Snaith Hall Limited

# Snaith Hall Nursing and Residential Home

## Inspection report

Pontefract Road
Snaith
Goole
Humberside
DN14 9JR

Tel: 01405862191
Website: www.snaithhallcarehome.co.uk

Date of inspection visit:
01 June 2016
02 June 2016

Date of publication:
04 August 2016

## 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? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on the 1 and 2 June 2016 and was unannounced. At our last inspection of the service on 11 July 2014 the registered provider was compliant with all the regulations in force at that time.

In May 2016 Snaith Hall deregistered two of its three regulated activities and stopped providing nursing care. From May 2016 the service has provided personal care and accommodation for 47 people within the categories of older people, people living with dementia and people living with a disability. The service is located near the centre of the town of Snaith close to local shops and other amenities.

The service is divided into two units; the Garden Wing and The Hall. Accommodation on both units is provided over two floors and a number of bedrooms have en-suite facilities. People living in the two units have access to outside gardens and seating areas, which are provided in secure settings. There is car parking for staff and visitors to the front and side of the service.

The registered provider is required to have a registered manager in post and there was a registered manager at this service who had been in post since December 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager who was usually in day-to-day charge of the service was not available on the day of our inspection. However, a new manager had started at the service on the 23 May 2016 and they assisted us with our inspection. We have referred to them as 'the manager' throughout this report.

During this inspection we found that the service was not always safe. Risks to the health and safety of people using the service were not always thoroughly assessed and effectively managed and this placed people at risk of otherwise avoidable harm. This was a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

The recording and administration of medicines was not being managed appropriately in the service. This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

During our inspection we found that although there was a training programme in place and there was a supervision plan for the staff, the training and supervision of staff was not always up to date. This was a breach of Regulation 18(2) (a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

Consent to care and treatment was not always sought in line with relevant legislation and guidance. This was a breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Record keeping within the service needed to improve. We saw evidence that medicine records, care plans, risk assessments and food / fluid charts were not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put people at risk of harm. This was a breach of Regulation 17 (1) (2) (a-c) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

Improvements were needed to the number of staff on duty to meet the needs of people who used the service. People and staff commented that the levels of staff on duty fluctuated on a daily basis and this was also evidenced in the staff rotas. We have made a recommendation in the report about this.

Improvement was needed to the prevention and control of infection practices within the service. People and relatives were very pleased with the cleanliness of the service. Bedrooms; particularly newly decorated ones; were generally clean as was bedding and carpets. People's clothing, skin, hair and nails were also generally clean. However, we found that hygiene practices within the service could be better. We have made a recommendation in the report about this.

People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the home. The recording of food and fluid intake was poor and the overall dining experience left some people at potential risk of not having adequate meals and fluids. We have made a recommendation in the report about this.

The environment within the service was comfortable, clean and homely, but it was not particularly designed to be dementia friendly. Fifty percent of the people using the service lived with dementia. However, improvements could be considered regarding the dementia design aspect whenever the service was refurbished or redecorated. We have made a recommendation around this in the report.

People told us that staff respected their privacy and dignity during care giving and they were put at ease and felt comfortable with the individual care staff. However, we found that minor improvements were needed and we have made a recommendation about this in the report.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's needs. Staff had been employed following appropriate recruitment and selection processes.

People were confident about raising any concerns with the registered manager. We saw the registered manager investigated these and gave people a written response to their complaint.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

Some aspects of the service were not always safe.

Risks were not always effectively managed and this impacted on the safety of people using the service. The recording and administration of medicines was not being managed appropriately in the service.

Improvements were needed to the number of staff on duty to meet the needs of people who used the service and to the prevention and control of infections systems.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of how to safeguard adults.

### Is the service effective?

**Requires Improvement**

The service was not effective.

Staff did not always receive relevant training and supervision to enable them to feel confident in providing effective care for people. People were given sufficient meals and drinks to meet their needs. However, the dining experience and how people were supported with their nutrition and hydration needs was not always appropriate.

The environment within the service was comfortable, clean and homely, but it was not designed to be dementia friendly.

Consent to care and treatment was not always sought in line with relevant legislation and guidance.

### Is the service caring?

**Good**

The service was caring.

People who lived at the service told us they felt staff cared about them and we observed positive interactions between people who lived at the service and staff on the day of the inspection.

Staff were motivated and inspired to offer care which was compassionate and person centred. People told us that they were treated with dignity and respect, but there were minor areas where this could have been improved.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

## Is the service responsive?

**Good**

The service was responsive.

The staff were knowledgeable about each person's support needs, their interests and preferences in order to provide a personalised service.

The people who used the service were able to make choices and decisions about their lives. This helped them to be in control and to be as independent as possible.

The people who used the service were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

## Is the service well-led?

**Requires Improvement**

The service was not well-led.

Record keeping within the service needed to improve. We saw evidence that medicine records, care plans, risk assessments and food / fluid charts were not always accurate or up to date.

We found that there was a quality assurance system in place but it was not always effective. We found during our inspection that staffing levels, staff supervision, health and safety risks and medicines were being audited but we had concerns about these areas of practice, which made us question how effective the audits were.

# Snaith Hall Nursing and Residential Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 1 and 2 June 2016 and was unannounced. The inspection team consisted of one adult social care (ASC) inspector and one expert-by-experience on day one and one ASC inspector on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to older people and those living with dementia.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. As part of the inspection process we contacted the East Riding of Yorkshire Council (ERYC) Contracts and Monitoring Department and ERYC Safeguarding Team who informed us that they had no concerns about the service. We asked the registered provider to submit a provider information return (PIR) prior to the inspection and this was returned within the given timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection we spoke with the manager and the two assistant managers. We spoke with two health and social care professionals who were visiting the service and we also spoke with four staff members and then spoke in private with five visitors and 12 people who used the service. We observed the interaction between people, relatives and staff in the communal areas and during mealtimes.

We spent time in the office looking at records, which included the care records for three people who used

the service, the recruitment, induction, training and supervision records for three members of staff and other records relating to the management of the service.

Requires Improvement

# Is the service safe?

## Our findings

We asked people if they felt safe, if the staff assisting them had the right skills and if they felt the premises were safe and secure. All the responses we received were positive about the service. The front door to the home was locked with entry only being given by care staff. One person told us, "I had falls before I came here which has left me feeling nervous, but the staff reassure me and I feel much better about moving around than I did." A relative said, "We came to look round and were very impressed by what we saw. Our relative wasn't safe at home any more. They had started 'wandering' and being very confused. It's a real relief to see them here and be confident that they are safe."

Despite the positive feedback from people we found the monitoring and recording of risk within the service required some improvement that did not appear to have been identified by the registered manager's audits.

Risk assessments in the care plans were not up to date and the changes in need for individual people were not being recorded. For example, one of the care files we looked at recorded a number of falls in April and May 2016. There was no body map completed to catalogue any injuries they received from the falls and no review of their falls risk assessment had been carried out. The care audit for March 2016 identified that risk assessments had not been reviewed since December 2015, but no action had been taken. This person's care plan for falls was reviewed by staff on 30 May 2016, but this made no reference to the falls and no changes were made to the care plan to include strategies to manage the increased risk of harm. We discussed this with the assistant manager who said a new risk assessment format was available, but we saw no evidence that this had been used.

Another person's care file showed that they fell in June 2016, but their falls risk assessment was last reviewed in March 2016 indicating this was not updated following their most recent accident. Other reviews of their care were not completed including their tissue viability risk assessment which was last evaluated in April 2016 when they were rated as a high risk of developing pressure damage. The content of the tissue viability risk assessment was adequate but the lack of review left this person at potential risk of harm as their care plans were not reflective of their current needs.

Accident and incidents were being monitored by the registered manager. The analysis for May 2016 indicated that there had been five incidents, but only three were described in brief detail. One person had been seen by the district nurse and one person had two falls with no injuries which had been discussed with their family. The current format did not efficiently capture any trends or causes of accidents and could be more robust to ensure effective monitoring of incidents helped to reduce the risk of injury to people using the service. The accident file was kept in an A to Z format and not month by month or year by year meaning it was difficult to audit how many were occurring.

We concluded that risks were not always thoroughly assessed and effectively managed and this placed people at risk of otherwise avoidable harm.

This was a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)

People who used the service told us that they received their medicines on time and when they needed them. Everyone we spoke with was happy for the staff to administer their medicines. Discussion with the manager indicated that no one using the service currently self-administered their own medicines, but that this would be risk assessed and discussed with their GP if people's wishes or capacity changed. One person said, "The staff bring me my tablets every day. I don't know what they are for but they tell me that the doctor has sent them so I'm sure that's alright." Another person told us that they needed regular oral pain relief and they said, "The staff are very good. They make sure I have my tablets and they always ask if I've got any pain and if I need anything else." The senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files.

We looked at a selection of medication administration records (MARs) and checked a random sample of medicine stocks held in the service. Although we received positive feedback from people about the management of their medicines and evidence suggested that staff had received training in medicine management, we found unsafe practices with regard to the recording and administration of medicines. For example, we noted that two people using the service had bottled medicines supplied by the pharmacy, which did not have an 'opened on' date or an expiry date. As staff could not tell us when it was opened and one bottle was supplied in August 2015 we asked the staff to check with the pharmacy that it was still safe to administer this.

We looked at a selection of medicine records on both the nursing and residential units. The medicine administration records (MARs) showed a number of errors.

It is best practice for two staff to sign each handwritten entry on the MAR. This is to show that they had checked that what had been recorded on the MAR was the same information as was on the label attached to the medicine dispensed by the pharmacy. This was not evident on the hand written entries we saw in the MARs.

There were numerous medicines not signed for on the day of our inspection both for the morning round and the midday medicine round. We also found missing signatures for other dates on four other MAR sheets. We checked the stock levels of the medicines concerned and found that some medicine had not been given, but there was no explanation as to why not. Other medicines had been given to people, but staff had not signed to show that administration had been carried out. This meant people were not receiving their medicines as prescribed and the recording of medicines being given to people was not accurate. There was a possibility that this could impact on people's health and wellbeing.

One person's MAR was not completed correctly by the staff. It was missing vital information such as their GP, the start date of the medicine cycle, allergy information and the hand written information on it was not countersigned by two members of staff. We were told that this person was on a short stay, which meant their details would not have been as familiar to the staff as other long term residents. This increased the potential for their health to be put at risk through a lack of information.

Recent medicine audits in May 2016 showed that the temperature of the room where medicines were stored had been 20 – 22 degrees centigrade from 3 May to 8 May 2016 (the maximum recommended temperature for room storage of medicines is 25 degrees centigrade). However, the audit did not show if measures had been put into place to cool down the treatment room. Fridge temperatures from 18 April 2016 to 8 May 2016 showed that on nine occasions the fridge temperature went over eight degrees centigrade which exceeded

the maximum recommended temperature for refrigerated items. Staff told us that new fridge thermometers were obtained and the window in the treatment room was opened in the warmer weather.

Controlled drugs (CDs) were regularly assessed and stocks recorded accurately. CDs are medicines that are required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. Checks of the CD record book showed that these were all accounted for and the records were accurate. One health care professional visiting the service said they felt the staff lacked confidence when handling the controlled medication, but our observation of their practice indicated there were no problems at the time of our inspection.

This was a breach of Regulation 12 (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

People and relatives were very pleased with the cleanliness of the service. One person told us, "I have a lovely room. It is ever so clean. They [staff] come in and clean every day and if I've dropped anything on the floor they pick it up and put it on the side so I don't fall over it." Bedrooms; particularly newly decorated ones; were generally clean as was bedding and carpets. People's clothing, skin, hair and nails were also generally clean. However, we found that hygiene practices within the service could be better.

Discussion with the manager and staff indicated that there were no infection control audits carried out to monitor if staff were following best practice with regard to infection prevention and control. There were up to date cleaning schedules completed by the domestic assistants on a daily basis, but these did not include records of cleaning for equipment such as hoists and wheelchairs, there was also no evidence of cleaning of bed mattresses or pressure relieving cushions.

The upstairs shower room in The Hall had some cracks to the shower boards and the seals were not meeting, which meant this could not been cleaned effectively. There were a number of un-named bathroom products in use, which the staff took away when they were pointed out to them. The upstairs sluice in The Hall was odorous and the door handle to the room was broken. Following the inspection we received confirmation from the registered manager that the door handle had been repaired and the sluice cleaned.

There were three armchairs in the Garden Wing lounge that were torn and needed removing as these could not be cleaned effectively. One toilet facility in the Garden Wing had a floor covering that needed sealing as there were gaps around the edge of the room and this could not be cleaned effectively. Paintwork in a second toilet facility needed attention as a new cistern had been fitted and the plasterwork was not sealed with paint. Following the inspection we received confirmation from the registered manager that the flooring to the toilet areas would be refitted within the next two weeks by a flooring specialist.

The hairdressing room on The Garden Wing had a shower facility within it. The shower curtain was dirty and the floor area was dirty. There was no hand towel dispenser or liquid soap dispenser in the hairdressing room, despite the fact we were told that one service user had access to this as their bathroom. Following the inspection we received confirmation from the registered manager that the floor had been cleaned and the dispensers would be fitted by 9 June 2016.

We saw that the exterior recycling area and bins were overflowing due to a problem with the size of the bins and the collection procedure by the council. There were ten black bags and empty plastic containers next to one blue bin and eleven black bags and cardboard and plastic containers on top of another two open blue bins. This was discussed with the registered provider. Following the inspection we were informed by the registered provider that the bins had been emptied and action had been taken to prevent a repeat of the

incident. Because of the action taken by the registered provider during the inspection and shortly afterwards to improve the hygiene and cleanliness of the service we have not made a requirement in this report, only a recommendation.

We recommend that the service considers current guidance on best practice with regard to prevention and control of infection in care homes, and take action to update their practice accordingly.

There were sufficient staff on duty during our inspection and discussion with the staff indicated that they felt they were extremely busy at times, but that they worked together well as a team to make sure people received the care and support they needed.

We were told that staffing levels were one senior care staff and three care staff on each unit from 07:30 to 22:00; one senior care staff and one care staff on each unit from 22:00 to 08:00. There were 42 people in residence at the time of our visit and over 50 percent of these people were living with dementia. The manager informed us that the service did not use agency staff and that any gaps in the staffing rota were covered by the permanent staff. This was confirmed by the staff rotas we looked at.

We looked at the last three weeks of rotas, this showed that on all 21days the staff numbers fell below the eight staff during the day by one or two staff. On the day of the inspection we were told there were six care staff on duty and one senior care staff, plus the in-house trainer and ancillary staff. There was also the manager and one assistant manager on duty and the second assistant manager came in on their day off.

We recommend that the service use a dependency tool to assess and monitor the needs of people using the service, so that staffing levels can be adjusted accordingly.

We looked at the recruitment files of three members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

Registered providers of health and social care services have to inform us of important events which take place in their service. The records we hold about this service showed that the registered provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected. The registered provider had policies and procedures in place to guide staff in safeguarding adults.

We spoke with staff about their understanding of safeguarding. Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff said they were confident the registered manager would take any allegations seriously and would investigate. The staff told us that they had completed safeguarding training in the last year and this was confirmed by their training records. The training records we saw showed that the majority of staff were up-to-date with safeguarding training, and any gaps in this training had already been highlighted by the registered manager and training dates booked.

We spoke with the maintenance person and looked at documents relating to the servicing of equipment and the maintenance of the home environment. These records showed us that service contract agreements were in place that meant equipment was regularly checked, serviced at appropriate intervals and repaired when

required. There were current maintenance certificates for the fire alarm system, the nurse call bell, moving and handling equipment including hoists, the electrical installation, portable appliances and gas installations. Clear records were maintained of daily, weekly, monthly and annual checks carried out by the maintenance person for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window opening restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service.

The manager spoke with us about the registered provider's business continuity plan for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. This was last reviewed in July 2015. Personal emergency evacuation plans (PEEP's) were in place for people who would require assistance leaving the premises in the event of an emergency. These were kept in their care files and were up to date.

Requires Improvement

# Is the service effective?

## Our findings

The manager showed us the induction paperwork completed for staff in their first three months of employment. We found that the registered provider used the 'Care Certificate' induction that was introduced by Skills for Care in April 2015. Skills for Care is a nationally recognised training resource. However, we found that although there was a training programme and a supervision plan for the staff, the training and supervision of staff was not always up to date.

The service had an in-house trainer who worked 16 hours per week delivering training to the staff. The training plan we were given by the manager indicated that out of 43 staff in total,17 members of staff had not completed fire training; nine staff had not completed safeguarding of adults training; eight staff had not completed moving and handling and 31 staff had not completed dementia awareness training. Fourteen staff had not completed health and safety training and 19 staff had not completed infection control. Discussion with the trainer and the assistant managers indicated that work was on-going to ensure all staff caught up with their training as soon as possible. The business objectives for 2016 that we were sent by the registered manager showed that staff training was high on their list of priorities. However, we found that a lack of staff knowledge and skills around medicines management, infection control, MCA, recording and care planning had led to a number of concerns being raised in this report.

In May 2016 the service deregistered with the Care Quality Commission (CQC) as a nursing service and nurses were no longer employed except those who chose to stay on in other roles. This meant that care staff who demonstrated leadership skills were promoted to senior care staff and they began to run the two units. During our inspection we raised some concerns with the manager about the skills and knowledge of the senior care staff with regard to monitoring people's health and wellbeing, recording and administering medicines, assessing and monitoring risks, directing staff on a daily basis both in care tasks and other areas such as the dining experience. Although we understand that there will be a period of settling into the new style service we expect those staff in charge of the teams to have the confidence and knowledge to lead the teams effectively. We spent some time with the manager discussing the need for these senior staff to have additional training and support to enable them to meet the challenges of their enhanced roles.

Information on the staff supervision spread sheet we were shown indicated that these sessions were not being done on a regular basis; from the documentation given to us we noted that 20 out of the 47 staff had not received supervision in the last five months. If supervision had been more robust then a number of issues in this report may have been picked up and addressed by the registered manager.

This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that 14 people who used the service had a DoLS in place around restricting their freedom of movement. These were kept under review and applications had been submitted where needed for 15 other people and the registered manager was awaiting the outcome from the authorised supervisory body. Documentation was completed appropriately by the registered manager.

We looked at the training records and saw that 50 percent of staff had completed MCA training in the last year, however this meant 28 staff had no training on this subject. We raised some concerns around capacity and restraint / restrictions on people's liberty during our inspection, where staff did not appear to recognise when they should have sought agreement from families and professionals on specific decisions to do with people's care.

We found that care plans did not consistently evidence that people had consented to the care and support provided or, where they lacked capacity to do so, that appropriate mental capacity assessments had been completed and best interest decisions had been made. A best interest decision is a decision made on someone's behalf where they have been assessed as lacking capacity to make that particular decision. For example, one person was seen to be wearing socks on their hands to prevent them from scratching their face, but there was no risk assessment completed and no care plan. There was no best interest meeting and staff said the decision had been made by the night staff.

We noted on one person's chart, that recorded how often they received pressure relief, that the staff had written 'Up and dressed' from 05:30 to 06:00. When we checked with this person's care file we found that the care plan for 'rest and sleeping' did not detail the person's wishes or choices regarding the time for them to get up each morning. The assistant manager suggested to us that staff would be washing and dressing them and putting them back to bed until the morning staff came on duty, but the daily notes did not confirm this. Further checks of other pressure relieving charts showed that at least one other person was also being woken and dressed at this time in the morning. This is not acceptable practice unless the person specifically requests to be up early and their wishes should be clearly recorded in their care file. Neither person had capacity to make this decision. We spoke to the local authority safeguarding team about our concerns.

We found that care files contained people's photographs; however, we noted multiple examples where the corresponding record seeking consent from the person to have their photograph taken had not been completed.

These examples showed us that consent to care and treatment was not consistently sought in line with relevant legislation and guidance on best practice.

This was a breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives reported that the home provided effective care overall. People said they felt the staff were supportive and friendly and visitors who spoke with us confirmed that they had been involved in

discussions about their relative's care. A relative said, "This place is really good. The staff are brilliant. It's a complete open door. I've come in every day so if there was anything wrong I would know straight away." One person who used the service said, "When I'm poorly, they bring the doctor and they let my family know as well. It's never a problem because the doctor will come to anybody who needs help."

People were able to talk to health care professionals about their care and treatment. We saw evidence that individuals had input from their GP's, district nurses, chiropodist, opticians and dentists. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). We spoke with one visiting health care professional who said, "The staff are friendly and willing to talk and take on board any advice given. I rarely find I am called out to injuries or pressure sores and today's visit was for an injection. The medicines I needed were stored appropriately and there was a sharps bin available for the used needle."

A second visiting social care professional said they were pleased with the service and the care being delivered. We discussed the placement of one person with dementia nursing needs. They had been reassessed and a new placement was being set up elsewhere; but there had been a delay in their transfer. This was followed up by the assistant manager during our inspection and a timescale for the person's transfer was obtained. Information we received from the funding authority indicated that this person's physical needs were being met adequately by the service, but due to a deterioration in their mental health a more appropriate placement had been needed.

In discussion, staff were able to say which people had input from the district nurse or dietician; they also knew what health problems each person had and what action was needed from them to support the person. Entries in the care records we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems. However, one person whose file we looked at was discharged by the dietician in March 2016, but their care plan has not been updated to reflect this.

We found that food and fluid charts were not recorded correctly. Staff were not collating the amounts of fluid taken in daily by each person and there were no output records; so we were uncertain as to the value of these documents. Please see the well-led section of this report for the action taken regarding records.

We found the lunchtime dining experience to be disorganised in The Hall unit and presented the possibility of people's food and fluids not being given. However, we case tracked three people using the service, some of whom required a fortified / calorie rich diet. Everybody whose care we reviewed had maintained their weight or had some gain. This indicated the service was effective at ensuring people had enough nutrition to meet their bodily needs.

It was clear from talking to staff that they knew the people using the service quite well and they were able to tell us about anybody we asked about. People told us that the food was really good. One person said, "The gravy here is the best I've ever tasted. I really enjoy my meals." We were told that there was a choice of hot meals and alternative options at lunchtime and at teatime there might be a choice of sandwiches or beans or toast. We were told that there was a tea trolley both during the morning and the afternoon, however we did not see that.

Two people were sat waiting for their meals for 30 minutes as staff were busy supporting others with eating and drinking. One person was given a pudding but no main meal, when we checked with staff they told us "They have had their main meal," but we assured them that they had not. Staff then took away the pudding the person was eating and came back with the first course. There did not seem to be a menu list for staff or

the kitchen to check off to make sure others did not miss their meals. One person did not like the pudding they were offered and no alternative dish was offered.

We recommend that the service considers carrying out observations of the dining experience within the service, with a view to improving the mealtimes for everyone using the service.

We discussed diabetes best practice care with the management team. We were told this was something they needed to implement. We discussed best practice and dementia care. We were told this was not in place, but the manager showed us a leaflet about the Goole Dementia Service Project, run by the local NHS foundation trust and whose role included the support and education of care home staff to reduce hospital admissions for people living with dementia and assist with end of life care planning and care. This indicated that some input to the service was being received. We were told that the registered manager had plans to develop part of The Garden Wing into a reminiscence area for people using the service.

We saw that the environment within the service was comfortable, clean and homely. People told us they had no problems navigating around the service and that there was plenty of room for them to move around with their walking aids such as wheelchairs and walking frames. The service had accessible outdoor spaces, where people could enjoy the sunshine and fresh air as and when they wanted to. There were some dementia design aspects to the service, but these were very low key such as the odd picture on the bathroom doors to show what the facility behind the door was, plain carpets in the corridors and neutral colours on the walls.

We recommend that the service consider current guidance on dementia friendly environments whenever they carry out a refurbishment or redecoration of the facilities.

Some aspects of the environment required some improvement. For example, the carpet in The Hall dining room was visibly creased and had a small hole in it. We were told by the registered provider that they were in the process of receiving quotes to replace the floor covering in the dining room of The Hall.

There was a toilet facility in the entrance hall area with an 'Out of use' notice on it. Discussion with the registered provider indicated that this facility was to be removed within the next two years as it was not the best place to put this facility. We saw that people had good access to other toilet facilities in this area of the service.

The concrete pathway to the seating area near the conservatory was broken and uneven, which could be a trip hazard to anyone in this area. The tiled area next to the pathway was uneven and had gaps in the floor area as well. We spoke with the registered provider about this and following the inspection we were informed that this area had been cordoned off to make it safe until work could be carried out to repair the damaged floor and pathway. We were told this would be done by the end of June 2016.

We noted that some exterior windows needed repainting as the paintwork was faded and flaking. The external door to the laundry was in need of a replacement weather board and painting due to weather damage.

We found a number of bedroom fire doors were not closing properly when left to shut on their own, leaving a gap that meant the doors would not be effective in the event of a fire. The registered provider took immediate action to ensure the doors were attended to and adjustments made to the door closers to ensure the fire doors closed appropriately.

We were given assurances by the registered provider that all the above concerns were either dealt with immediately or would be addressed within a two month timescale. This will be looked at again at our next inspection.

Good

# Is the service caring?

## Our findings

People told us that staff were kind and we observed friendly and warm interactions between staff and people using the service. Positives included the genuinely caring nature of most staff, a reasonable range of activities and staff knowledge of individual people. People told us that the staff were kind. One person said, "They are all marvellous. Nothing is too much trouble for them."

The staff we spoke with displayed an in-depth knowledge about each person's care needs, choices and decisions. Staff told us that they kept up to date with people's changing needs through handovers at the start of each shift and reading the care plans. People who used the service told us that staff respected their wishes and would listen to them when they wanted to change things around.

We saw warm interactions between staff and people. Some people told us that they were able to make their own decisions. Comments included: "I get up when I want and I go to bed when I want. Everything I do is up to me" and "I don't want to sit in the lounge. I love my room. I've got a wonderful view out of my window and I love to watch the birds."

Relatives could visit without any restriction. One relative told us, "I come three times a week and always at different times depending on what else I'm doing. I've been told that it doesn't matter when I want to come. I could come at midnight if I wanted."

We observed that there were good interactions between the staff and people, with friendly and supportive care practices being used to assist people in their daily lives. We saw people ask for meals, drinks and personal care and these requests were promptly responded to. Staff were respectful and patient with individuals. One visitor expressed a slight concern that their relative didn't like to bother the staff so they were reluctant to call for assistance. They said "[Name] tends to 'hang on' when they want the toilet and this cannot be good for them." We spoke with the staff and they reassured the person that they could use the call bell whenever they needed to.

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the staff indicated some of them had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files. Staff also supported people to maintain relationships with family, friends and other people in the community.

Discussion with the staff revealed there were no people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

We found that people who used the service were dressed in clean, smart, co-ordinating clothes. Their hair

was brushed and many had been to the hairdressers, including the males. Finger nails and hands were clean and well cared for and gentlemen were clean shaven (if that was their choice). We were told by people that they could have a bath whenever they wished and one person said "The carers are particularly good, caring and willing."

Everyone we spoke with said that their privacy and dignity was protected. Individuals said, "They protect my dignity definitely. They make a point of covering me up when doing personal care" and "They always knock on the door" and "They take care not to embarrass you when looking after you." Despite the positive feedback from people we found that two bedrooms had no en-suite doors as the facilities were very small; this meant when the bedroom doors were opened people walking past in the corridors could have a direct view into the en-suites which would not be dignified for anyone using the facilities. Both people using the bedrooms required assistance with personal care. There was no evidence that the service used 'Care in progress cards,' which they could have displayed as an interim measure to stop doors being opened when personal care was being carried out. The manager told us they would discuss the best way to protect people's privacy and dignity with the people concerned or their family (if appropriate).

We recommend that the service considers how it can improve current practice in order to protect people's privacy and dignity whilst in their own bedrooms.

Good

# Is the service responsive?

## Our findings

We looked at three care files during this inspection. We found that people's care plans did not always clearly describe their needs. We saw no evidence that people were not receiving the care they required, but noted this information was not well recorded. Please see the well-led section of this report for the action taken regarding records.

The provider information return form told us, "People using the service and / or family are consulted about their care needs. Care plans are reviewed regularly with risk assessments, plan of care and evaluations usually monthly with an annual review with social services and six monthly reviews with the GP. Care is co-ordinated by the team leaders and is overseen by management. We hold regular reviews with the GP, annual social care reviews and work closely with other professionals to improve care services."

We found that staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. The care files we looked at were written in a person centred way. People who used the service said they were not always involved in the monthly review process. However, they were involved in planning their meals and activities and individuals told us they could talk to their key workers about their care. There was evidence of annual reviews taking place with the families, people and health and social care professionals as described in the provider information return form.

One relative who spoke with us had Power of Attorney (POA) for their family member with regard to finances and health and welfare. A POA is a person appointed by the court or the office of the public guardian who has a legal right to make decisions within the scope of their authority (health and welfare and / or finances). Records held in the home indicated that the relative had been involved in discussions about the care and welfare of the person using the service. We saw documented evidence and received verbal confirmation from the manager, staff and the relative that the service gave the relative the opportunity to be actively involved in the person's care and treatment including overseeing and making decisions about their care and treatment.

We were informed that there was an activity coordinator who spent 16 hours a week dedicated to activity sessions. Regular visitors included the 'Exercise Man' who came into the service on a Monday and a Wednesday each week. The activity coordinator said their hours were flexible. They had not completed any training on dementia care, but said they had done research online to help them choose suitable activities for this client group. They recorded the activities undertaken in people's personal activity sheets and wrote an overall summary. We were shown the social calendar poster for April and May 2016. A Spring fund raiser had been carried out, people had taken place in a bowling competition with practice taking place in-house and people going out to two competitions at Goole and Beverley.

There was a church service held on the third Tuesday of each month. The service included songs and communion and was conducted by a lay person. Information in people's care files showed staff which people were interested in attending these services.

One volunteer came and carried out game activities with people. There were no trips out as there was no transport for people owned by the service and they did not use community transport. People told us, "There is always plenty going on. We sometimes have entertainers coming in and it's up to you whether you want to go or not." We asked about activities and the activities coordinator described a range of things including a number of parties and tea dances. Some people using the service liked gardening and there was a small greenhouse for their use. We saw some people potting up tomato plants and sunflowers and we were told that they were having a 'competition' between The Hall's plants and those of The Garden Wing.

There was a complaints policy and procedure on display in the service. The complaint file showed that the registered manager had received four formal complaints in the last year and all had been responded to and resolved. Checks of the information CQC held about the service showed that no complaints had been received in the last year.

None of the people we spoke with could tell us about any complaints they had and nobody could describe what they would do if they had other than saying, "I would tell my family. They see to all that kind of thing." The assistant managers told us that they were aware that some people did not always remember how to make a complaint, but that people's concerns were always listened to and responded to.

Satisfaction questionnaires were sent out in May 2016. The responses we looked at were positive about the service. People said, "We are very pleased with everything and [Name] is well cared for." "After talks with management things have improved with regards to care." "Staff and management are always kind and helpful. [Name] is being cared for very well and is comfortable." "I am pleased with the care [Name] is receiving and how settled and content they are." There was a quality assurance report produced for March 2015 to April 2016 with information about questionnaire responses and the action taken by the registered provider in relation to the feedback they had received. The report detailed the changes introduced to the service by the new management team and it asked people and relatives to let the registered manager and registered provider know if they had any further comments or suggestions for improving the service.

Requires Improvement

# Is the service well-led?

## Our findings

We found that there was a quality assurance system in place but it was not always effective. We found during our inspection that staff supervision, health and safety risks, care files and medicines were being audited but we had concerns about these areas of practice, which made us question how effective the audits were. We noted issues with the dining experience of people using the service and the involvement of people in their care plans. These areas were judged to have a minor level of risk to people using the service and a low impact on people's health and wellbeing.

Record keeping within the service needed to improve. We saw evidence that medicine records, care plans, risk assessments and food and fluid charts were not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put people at risk of harm.

For example, we found that food and fluid charts were not recorded correctly. Staff were not collating the amounts of fluid taken in daily by each person and there were no output records; so we were uncertain as to the value of these documents. We saw no records to show that people were offered fluids in an evening or through the night. This was a concern as one person's charts indicated they only took between 100 and 450 millilitres of fluid a day between 20 and 25 May 2016. We checked this individual and found they did not appear to be dehydrated and had access to drinks throughout the day. This indicated the problem was one of poor recording rather than poor care. Discussion of our concerns with the manager resulted in the staff being spoken with about their recording of fluid intake.

We looked at one person's care file that had been audited by the service each month. The audit action plan noted that the medicine care plan needed signing; this was first noted in December 2015 but there was no evidence of any action by the staff to ensure this was completed. We found that this person's pressure care / skin integrity risk assessment was last completed in November 2015 when they were rated as a high risk of pressure sores developing. The care plan was written in April 2015 and the evaluation sheet for 20 May and 24 May 2016 noted that active treatment for pressure damage was being given. However, the care plan made no mention of these skin integrity issues so had not been updated with this person's current needs; also no body map had been completed for the individual so there was no visual record of what pressure damage this person had and where it was located on their body. This meant the person could be at potential risk of further harm through staff not having up to date information of their needs.

Another person's care file was incomplete and not kept up to date. The sheets for consent to photographs and input to the care plans were blank, their personal profile sheets had not been completed and their medicine risk assessment was dated 2 March 2016 but had not been signed by the person or their family. Four care plans lacked dates to show when these were written and the continence care plan said that urine output was monitored, but we found no evidence of this taking place. The falls risk assessment was reviewed in May 2016. Staff had recorded that the person fell in the last six months but they had not recorded when or how many times. The skin integrity risk assessment was reviewed in May 2016 and the person was rated as very high risk of pressure sores. However, we found there was no date on the tissue

viability care plan, which made it difficult to see if this was up to date. We carried out a discrete visual check of this person and found that they were being cared for in bed, they were clean and comfortable and had a drink to hand. Pressure care was being completed every two hours to reduce the risk of sores developing. They had input from the district nurse who delivered wound care to them every two to three days. This indicated the person received the care and support they needed, but staff were not always recording this in the care file.

This was a breach of Regulation 17(1) (2) (a-c) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. The registered manager was described as being open and friendly and there was an open door policy as far as they were concerned.

We sent the registered provider a provider information return (PIR) that required completion and return to CQC by May 2016. This was completed and returned with the given timescales. The information in the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

There was a registered manager in post who was supported by two assistant managers and an office administrator. A new manager was on duty at the time of our inspection and they told us that they would be applying to be registered with CQC as soon as possible as the existing registered manager wished to step down from this role.

The provider information return form told us, "The long term plan was never to have the current Registered Manager in post long term and we have recruited a new manager who is due to start on 23 May 2016. They are currently awaiting DBS checks. The new registered manager will be supported by the current registered manager and inducted through the relevant Induction Standards for Managers in Social Care. They will be enrolled with Selby College to undertake the Level 5 in Leadership and Management Course. Once induction is completed the new manager will be supported by the current manager two days per week and by end of telephone advice or visits if required."

People who spoke with us all knew and said they got on well with the registered manager. They told us, "Yes, I find them approachable," and "The registered manager and I get on very well." One relative told us, "Everything is changing here. I have seen the assistant managers and they are very good but there is so much going on and I think there is a new manager but they have not been here two minutes."

Staff told us the service was well led. One member of staff said, "Feel I get a lot of support, the registered manager's door is always open - always feel listened to." The service had a whistleblowing policy and procedure in place and checks of the information we held about the service indicated that no concerns had been raised by staff in the last year.

We asked staff what they would do if they were concerned about the behaviour of another colleague and one member of staff said, "I'd be surprised if that happened here. We work as a team and we all know each other really well, but if it did I wouldn't hesitate in talking to the manager." Another member of staff told us, "I love working here. I only came here because I felt that this was a place that really cares for the residents. I wouldn't work anywhere that didn't."

The registered provider was proactive about making improvements to the service. Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. We saw meeting minutes that showed staff meetings were held in March and May 2016 and resident meetings had taken place in May and September 2015 and February and March 2016. The meetings gave the service the opportunity to inform individuals about changes taking place and enabled people's opinions to be heard. Information in the quality assurance report for 2015 / 2016 showed us that the registered manager and registered provider had acted on people's feedback about the service and their business objectives for 2016 demonstrated that there was a plan to move the service forward within a given timescale.

We have taken into consideration during this inspection that over the past few months this service has undergone a number of changes including the introduction of a new management team, the deregistration of the nursing side of the service and the on-going refurbishment of the property. Discussion with the registered provider and manager indicated that they were fully aware of all the work that needed to take place in order to move the quality of the service forward. They have shown a willingness to take immediate action where possible and have a business plan in place which includes timescales to complete more complex changes. There have been efforts made to ensure people, relatives and staff are kept up to date with all the changes to the service which would impact on them. This has all been taken into consideration during the inspection and our rating and requirements of the provider in this report are a reflection of this.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Consent to care and treatment was not always sought in line with relevant legislation and guidance.<br><br>Regulation 11 (1) (3) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks to the health and safety of people using the service were not always thoroughly assessed and effectively managed and this placed people at risk of otherwise avoidable harm.<br>Regulation 12 (2) (a) (b)<br><br>The registered provider failed to protect people against the risks associated with the unsafe use and management of medicines by the inappropriate arrangements for recording and handling of medicines used for the purposes of the regulated activity.<br>Regulation 12 (1) (2) (g) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>People were not protected against the risks of inappropriate or unsafe care and treatment because of ineffective operation of quality assurance systems to identify, assess and |

| | |
|---|---|
| | manage risks relating to the health, safety and welfare of people who used the service.<br><br>The registered provider failed to maintain an accurate record of care and treatment in respect of each person using the service.<br><br>Regulation 17 (1) (2) (a-c) |
| **Regulated activity** | **Regulation** |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The registered person failed to provide staff with appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.<br><br>Regulation 18 (2) (a) |