

Cornish Care Limited

# Springfield House Residential Care Home

## Inspection report

North Hill  
Hill  
Launceston  
Cornwall  
PL15 7PQ

Date of inspection visit:  
03 October 2018

Date of publication:  
30 October 2018

Tel: 01566782361

Website: [www.springfieldhouse.co.uk](http://www.springfieldhouse.co.uk)

## 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 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Springfield House on 3 October 2018. Springfield House is a care home which provides care and support for up to 23 predominantly older people. At the time of this inspection there were 19 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is on two floors with access to the upper floor via a stair lift. Some rooms have en-suite facilities and there are shared bathrooms, and toilets. Shared living areas included a central lounge and sun lounge. There was also a dining room which had been extended to the side of the service. This led out onto an enclosed rear garden area which was suitable and safe to use for people living with dementia. The service is situated in its own grounds with a large side garden area.

The registered provider was also the registered as manager of the service and will be referred to as the registered manager throughout this report. 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 and associated Regulations about how the service is run.

At the last inspection in February 2016 we rated the service as overall Good. However, the safe domain of the report was rated Requires Improvement. This was because risk assessments contained limited or no information about measures staff should take to ensure people were safe in relation to specific risks. Where pressure relieving mattresses were in use the procedures to check them were not clear. The recording of people receiving repositioning was not always consistent.

There were no measures in place to reduce the risks of Legionella.

Medicines were not always stored and administered to people as prescribed. The temperature was not being monitored in the medicines room. Prescribed creams were not being managed and recorded appropriately. The registered manager gave us assurances the issues were being addressed.

At this inspection we found that issues identified as requiring action in February 2016 had not been addressed in full. Some people required management of specific risks and these had not been effectively managed using a risk assessment format, which would support staff to mitigate those risks.

Three people required pressure relieving mattresses. When we checked the settings, we found they did not correspond to their weight and therefore posed a potential risk for skin damage. There were no audits taking place to ensure the mattresses were operating at the correct pressure for the person. In one instance the equipment had been reported as faulty and therefore the service could not determine if the pressure was accurate. This meant peoples skin integrity could be at risk.

Some people required repositioning to reduce the risk of skin damage. The service had records in place monitoring the times people needed to be repositioned. The charts were up to date and response times were generally in line with the assessment. A visiting professional told us the staff were responsive to instruction from them and referred any concerns quickly.

The service had employed a contractor to monitor water in the service, including temperatures at various points so it met with current Legionella guidance.

People received their medicines as prescribed. Systems and processes relating to the administration and storage of medicines helped ensure medicines were managed safely. The service had included body maps to identify areas where creams were to be applied and when. Creams were dated upon opening and kept in a locked wall facility in people's rooms.

Care plans contained information about the person and what their individual needs were and how they would be met. Care planning was reviewed and people's changing needs were recorded. Daily notes were completed by staff responsible for people's care. However, the three care plans we reviewed were not written in a person-centred way which would ensure the person was at the centre of the information and described how they would want their care to be delivered. Some of the terminology used was not respectful, for example the use of 'He' and 'She'.

There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make informed decisions and encouraged people to make their own choices.

People received enough to eat and drink and had a choice of meals and snacks. People were supported by staff to use and access a variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service.

People told us they were happy with the care they received and believed it was a safe environment. The atmosphere was calm and relaxed. People moved around the building choosing where to spend their time and who with. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner.

People had limited access to a range of meaningful activities which would support the social wellbeing. We have made a recommendation about this.

People were protected from abuse and staff understood how to protect people. The premises and equipment were maintained to minimise the risk of cross infection. People were supported by sufficient staff. Staff recruitments systems were in place and designed to ensure checks were made before a member of staff commenced working at the service. However, in one instance a staff member commenced work prior to satisfactory references being received. We have made a recommendation about the provision of end of life training and staff supervision.

Staff had access to a range of training opportunities which were monitored by administrative staff to ensure they were updated as required, however we identified there was no formal training delivered in relation to end of life provision. Staff were supported daily through handover meetings, however there were no formal systems for supporting care staff on a one to one basis. This meant individual performance issues were not shared and addressed and it did not give members of staff time to discuss any issues around their individual

roles.

There were systems in place to update operational issues. People's views were sought and listened to. However, there were no formal meetings with people using the service, relative's and staff which would enable feedback to make improvements to the service.

At this inspection we found the service to be in breach of regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The actions we have taken are detailed at the end of this report.

## 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. Checks were not being made to ensure mattresses designed to prevent skin damage, were set at a suitable pressure for the person using them.

Risk assessments did not always have enough information to support staff in identifying and mitigating risks.

Recruitment procedures did not ensure all necessary checks were in place prior to staff commencing work at the service.

Medicines were being managed safely.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. Staff did not receive a formal level of supervision and support in their role.

People saw health professionals when they needed to so their health needs were met.

People's rights were protected because staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

**Requires Improvement** ●

### Is the service caring?

The service remained Good.

**Good** ●

### Is the service responsive?

The service was not always responsive. Care records were not written in a person-centred way.

There was limited choice available to people in respect of social activities.

**Requires Improvement** ●

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

**Is the service well-led?**

The service was not well led. Systems to develop and monitor quality were not always in place or effective.

Records associated with people's risks were not always complete.

People and their families told us the management were approachable and they felt listened to. People felt confident the registered manager would act in their best interest.

**Requires Improvement** 

# Springfield House Residential Care Home

## **Detailed findings**

### Background to this inspection

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

This unannounced inspection took place on 3 October 2018. The inspection was carried out by one adult social care inspector and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed 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 reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, senior care and seven staff members, including the cook and administrator. We also spoke with twelve people living at the service and one visiting relative. During the inspection we spoke with two visiting professionals.

We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We looked at three records relating to the care of people, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

At the last inspection we found risk assessments contained limited or no information about measures staff should take to ensure people were safe in relation to specific risks. Where people required pressure relieving mattresses the procedures to check them were not clear. The recording of people receiving repositioning was not always consistent. There were no measures in place to reduce the risks of Legionella. Medicines were not always stored and administered to people as prescribed. The temperature was not being monitored in the medicines room. Prescribed creams were not being managed and recorded appropriately. Therefore, the safe section of this report was rated as requires improvement at that time.

At this inspection we checked the actions taken by the provider since the last inspection. Some people had risk assessments in place to identify specific risks. For example, where there was a high risk of falls and where a person liked to smoke. There were clear instructions for staff to support them. Information included the likelihood of accidents occurring and who was responsible for ensuring and maintaining safety. However, there were instances where risks were generalised and not specific to the risk to the person and staff. For example, where a person required all mobility transfers using equipment. The information was generalised and did not use a risk format. One person was reported to be mobile at night time. There was no risk assessment in place as to how this should be managed to mitigate risks to the person.

One person had an assessment for the risk of choking. It was originally put in place in 2015. There had been reviews in, November 2015, March 2016, November 2016, July 2017 and May 2018. There was no consistent pattern in the time between reviews. For example, between July 2017 and May 2018 there was a gap of ten months. The information following each review did not reflect an outcome. For example, if any changes were necessary, if the diet remained safe and satisfactory and whether any professionals were involved. This meant the staff may not have the current information they needed to support the person. We reviewed the person's records and found no recorded episodes of choking. However, the absence of regular risk assessments did not evidence the person's choking risk was monitored to ensure any potential changes were identified.

Three people required pressure relieving mattresses. We checked these to see if they were accurately set for the person using them. In one instance the setting was above the persons weight and therefore incorrect, in another instance the equipment had been reported as faulty and therefore the correct pressure could not be assured. It was not possible to access the third mattress pump. There were no systems to monitor and audit the pressure mattress settings. We reviewed people's records who had pressure mattresses. There were no examples of pressure sores, however by not carrying out regular audits and by having a faulty mattress meant peoples skin integrity had the potential to be at risk. The registered manager assured us audits would be put in place during the inspection of February 2016. At this inspection we found this had not been addressed.

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



Some people required repositioning to reduce the risk of skin damage. The service had records in place monitoring the times people needed to be repositioned. The charts were up to date and generally reflected the times assessed for. A visiting professional told us the staff were responsive to instruction from them and referred any concerns quickly. We checked the current records for people at this inspection. The records we viewed reflected and corresponded with the information in the people's care plans.

At the previous inspection the service had not taken account of risk in respect of the management of legionella bacteria. Since that inspection the service had employed a contractor to monitor water in the service, including temperatures at various points. This meant the service met with current Legionella guidance.

Records showed water temperatures were being monitored so they delivered water at a safe temperature in line with health and safety guidelines. The fire systems had been regularly checked to confirm they were working. Records were available confirming electrical equipment complied with statutory requirements and were safe for use. Equipment checks were in place as per manufacturers guidance.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. For example, reviewing a person's care plan where the risk of falls had increased. We discussed the usefulness of putting in an audit system to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks. The registered manager acknowledged they would address this as a developmental process to improve outcomes for people.

Since the previous inspection the registered manager had acted to improve the safe management of medicines. People were receiving their medicines on time and as prescribed. The temperature of the medicines room was being monitored daily and a record of temperatures was being maintained. This also extended to the fridge temperature which was seen to be within a safe range in accordance with pharmaceutical guidance.

The application of prescribed creams had been reviewed. Where prescribed creams were required there were specific instructions for the amount to be applied and when it needed to be applied. In addition, body maps were in place so staff understood where the cream should be applied.

Where people were prescribed PRN medicines [medicines to be administered when required] staff understood what this meant. For example, where people were prescribed pain relief on a PRN basis. They were asked if they were in pain and if they required the medicine. Records showed PRN medicines were not automatically administered unless there was a need. Staff responsible for administering medicines were aware of the protocols in place when people required PRN medication.

Staff responsible for administering medicines had their training updated as required. Records showed training updates had been held and the date of the next update was in place. This meant staff kept up to date with current good practice.

Staff we spoke with told us that they thought the home was sufficiently staffed. One staff member told us, "It's not often that we need to use agency staff. We have a good team and we support each other." One person said, "They [staff] are here with me at the push of the button." We observed call bells being responded to very quickly and staff were visible throughout the service at all times.

People and a relative told us they were happy with the care provided and felt the environment was safe.

Comments included; "Having other people around all of the time and joining in with the group is a great comfort and that's why I feel safe here," "You couldn't find anywhere safer. It's the first thing you realise when you arrive, and the main aim of the staff is to ensure everyone's safe" and "[My relative] is prone to falling because of their medical condition which is a progressive disease and will only mean they get worse. The staff watch all of the time and react quickly every time they fall over, getting them back up and checking they are not hurt etc."

There were procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of, or suspected a safeguarding issue. They understood the types of abuse and gave examples of poor care people might experience. They could describe safeguarding procedures which needed to be followed if they reported concerns to the registered provider. Staff told us they had recently had an update in training for safeguarding, which meant they were kept up to date with current good practice.

There were systems in place to recruit staff safely and to ensure recruitments checks were in place prior to staff commencing work. However, in one instance we observed a staff member had commenced work prior to satisfactory references being returned. The registered manager told us they had been unable to gain two references which was the minimum the service requested, even though it was evident several requests had been made. The services application form asked for the last ten-year employment history rather than a full employment record with gaps explained. The registered manager was taking steps to amend the record with immediate effect, to ensure it met with Schedule 3 'Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The environment was clean and equipment was available to staff to ensure infection control. Systems were effective. There were individual Personal Emergency Evacuation Plans (PEEPs) in place. These informed first responders of the support people would need to exit the building in an emergency. Appropriate safety checks were completed to help ensure the building and utilities were safe.

## Is the service effective?

### Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People using the service, and a relative told us they were confident that staff knew them well and understood how to meet their needs. People's healthcare needs were being monitored and discussed with the person or relatives as part of the care planning process. People told us if they did not feel well staff would contact healthcare professionals. One person said, I have every confidence in them [staff]."

Staff were supported by a training programme. The services training matrix showed staff had access to a range of training which reflected the needs of people using the service. In addition, there was additional training where necessary. For example, diabetes awareness and management of epilepsy. This was to help staff where people required specific support. However, there were some training gaps, for example no staff had completed end of life care which would provide them with the knowledge and skills to deliver care at the end of people's lives using good practice guidance.

We recommend the service takes advice or guidance from a reputable source regarding the provision of suitable training for staff to meet all the needs of people using the service.

Staff told us they had been supported through an induction programme before they began to work independently. For example, there was a period where staff worked alongside more experienced staff to get to know people, routines and how the staff team operated. A recent staff member said they felt well supported. They were undertaking the Care Certificate, a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life.

Staff told us they had time to speak with the registered manager whenever they felt they needed to. One staff member said, "We [staff] are encouraged to raise anything we feel we need to. We do this through handovers but can go to the office anytime." There was no formal system for supervising staff. The registered manager showed us a proposed record sheet for appraisals. We discussed at length the benefits of ensuring staff have dedicated time to speak with the registered manager or senior staff for support in their role but also to share any issues in a secure environment. Several staff told us they felt it would be beneficial to have one to one meetings with the registered manager.

It is recommended the service takes advice or guidance from a reputable source regarding the provision of adequate support for staff.

People's needs and choices were assessed prior to moving to Springfield House. Where possible people could visit before moving into the service. This helped to ensure their needs and expectations could be met by the service. People were asked about their lives to help staff understand more about them, what was important to them. Some people chose not to share this information and this was respected by staff.

People's healthcare needs were being monitored and discussed with the person or relatives as part of the care planning process. Care records showed visits from health professionals including general practitioners

(GP's) and a range of other health professionals were involved with people when necessary. They included social workers and dieticians amongst others. Comments from two visiting professionals were positive. They said, "I am impressed with the staff team. They listen and act on any advice" and "If they [staff] have any concerns whatsoever they always ask for advice and guidance."

People were confident staff would support them if they felt unwell, comments included, "If I ask, the staff will make any appointment, or they'll mention if they think I need to make an appointment then sort the details for me" and "I can tell my family if I'm unwell and my regular GP comes to the home to see me, but the staff will make arrangements for a doctor to come if I'm poorly."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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. Some people had authorisations in place and the requirements of these were understood and responded to by staff. The restrictions in place included a locked entrance and exit doors. All staff had keys to ensure ease of movement.

Staff were aware of the importance that people who lived at Springfield House were given the opportunity to consent to receive care and support. Where people did not have the mental capacity to agree to consent their legal representative, where possible acted on their behalf. However, consent needed to extend to areas of care and treatment such as consent to medicines being administered. The registered manager acknowledged this. Staff told us if people did not give verbal consent they would go away and try again later. This showed consent was obtained from people to make decisions about their care and treatment.

There was little use of assistive technology to support people. The services call system was remote so people could use it without the need to be close to a service point. The registered manager was aware of technological advances and options in the care sector and would consider these if they felt it was useful for the service.

The training record showed no staff had undertaken training in equality and diversity which would focus on the Equality Act legislation and ensure staff understood what discrimination meant and how to protect people from any type of discrimination. We spoke with the registered manager about this. They told us staff undertaking the care certificate had it included in the induction standards. They told us other staff would be able to access this on e-learning topics which were available to them. However, there was no evidence any staff had undertaken e learning training on this topic. Staff spoken with on inspection clearly understood how to protect people from discrimination. A staff member told us, "Respecting everybody for who they are is the most important thing and I think we do that well."

People dietary needs were met with a choice of meals. Information was detailed in care plans to guide staff on people's likes and dislikes. This information was kept on file. We spoke with the chef who was aware of people's likes and dislikes. The chef was informed by the staff of people's dietary needs on admission. However, by providing the chef with a copy of people's food preferences it would support and remind them of individual likes and dislikes and would be a prompt when designing meal plans. Food and fluid monitoring charts were in place where people needed them. They were effective in monitoring food and

fluid intake where necessary to support people's health needs. Where one person had reported a food they disliked, the chef was able to cater for this. They told us, "I can't abide onions. I'm not exactly allergic but they make me feel ill, but the cook knows about it and goes to great lengths to prepare my meals the same as everyone else's; just without any onion." Other comments told us people were very satisfied with meals, they said, "I have a good appetite and like to eat well. The cook makes excellent meals and the menus are well balanced." "If you're not particularly hungry there are sandwiches or other lighter options and nobody puts me under pressure to eat a big meal if I don't want to" and "It's the type of food I'd cook at home" and "Sometimes I eat in my room, but it's better to eat with everyone else usually because it's more of an occasion and everyone has a good natter. I love the food and look forward to my meals, especially Dinner [meaning the mid-day meal]."

The design, layout and decoration of the service generally met people's individual needs. Toilets and bathrooms were marked for their usage. However, signage which would be effective to support people living with dementia was not evident. By having effective memory aids would encourage independence and help people who might have difficulties orientating around the premises.

It is recommended the service seek advice and guidance from a reputable source regarding a supportive environment for people living with dementia.

People were encouraged to personalise their rooms with personal items from their own homes or things that were important to them. One person told us, "I've not been here long but I have my photos which I love having close to me." Each room had a call system to enable people to request support if needed. Aids and hoists were in place which could meet or meet the assessed needs of people with mobility needs.

The services premises were going through a process of renovation. External painting was almost completed. Decoration for areas of the service was planned to include replacing the hall and stairs carpet which was seen to be heavily stained.

## Is the service caring?

### Our findings

People who lived at Springfield House told us they were happy and felt the care provided for them was very good. Comments were positive and included, "The staff are all such friendly people, and caring. You can always have a good talk with them," "You really couldn't wish for better staff. They're always on hand to help," "The staff always knock before coming into my room or ask to come in if I'm in the toilet and need some assistance" and "None of the staff is particularly better or worse than the others. They're all excellent."

The care we observed being provided throughout the inspection was appropriate to people's needs and supported their well-being. Staff were patient and discreet when providing care for people. They took the time to speak with the person as they supported them and we observed many positive interactions. For example, we observed staff supporting a person who became anxious. They used attentive words and phrases such as, "Everything is alright, there is no need to worry, we can sort this out." A family member told us they were always informed if there were any changes in their relative's health.

Staff had a good understanding of protecting and respecting people's human rights. Staff members and people who lived at Springfield House were observed throughout the inspection to have easy and friendly relationships. People told us that staff listened to them and respected and considered their wishes and choices. Staff ensured they were at the same level as people and gained eye contact when communicating with them so that people could clearly understand them.

People's life histories were being developed wherever possible. Staff told us this helped them get to know more about the person their interests, work life and families. This helped staff understand who they are today. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience. A staff member told us they had found this useful especially for people who were living with a dementia condition. They said, "We can use the prompts and it sometimes works because you can see the resident suddenly remember something."

Staff ensured people they had hearing aid batteries replaced as necessary and checks with opticians so they could communicate effectively. A family member told us, "[My relative] always has their glasses on. They take such good care of everything." One person used a 'white board' to support them when communicating with people due to the extent of their hearing loss. This helped staff and the person share information in a way they could understand and supported effective communication.

We observed staff approaching people and speaking with them in a respectful way. People's privacy was respected. Staff always knocked on bedroom doors and waited for a response before entering. There was a mixed gender of staff. This helped give people some degree of choice when receiving personal care.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and could visit at any time. People could see their visitors in one of the lounges or in their own room. We observed staff greeted visitors on arrival and made them feel comfortable. One relative told us they were very confident in how the service adapted their family members care plan to meet their needs; "I

know [my relative's Care Plan is accurate and that it is adapted as things change. That only happens because the manager and the staff care about these things."

People could choose where to spend their time, either in the lounge or in their own rooms. Some people were in their rooms due to them requiring a higher level of care and support. Staff were seen to be frequently checking on their welfare, asking if they wanted anything to drink or eat. We observed staff asking people where they wanted to spend their time and what they wanted to eat and drink.

## Is the service responsive?

### Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Springfield House. Staff spoke knowledgeably about how people liked to be supported and what was important to them. A staff member told us, "Residents needs are changing all the time. I think we do a good job noticing any changes and we can respond to that." One person told us they thought the staff were very responsive. They said, "Not been here long but the staff have been wonderful in getting to know me and what I need."

People's preferences were understood by staff. One person told us they preferred to stay in their bedroom and staff respected their choice. They told us, "I like to stay in my room because I have everything I need. Yes, the staff are always popping in to have a chat." Staff could describe the things people liked and disliked and could give examples of details they had learned about people and their history. Staff could describe people's past interests and their working roles and understood about the people and events that were important to them. We observed staff frequently engage with people and had positive conversations.

Care plans were not consistently person centred. Care planning records were mainly task centred and did not demonstrate the involvement of the person or of those who knew the person well, for example, a family member with legal responsibility for that person. Terminology in care planning records was not always meaningful or respectful. For example, the use of "He" or "She" when describing what a person liked or disliked. One insert included, [Person's name] can be argumentative at times when they cannot do as they please." This use of language was insensitive and did not uphold the person rights. There was no other information about how this might be managed or responded to in a meaningful way to reduce agitation and improve the person's quality of life. This showed there was little evidence of the service demonstrating they had taken a collaborative approach to person centred planning.

It is recommended the service seek advice and guidance from a reputable source regarding writing effective care plans written in a person-centred way.

In general care plans gave details about each person's needs. This included information about people's care needs as well as their emotional support needs. For example, managing people's food and fluid intake and managing people's skin integrity through regular repositioning. Where necessary, this information was shared with other relevant health professionals as confirmed by us speaking with two visiting professionals on the day of the inspection. Staff told us about people's individual needs and choices and it was clear they understood how to respond to them in a sensitive and caring way. We observed positive examples of staff spending one to one time with people if they became anxious or upset.

Care plans were being updated and staff clearly understood people's current needs. For example, the need for regular positioning and recording the amounts of food and fluids people required. One person told us, "When my needs change the staff ask what I would like to happen and then the care plan changes but otherwise they do what's needed and they are so kind and caring. I am so grateful for what they do for me"



Daily handovers provided staff with information about people's needs and kept staff informed as those needs changed. Staff were responsible for writing up care delivered as soon as possible after to ensure the information was accurate and reflective of any changes. Staff on duty told us they thought this was a good system and they had the time to update care records.

People sometimes needed regular monitoring because of a decline in their health. For example, one person had recently been having their food intake monitored and some people had their skin checked regularly so staff would be aware of any deterioration. Monitoring records were completed appropriately. This meant staff could monitor and respond to people's health effectively.

There were a limited range of activities for people to take part in. The service held a monthly 'Elder Dance sessions'. These were designed for people whose mobility might be restricted and to support physical activity.

The service had its own transport although there was little evidence of people being supported to go out in it. There was a courtyard area which people could use independently and this was especially important for people living with dementia as they were safe. The service had larger grounds but people needed to be supported to use this area. Staff told us they tried to provide activities to people. Records mainly reported on 'one to one time'. Where staff provided one to one support, this focused on the person and their mood, determining if they would do something active or relaxing such as reading or hand massage. Some people living at the service had enjoyed hobbies in the past, for example a recent local authority review had identified a person might benefit from one to one time to explore the person's interest in vintage cars and playing the organ. The person told us, "I used to play piano really well. I was in a band and played all over. I can't anymore because they don't have a piano or keyboard or anywhere to practice." There were no specific activities for people living with dementia which would help improve wellbeing.

We recommend the service researches good practice guidance for meaningful activities in care homes, including those living with dementia, to ensure people have access to a range of activities to meet their social needs.

People had been supported with their end of life care needs and professionals told us the service responded to people's needs as they were entering the final stages of their life. Supporting people and their families through end of life was an essential and continuing part of care by the service. The service worked with the local GP practice and district nurses for medicines to be used if necessary to keep people comfortable. However, records about the planning for end of life were not in place. This meant the registered manager and staff may not have all the necessary information that would support the person and their family when entering the final stage of their life. For example, choice of funeral and informing people who were significant in the person's life. We discussed this with the registered manager who gave assurance that the end of life planning documents would be introduced so the details would be available to support staff.

The service had a complaints procedure which was available to people. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

## Is the service well-led?

### Our findings

Although we found the provider had systems in place to monitor the health, safety and welfare of people, it was evident these were not effective. For example, current auditing provision or care plans and records had failed to identify people's individual care records were not consistently completed with sufficient detail or reviewed when needed, placing people at risk of unsafe or inappropriate care. Governance systems had failed to identify risk assessment records were not always in place for people or that reviews of risks when people had an assessed risk of choking were not taking place in a timely way.

There were no effective systems in operation that ensured records to report on air mattress pressures to safely manage skin integrity. This placed people using this equipment at risk of developing pressure ulcers and suffering a reduction in their quality of life. The absence of effective auditing had not identified care planning records had not been written in a meaningful person-centred way, or that accurate records to reflect people's end of life care preferences had been completed. This presented a risk that people's wishes at the end of their lives would not be delivered in accordance with their wishes.

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

People told us they found the registered manager "Very supportive". Comments included, "The friendliness of the manager and staff is wonderful," "An amazing team," "[Registered manager] is in charge but often works alongside the on-duty staff so he knows what's going on all of the time. He also makes sure I have all my medications" and "The staff like a good laugh and are easy-going. There's nothing at all that I would change."

There was a positive culture within the staff team and it was clear they all worked well together. They told us they enjoyed working at the service. Comments included; "Lovely job. I really like coming to work" and "We work well as a team and support each other." Staff were motivated and keen to ensure the care needs of people they were supporting were met.

There were limited systems in place to effectively evaluate learning from current staff performance. For example, as reported on in the Effective domain of this report, there was little evidence of formal supervisions of staff taking place. Staff were not invited to take part in surveys. Staff meetings were not occurring. This meant staff were not engaged in the development of the service.

People told us the registered manager was visible in the service and always asked if people were satisfied with the service they were receiving. There was an annual survey which people were invited to complete. The most recent survey took place in May 2018. There were eleven responses, some were people living at the service others were from relatives. Comments were positive and included, "Friendly and happy staff," "The atmosphere is good" and "Its being improved by a refurbishment programme." Some people had said they felt a welcome pack would be useful to tell people about the service and what services they could expect. The registered manager evaluated this and had recently introduced an information pack. This

demonstrated the service listened to the views of people and acted to improve the service provided.

There were no resident/family meetings or staff meetings. These were forums which would deliver information about the service and operational issues, discuss any changes and would encourage people to give their views or raise issues. We discussed this with the registered manager who gave us assurance that this would be considered to extend the current system for sharing information with people and staff. Staff told us they thought staff meetings would give them the opportunity to raise any issues and it would give them the time to get to know more about any operational changes. One staff member said, "We do have handovers but there is not always the time to go into more depth."

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. Systems were in place to ensure staff were protected from discrimination at work. For example, equal opportunity policies to support the management team in this.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including general practitioners and district nurses.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service had not assessed the risks to all people living in the home, where risks were assessed the home had not taken appropriate action to mitigate those risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided in the home.</p> <p>Records were not always completed with sufficient detail.</p>