who lived at Smithies Moor Lane were safe and received a service that met their health and social care needs.

Summary of findings

St Anne's Smithies Moor Lane provides accommodation with nursing to six people living with physical and learning disabilities. There were four people living at the home at the time of our inspection.

The service did not have a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found some risk assessments were completed in detail, but others lacked the detail to reduce the risks to the people who lived there. Staff knew the people they supported well and were able to describe how they reduced the risks in practice, but they did not appreciate the importance of recording risk assessment and risk reduction plans. The lack of detail in the risk assessment, and the lack of risk assessment to manage all the risks for the people who lived there demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of our inspection we looked at staffing levels. At times we found there were not enough staff to support the people who lived there and the lack of staff who could drive meant that people could not be supported to go out of the home. This demonstrated a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home undertook safe recruitment practices and was actively seeking to employ more staff.

We found medicines were stored and administered safely and we observed medicines being administered safely and professionally at the home.

We found a lack of recorded decision specific capacity assessments in the care files we looked at and although best interest decision were often mentioned there was no evidence to support how these decision had been determined. This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although new staff were supported in their role and undertook the Care Certificate to ensure they had the

skills to perform in their role, there had been a lack of competency assessments, supervision and appraisal for existing staff over the past 12 months. This had been noted by the area manager and plans put in place to rectify this by the time of our inspection. However this demonstrated a breach of regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw evidence that the people who lived there were supported well to maintain their health and social care needs and referrals had been made appropriately to services such as physiotherapy, occupational therapy, dental services and speech and language therapy services. The home also had a good range of preventative equipment such as pressure mattresses, cushions, profiling beds and moving and handling equipment which was well maintained and serviced regularly.

People were also supported to maintaining their cultural requirements. People were also supported to remain as independent as possible in activities of daily living.

We found all the staff to be caring in their approach to the people who lived there and treated people with dignity and respect. Staff knew the people they supported very well and were keen for people to feel they were at home at Smithies Moor Lane. We observed staff to be kind and compassionate throughout our inspection. Staff also ensured people were supported whilst they were in hospital and acted as communicators during this period.

We found the systems of recording complicated and difficult to navigate. Information was recorded in several different places and did not lead the reader to find information quickly. This meant that information was not contemporaneous and not all information about the person was in their daily log. We did see some good evidence in the care files on how to support people and some detailed support plans but we also saw when these had been updated, instead of rewriting the support plans, additions had been added to the bottom. We found the records incomplete and not contemporaneous and this demonstrated a breach of 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We observed staff supporting people to make choices throughout the day and supporting people with choices from their agreed preferences.

Summary of findings

The registered manager had left the home a month before our inspection. Prior to this they had been managing two of the registered provider's homes in the area. We found there had been a lack of leadership and management in the home and staff had not been supported to develop in their roles as supervision and appraisals had not happened. We also found that policy and changes to guidance as instructed by senior management had not been put in place. There had also been a lack of oversight by the registered provider and

although audits had been done monthly, actions identified had not been undertaken and no checking was done from month to month to check these actions had been completed.

The examples of the lack of governance, leadership and management at the home demonstrated a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what actions we have asked the provider to make at the end of this 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 was not always safe

Staff knew the people they supported well and were able to describe how they reduced some risks in practice, but written risk assessments and risk reduction plans lacked detail.

Medicines were stored and administered safely and we observed staff administering medicines in a professional way.

We found there were not always enough staff to meet the needs of the people who lived there and the lack of staff who could drive was having an impact on the people who lived there.

Requires improvement



Is the service effective?

The service was not always effective.

We found a lack of recorded decision specific capacity assessments and how best interests had been determined in the files we looked at.

Staff had not received regular supervision or appraisal to ensure they continued to develop in their roles, but this had been recognised by the time of our inspection and plans had been put in place to rectify this.

People were referred to health professionals as soon as the need arose to ensure people's health and wellbeing was maintained.

Requires improvement



Is the service caring?

The service was caring

We observed staff to be kind and compassionate during our inspection.

People were treated with dignity and respect.

Staff approach to people was inclusive and staff were keen to ensure the service was homely.

Good



Is the service responsive?

The service was not always responsive

We observed staff supporting people to make choices throughout the day and supporting people with choices from their agreed preferences.

We found the systems of recording complicated and difficult to navigate and information was recorded in several different places.

Requires improvement



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

We found there had been a lack of governance, management and leadership at the home.

The registered provider had undertaken a complete audit of the home prior to our inspection and had highlighted the issues with the management and had already effected some changes by the time of our inspection.

St Anne's Community Services - Smithies Moor Lane

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.'

The Care Quality Commission is notified when there has been an unexpected death at a service. We had been notified of the death of a person who used the service and therefore we conducted this inspection to ensure the people who lived at Smithies Moor Lane were safe and received a service that met their health and social care needs.

This inspection took place over three days on 20, 21 and 22 July 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and three specialist advisers. The specialist advisers had expertise in mental capacity, moving and handling and in the management of medicines.

Before the inspection we reviewed all the information we had received from the provider such as statutory notifications and enquiries. The registered provider had not been asked to complete a Provider Information Return (PIR). This 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.

We contacted Healthwatch to see if they had received any information about the provider or if they had conducted a recent 'enter and view' visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We spoke with the local authority safeguarding team and reviewed all the information regarding the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI) to observe the experience of people who lived there whilst in the communal lounge. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with relatives of three of the people who used the service as we were unable to speak directly to the people who used the service to gain their views. We reviewed all four case files and daily logs for the people who lived there.

We spoke with the area manager, the deputy manager, two nurses, a student nurse on placement and three support workers during the inspection process. We also spoke with the physiotherapist who provided support to the home and the infection control team after our inspection.

Is the service safe?

Our findings

We spoke with three relatives of the people who lived there. They all told us their relatives were safe at Smithies Moor Lane. One relation said “I’ve never had any qualms about safety. We go down without ringing first.” Another relative told us “I think [person’s name] is safe. The whole family feel they are well looked after.” We asked the care staff whether they felt people were safe at the home. One care assistant said “Yes. I do think it is safe here. The staff work hard and they are here for the clients.”

Following the recent death, the registered provider was asked to review all the risk assessments and handling plans of the people who used the service to ensure they were current and reduced risks to the people who lived there. We had been told this had been undertaken by the time of our inspection. The area manager also told us they had planned a day’s training for all staff dedicated to risk management including how to assess and record risk. The area manager would also attend the session to ensure the outcomes achieved at this session were put into practice in all of the homes.

During our inspection, we asked staff how they managed risks to the people who lived at Smithies Moor Lane. All the staff could explain how they managed specific risks to ensure the safety of the people who lived there. One member of staff told us how one person who lived there was a risk to other people whilst being escorted to day care. They described how they had assessed the risks, how they had put in measures to reduce the risk, including input from the positive behavioural support team and the outcome achieved as a result of these measures. We cross referenced this information to the written risk assessment in this person’s care file and this information tallied.

We saw risk assessments in the files we looked at around bathing, choking, use of a shower chair, moving and handling. One risk assessment we reviewed in one care plan completed on 3 July 2015 by the student nurse was extremely detailed and of a very high standard relating to how the risk of a PEG becoming dislodged was to be managed. We were also advised and noted this in people’s records that an Occupational Therapist had visited in July and reassessed the needs of all the people who lived there around the safe use of the shower chairs. They had recommended an alternative shower chair for two of the people who lived there, which the provider was in the

process of purchasing. Interim measures had been put in place for one person who was not safe to use the current shower chair. This showed us the home had assessed the risk in relation to this activity and had put in measures to reduce the risk.

However, we found other risk assessments which lacked information on how to manage all the risk relating to the activity. For example, we found one risk assessment relating to bathing for a person who received nutrition via a PEG. The risk assessment was detailed regarding many risks associated with bathing but did not mention care of the PEG site whilst bathing. We found no evidence that harm had occurred whilst bathing, but the recording of risk was not completed fully so there was no documentation that all risks had been reduced to the lowest possible level. We also found no documented evidence such as risk assessments, policies or procedures to ensure people received their medication when attending day care or visiting family.

We observed moving and handling practices as part of our inspection. We observed staff transferring one person in and out of bed using an overhead tracking hoist and they completed this task appropriately and safely. We also observed staff walking with one person with the support of a handling belt. The first time we observed this activity only one staff member supported the person. The second time we observed this activity two people were required to assist. We asked staff how they determined how many people were required to assist the person and we were told they could tell by knowing the person well. We were concerned that the care plan did not detail how staff were to assess this fluctuating ability as although the staff at the home had this knowledge embedded, unfamiliar staff would not be able to follow the care plan as it was recorded.

We found detailed photographs in one person’s file to support postural drainage, but when we cross referenced this with their moving and handling care plan, to find how staff were to support the person into this position, we could not find this information in the plan. We reviewed all the moving and handling care plans and found they did not detail the method or equipment used in sufficient detail to ensure unfamiliar staff would be able to follow the plan.

Is the service safe?

This included moving and handling plans where it stated one or two people were required to undertake the task but not how the assessment was made to determine the level of support.

The lack of detail in the risk assessment, and the lack of risk assessment to manage all the risks for the people who lived there demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff had received training around safeguarding and were able to advise us of the different types of abuse that might happen in a residential setting. The deputy manager told us the process for reporting abuse and referred to the registered providers flow chart situated by the telephone in the office. Two other members of staff told us they would report any abuse to the nurse on duty or manager and felt confident their concerns would be acted upon. Staff also knew the process for whistleblowing and directed us to the registered provider's flow chart for the process staff were to follow in this situation which was situated on the wall in the office. This meant that staff working at Smithies Moor Lane had the knowledge and skills to recognise and report abuse if they suspected it.

As part of our inspection we looked at staffing levels at the home. The deputy manager told us they did not use a tool or system to determine safe staffing levels, but staffing levels were determined by the activities the people who lived there were undertaking and whether they needed support to attend appointments. On the first day of our inspection there were four staff on the rota for the early shift. Two staff were escorting people to day care when we arrived, leaving one qualified nurse and a second support worker at the home to provide support to the two people who were not at day care. The deputy manager told us there was always a nurse present 24 hours a day and three staff were on the rota between 7am and 2.30pm for the early shift. Two to three staff were present from 2pm to 9.30pm and two people were present during the night, one was a waking member of staff and one was a sleeping member of staff. Two of the people who lived at Smithies Moor Lane required two people to assist with personal care and moving and handling, and two people required one person for certain tasks and two people for other tasks such as escorting to day care or when their mobility and abilities were variable.

On the second day of our inspection, there were three staff present for the early shift. We were told by one support worker that one of the people who lived there was not attending day care that day. When we asked why, they told us it was because none of the staff present were able to drive the vehicle. On the third day of our inspection, the registered provider had brought a carer in from one of the other locations to drive the vehicle to enable two people to attend day care. The lack of staff that could drive was having a negative impact on the people who lived there as they could not attend day care or go out on trips during the day.

We looked at the staff rotas for the previous four weeks and noted on occasions only two staff were due on the late shift. As most people required two people at times to assist with personal care and moving and handling, this could mean that at times, when two care staff are supporting one of the people who lived there, there would be no available staff to respond to emergencies or incidents. The deployment of staff and the lack of availability of a driver demonstrated a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager told us they tried not to use agency staff, preferring to use bank staff or giving additional shifts to the staff working at the home. They told us bank staff knew the people living at the home well and they had found this less unsettling for the people who lived there. Where they had to use agency staff, they preferred to use them during the night, where there is less interaction with the people who used the service.

We asked the area manager about the recruitment of new staff. They told us they were struggling to recruit staff for the home, particularly qualified staff. They told us how they were trying to recruit and retain staff. For example, they had requested an advert be placed in all the local universities to try and recruit nursing staff as soon as they qualified but this did not produce any positive results. The deputy manager told us they were trying to recruit support workers locally and this would involve staff who could drive. They told us potential recruits were invited to undertake a pre interview visit to the home to get a feel for the role, and the staff were able to feedback their observations to the interview panel. The panel used to consist of people who used the service, but at the present time, they did not have any people using the service who could take part in the

Is the service safe?

panel. All recruitments checks were undertaken by the registered provider's human resources team and were not held at home level. We did see the volunteer aromatherapist had undertaken a Disclosure and Barring Service (DBS) check and a copy of this was held within the file of the people using this service. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

As part of our inspection we looked at the systems that were in place for the receipt, storage and administration of medicines. We found medicines were securely stored in a locked medication cupboard. There was no separate fridge for medication and we observed medicines requiring refrigeration were stored in a locked box within the domestic fridge in the kitchen. Temperature monitoring was in place although we observed there were no recordings of temperature made on the day before our inspection 20 July 2015 although all other days had been inputted. We observed one nurse administering medication and they did so professionally and competently.

We reviewed the Medication Administration Record (MAR) charts for all residents and cross referenced them with the medication section in the care plans. The MAR charts although hand-written by staff (and counter checked) were legible and had running balances. Weekly stock checks were being conducted which we verified as correct. The file containing the MAR charts had old documentation within it and included records for a person who no longer lived at the home. The file was cluttered and was not particularly easy to navigate. We observed a discrepancy between the MAR chart and the 'my medication' section in the care plan of one person who lived there. The person had correctly been receiving medication as prescribed but the 'my medicine' section had not been updated to include this medicine.

We also found the allergy status was not documented on the MAR charts or in the medication section for one person who lived there and no photograph was present for this

person which could pose a potential risk for unfamiliar staff. The home had separate MAR charts to record PRN medication, including variable doses which demonstrated this medication was administered appropriately.

Two people who lived at the home were receiving medication via a percutaneous endoscopic gastrostomy (PEG). A note in one person's record referred you to the specific guidance around this specialist administration but this guidance was not readily available and the nurse on duty could not locate it when requested to do so. We did find this later in the person's care file but this demonstrated how difficult it was to find information which should be readily available.

We looked at the generic medication policy which covered PRN (as needed) medication. We noted this did not detail a review date nor make reference to the most recent National Institute for Health and Care Excellence (NICE) guidance. We saw that medication was reviewed on a six monthly basis by the GP's although reasons for amendments to medication were not always clearly explained. In addition, the home had an external medication audit on 15 July 2015 which highlighted the need for the home to date when liquids and creams were opened which had been implemented by the time of our inspection.

We looked to see how accidents and incidents were recorded and reviewed. The area manager told us they had the overview of any incidents and ensured risk assessments and support plans had been updated to reflect this.

We observed the cleanliness of the home environment to be of a high standard. A recent infection control audit had been undertaken and as a result the home had been required to de-clutter the environment. This had been actioned by the time of our inspection. We spoke to the infection control team to confirm the outcome of the audit. They had been pleased at the proactiveness of the home to respond to their action plan and told us they would be revisiting the home to ensure the actions had been completed and sustained. This showed us the home was proactive in responding to the actions required by the external audit.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We found a general lack of understanding amongst the staff about the Supreme Court judgement relating to the deprivation of liberty and how to apply the “Acid test” that people who lived there were under constant monitoring, supervision and control and were not free to leave. The deputy manager had completed an application for a DoLS authorisation for all four of the people who lived there on 10 July 2015 and was due to discuss these with the area manager at supervision the first day of our inspection, before sending these to the local authority for consideration. However, these focussed on restrictions such as lap belts and restrictive splints rather than the application of the “Acid test”. Two people were required to support the people who lived there at all times when out of the home. The deputy manager forwarded these to the authorising local authority on 21 July 2015.

During our inspection we found two Mental Capacity Act files in the office, both containing the registered provider’s policy, which needed updating to reflect the Supreme Court Judgement. In one file we found information from the registered provider on the Supreme Court Judgement detailing the “Acid Test” with instructions to the manager to discuss with staff and to apply the test by a certain date. There was also a clear pictorial guidance on how to apply the test. We saw no evidence in staff meetings, the homes audits or in supervision records that this had been discussed with the staff or followed up by the registered provider.

We found a lack of recorded decision specific capacity assessments in the care files we looked at. Although best interest decisions were often mentioned there was no evidence to support how these decisions had been determined. For example, for those people who lacked capacity in relation to medication, there were no capacity assessments or best interest decisions in their care plans.

We asked staff whether they had received training in the Mental Capacity Act 2005. One support worker we spoke with told us they had “but a while ago”. They told us “It’s about capacity to make decisions” Another member of staff told us they had done MCA/DoLS training at university but also had training with the registered provider. They told us this involved two sessions, a knowledge booklet and a test to check their understanding. They could confidently describe to us what this meant in practice. However, when we looked at the registered training matrix, we could see that not all of the staff had received training in this area and not all staff could describe the principles of the Act. This meant that staff may not always be protecting the rights of the people who used the service. This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of our inspection, we looked at training in medicines administration and found training was provided for all new starters. We also looked at how the provider ensured the continuing competency of the staff who administered medicines. One member of nursing staff we spoke with could not tell us when they last had a competency based review and we saw no evidence of up to date training particularly for specialist administration. For example, we asked the deputy manager about specialist training for administration via a PEG. They told us a representative from the manufacturer visited to give guidance to new staff but they were unsure if this training was accredited and there was no record of who had completed it. This meant that although we did not observe any poor practice, the home could not evidence the skills and competency of their staff in this area.

The deputy manager told us all the staff were due their safeguarding training update which was refreshed every two years. They told us they had discussed training styles with the staff at the home, and although this training was usually provided by e-learning, staff had advised they would prefer a face to face session to embed the learning. The deputy manager had acted on this and was planning a session with two of the registered provider’s trainers to facilitate this session. They had also booked a dementia training session in September 2015 with the registered provider’s dementia specialist, who would also run a session on the management of epilepsy with the nursing staff. This showed us that although the deputy manager

Is the service effective?

had only been acting up for one week at the time of our inspection, they had recognised the importance of identifying and analysing the training needs of the staff at the home.

As part of our inspection, we looked to see how new staff were supported in their role. The deputy manager told us new staff undertook the Care Certificate. The manager of the home was the assessor and this has to be completed within 3 months of taking up the post. New staff shadowed existing staff for three weeks. The deputy manager told us they had only one recent new member of staff. As part of their induction they undertook moving and handling training with one of the registered provider's identified manager trainers. They worked through a work book and were observed undertaking different moving and handling tasks. The trainer signed the work book to confirm "safe manual handling practices have been demonstrated during the tasks observed." This assessment was dated 2 June 2015. They also worked through the risk assessment and moving and handling plan of one person who lived at the home to make the process more real. We asked the manager how competency was assessed after this initial session, and we were told the nursing staff observed practice but they did not have a system for recording ongoing competency.

We asked staff how often they had received supervision over the past twelve months. One member of staff told us they had not received any supervision or a recent appraisal. Another member of staff could not remember when they last had supervision. We looked at the records of other members of staff and found supervision and appraisals had not been happening regularly. Although the registered provider had recognised supervision had not happened regularly and had recently put an action plan in place to restart supervisions, this had meant staff had not been provided with the opportunity to develop, review their practice or behaviours and there was no system in place to motivate and inspire staff through formal appraisal. The lack of recorded competency assessments, training, supervision and appraisals demonstrated a breach of regulation 18 (2) (a) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff how they obtained consent from people who had the mental capacity to make decisions about day to day activities but who were unable to communicate their decisions verbally. One member of staff told us "well if it's [person] you can ask them to squeeze your hand if they agree, or you look at their face and you can tell by their expressions. We ask families about what a person likes and dislikes"

We saw evidence that the service engaged proactively with health and social care agencies and appropriate referrals were made to health services such as physiotherapy, occupational therapy, dental services and speech and language therapists. We observed the home had a good range of preventative equipment such as pressure mattresses, cushions, profiling beds and moving and handling equipment which was maintained and serviced regularly.

Communication between shifts and handover was facilitated by the use of a communication book. The deputy manager told us they had recently introduced an additional column in the book for staff to sign and initial when they have read the entry. We asked the deputy manager how they ensured the information from this book was transferred into people's daily logs. The deputy manager told us, the nurse on duty or shift leader would transfer this into the daily logs and this is ticked off on the daily job sheet. However, there is a potential risk that information could be recorded in the communication book and not transferred to the daily log, which should be the primary contemporaneous record of care.

People at the home were supported with meals that met their cultural requirements. There was a separate area in the fridge and freezer for Halal meat and meals were prepared according to religious requirements. Staff supported people who required assistance and encouraged one person who used the service to feed themselves to maximise independence. We observed another person being assisted to feed in a caring and encouraging way to maximise nutritional and hydration needs. This showed that staff protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affect their health.

Is the service caring?

Our findings

We spoke with one relation of a person who lived at Smithies Moor Lane who said, “Staff are very friendly and caring. [My relative] is always clean and well looked after.” We spoke with another relative who told us ““Staff are caring. They take their time to try and find out what [my relative] wants. One staff member is particularly good at communicating. In fact, better than me now.”” One relative said ““I was immediately taken by how homely it was and it was small. Staff were friendly and caring.””

We spoke with a health professional who visited the home regularly. They told us, “I would place one of my relatives there. Staff are very caring. They develop a feeling that it is a home. It’s not just a place where people are cared for. It’s a place where people live.” They also told us how the staff interact with the people who lived their demonstrated to them that they go there to care not just to work.

The deputy manager described the staff as caring, patient and very knowledgeable. They told us about one person who had recently been admitted to hospital with pneumonia. They were at high risk of developing a pressure sore and required one to one support with eating and drinking. The home sent information to the hospital on how to support the person and staff attended the hospital each morning, at lunch time and in the evenings to ensure they had appropriate nutrition and hydration and to assist to them to turn to change position, to ensure the risk of developing pressure areas was reduced. We spoke with the relative of this person who told us their relative had been

readmitted. They told us how reassured they were that staff were supporting their relative whilst in hospital, and although they could not visit themselves, they had received feedback that staff were sitting reading to their relation.

We observed staff treating people with kindness and compassion throughout our inspection. We saw one person who used the service being supported by their care assistant to come and meet the inspection team after they had shown an interest in what we were doing. From our discussions with staff it was clear they knew the people they supported well and their likes and preferences. For example, what people liked to watch on television, what they liked to eat and how they liked to spend their time.

We observed staff treating people with dignity and protecting their privacy. All personal care tasks were done in people’s bedrooms. People were supported to meet the requirements of their religious practices and in one person’s care file we found information about Islam to help care staff understand how to support a person practise this faith.

We asked the deputy manager about advocacy. They told us most of the people who lived there had family or friends who advocated on their behalf. They told us if life changing decisions had to be made they would seek the assistance from an advocacy service.

One relative we spoke with told us their relative’s end of life plans had recently been discussed with them. They were happy with how this had been approached and the support they had been provided with by the home manager and with the liaison between the palliative care team.

Is the service responsive?

Our findings

Relatives of the people who lived there all told us how responsive the home was to their relatives needs and how the staff kept them informed of any changes. One person said, “The staff noticed [relative] was in pain. It was immediately noticed and it could have been so easily missed. The communication is good”.

We asked the relatives of the people who lived there if they had been involved with the assessment and reviews of their relation’s support needs. Relatives we spoke with told us they had been invited to person centred planning meetings once a year to review the care needs of their relation. One person told us, “We used to get the outcome of the review in writing but we have had nothing in writing for quite a number of years”. We saw the hand written notes of a review meeting which had been held on 15 June 2015 which was mostly blank. We showed this to the deputy manager who was unable to offer an explanation as to why this person’s key worker had not completed the documentation. This meant that none of the actions to achieve person centred outcomes could be planned as these had not been documented.

We found by observation and through reading the care plans of all four people who lived at the home, that there were not enough meaningful activities during the day for the people who lived there. People could only attend day care and go for outings if there were staff available who could drive. We spoke with one relative who told us at a recent review they raised the issue regarding activities, and in their opinion the lack of driver to take the person out was having a negative effect on their relation. The daily records did not evidence meaningful activities had taken place for this person.

Our observations that reviews were not person centred and did not record the views of the relatives and activities were not happening in accordance with the preferences of the people who lived there demonstrated a breach of regulation 9 Person Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care

We found the care files difficult to navigate due to the layout of the files and pages contained within poly pockets. One file we looked at had a broken hinge, which made it extremely difficult to read. Information about the people who lived there was contained in two separate files,

without a clear index or audit of where the information was to be kept. It was evident that the home involved professional appropriately from the documentation, but the information from professionals such as GP, Practice Nurse, Physiotherapy and Occupational Therapy were contained in the Health Care diary for the different sections. This meant there was no contemporaneous record for the person and to find information, you were required to cross reference the different sections.

In addition to this information was also recorded in a communication book with the responsibility on the key nurse to transfer this into the care file. This meant it was possible for information to be ‘lost’ in the records. We saw an example of this as in one person’s care file, within the Health care diary for GP contact it was documented on the 12 May 2015 that the GP had recommended the home obtained a urine sample. This followed consultation on the person remaining unwell despite recent completion of a course antibiotics, the GP wanted the test before any further prescribing of antibiotics. On the 16 May 2015 a record was made on the health care diary “unable to obtain urine sample” No further entries could be found to demonstrate what outcome there was to addressing this health need. We discussed this with the deputy manager who told us it was followed up, but we could not find the recording.

One of the care files we looked at for a person who had moved there three months previously contained all the assessment information from the previous provider with limited documentation added from the present home. Each section contained the words reviewed 31 May 2015 and a signature. By not updating the information to establish how the move into the home was working for the person who lived there, the home had not evidenced it was providing person centred care.

We found the daily records were task focussed and though were regularly completed throughout the day lacked detail. In one record we noted, staff had recorded the person had three position changes, but did not describe what these position changes were. We asked one carer how they supported the person during the night to change their position on their own, and they told us they just moved them slightly and put a pillow behind them to take the weight off the affected area. This carer showed us a completed position chart, which was not dated and was blank after 19.00 hours which meant there was no evidence

Is the service responsive?

any position change had occurred. In another position chart, the records were as follows 7am-back, 9.30am-up for personal care, 11am-chair, 13.30, bed, 15.00-lounge, 18.00 bed, 21.00-up for personal care, 24.00 moved onto side. These records did not show the benefits of any position change.

In another record daily record for a person who had variable mobility there was no consistent recording as to whether they needed one or two carers to assist or how their mobility was on that day. This meant that it would not be possible to gain an analysis or overview of the person's mobility needs.

We did see some good evidence in the care files on how to support people. For example, in one communication action plan, it stated "I do not communicate verbally but I will use facial expressions, gestures, eye contact and body language to express myself. For example, when I am happy and content I will smile and sometimes laugh. When I am upset, uncomfortable, or distressed I may make a moaning noise or cry. We saw detailed support plans around areas such as shower and bathing. However, although these had been reviewed, instead of redoing the guidelines, the additions were added to the bottom, which meant the reader was directed to the old guidance first. We also saw that not all information in the files was dated or signed which would demonstrate that information was up to date and current.

We found the records incomplete and not contemporaneous and this demonstrated a breach of 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We asked staff how they supported people to make choices throughout the day. One member of staff told us that one person who lived there did not want a male carer to assist with personal care. Their choice was respected but since they had got to know the carer, they had chosen to allow the person to assist with personal care tasks. Another carer said "People are supported to make choices. With [person] getting dressed I offer limited choice. He may gesture with his hand or he may not. Out of respect for people you still offer a choice." One carer told us "I ask [person] whether they want to go to bed. If they do, they will get into their wheelchair and direct you to the bedroom." "If I make dinner, I would show [person] a tin of beans or a tin of soup and let them choose". They also said "[person] doesn't like curry so we wouldn't offer it". These examples show that on a day to day basis staff are offering people choice and supporting people with choices from their agreed preferences.

There had been no complaints received by the service in the last 12 months. We asked the relatives of the people who lived there if they had made a complaint. They all confirmed they had not but knew who to complain to and were confident their concerns would be acted upon. One relative said "I would go to St Anne's, the Social Worker and to the local authority if I needed to complain". This demonstrated that people were aware of the complaints procedure and were confident their concerns would be listened to.

Is the service well-led?

Our findings

The home did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The deputy manager had been employed to act up as manager 5 days prior to our inspection until a new manager could be appointed.

The area manager at the time of our inspection had only recently taken up post and had undertaken a detailed audit at Smithies Moor Lane in April 2015. This included an audit of the environment, management and staff practice, training, and looked in detail at communication and recording practices. They had compiled a detailed action plan from this audit which identified that the home had not been well managed. At the time of our inspection, the home was still in the process of implementing all these requirements,

The area manager also told us the registered provider was undergoing a restructure to implement changes at an organisational level and there were to be changes in staff at the senior management level. They told us the organisation was keen to develop and continuously improve and the area managers and first line managers were involved in a quality improvement group held monthly.

They told us they had started to review practice to implement change. Following the recent death, they had undertaken a full review of the moving and handling practices at all the homes in the area. The registered provider's policy review officer had looked at policy and paperwork and changes recommended would need to be agreed by the Senior Management Team. The area manager had also requested the registered provider's training and development section to source an appropriate course on risk assessment and management to ensure the registered provider was identifying and managing all the risks to the people who lived there.

They acknowledged that although staff were good, they had not been enough engagement and involvement with the team and team meetings and supervisions had not been held regularly. We saw the evidence of the lack of

engagement in the example, of the changes brought about by the Supreme Court Judgement. This information had not been cascaded down to the staff, although the registered provider had requested this. But no checks had been undertaken by the registered provider to ensure that this action had been completed. Team meetings had not been held since January 2015 although an action from the audit highlighted this and the deputy manager told us a meeting had been arranged for the nursing staff to discuss the revalidation of nurses and a team meeting for all staff had been arranged at the home on 29 July 2015.

One of the relatives we spoke with told us they observed deterioration in the management and leadership at the home after there was a reduction in management which meant two homes shared a manager. They said there were times when there was no visible management at the home. They also told us in their view; the high turnover of managers had an effect on staff morale. However, they told us the situation had improved and they had no concerns about the current temporary management arrangements.

We were shown the area manager audits for the previous 12 months. We noted that none of the actions highlighted in the audits were updated or recorded as actioned in the following audits, which meant there was no evidence of an overview of the service to demonstrate the registered provider proactively sought to improve their service or learn from mistakes. In relation to medication audits, the home conducted weekly balance checks but there were no other examples of medication audits such as MAR chart audits or medication care review audits. We asked the staff about learning from mistakes around medicines and again there was no evidence in support of this.

We found all the environmental audits had been completed and assistive equipment was well maintained. The home had a maintenance contract with an external provider to ensure equipment is serviced and tested to meet health and safety requirements.

The area manager shared with us their vision for the service. They told us "to be outstanding". They also said "For the staff to be well supported, well trained, and feel confident in their roles. And for the service, meeting all the clients' needs in a person centred way."

We asked one member of staff how they would make improvements to the home. They told us that although it benefits the people who lived there to have the same staff

Is the service well-led?

present, they felt staff could develop by moving between homes to pick up good practice they had seen elsewhere. They had not had the opportunity to share their observations with senior management, which meant that opportunities to engage staff in service improvement had not always been utilised.

We asked relatives of the people who lived there whether they were given the opportunity to feedback and influence the quality of the service. All the relatives we spoke with told us they had no concerns about the running of the home and informed us they felt confident any concerns would be acted upon. However, one relative told us they had not been sent out a questionnaire for several years to be able to comment on the quality of the service provided and although there had been talk of a resident/relatives meeting, this had not happened. We asked the registered

provider how they gained the views of the people who lived there and their relatives about the service they provided. They told us a survey was completed once a year. They did not have access to the latest survey at the inspection but they did send us a copy of the Autumn 2014 stakeholder feedback after our inspection. This had been completed by the previous area manager but this covered the whole service rather than specific to Smithies Moor Lane so we were unable to obtain any specific feedback from this relating to this service or that this had been sent to the relatives of people who used this service.

The examples of the lack of governance, leadership and management at the home demonstrated a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing