Healthcare Homes Group Limited

# St Leonards Court

## Inspection report

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Date of inspection visit:
13 April 2017

Date of publication:
31 July 2017

## Ratings

| Overall rating for this service | Requires Improvement |
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| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on the 13 April 2017 and was unannounced. The last inspection of this service took place on 25 November 2014. At that time, the service was rated overall as good. However, they had been rated as requires improvement within the safe domain. This was because we found that the systems in place when recruiting staff had not been sufficiently robust. This has resulted in a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that the required improvements had been made and that the provider was no longer in breach of this regulation. However we have again rated safe as requires improvement given concerns identified at our most recent inspection concerning bedrail safety.

Since the last inspection there has been a change in registered manager. The new manager registered with us in the last year. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is registered to provide accommodation and care to up to 25 older people with or without dementia. It does not provide nursing care. At the time of our inspection there were 24 people using the service but one had been transferred for a period of assessment so there were twenty three people.

We found that the current manager had made many improvements to the service since their appointment. There was a strong emphasis on personalised care based on people's wishes. The atmosphere was calm and staff regularly interacted with people to ensure their well- being. The service had regular staff that were familiar with people's needs and they had a good insight into their previous life experiences and their care preferences.

We found there were enough staff and systems in place to support and help retain staff including good recruitment and induction processes and improved compliance with training. This was readily available to staff and updated as required. Lots of staff had additional qualifications. The service also had developed strong links with health care professionals and provided a seamless service for people living in the home. The service was actively involved in the wider community. Staff were observed to be kind and caring in their actions and there was a lovely, calm atmosphere in the service and people were supported to manage their anxiety and distress in a positive way.

There were good systems in place to audit and monitor the service and the manager was open, resourceful and an excellent communicator who lead by example. We also found the documentation of a good standard and care plans and risk assessment clearly reflected people's needs and how these should be addressed.

However we did find some gaps. These included some risks to people in terms of ill-fitting bumpers to protect people from the risk of injury and entrapment. We identified gaps in records so we were unable to

see if risks from dehydration were adequately monitored. We found records of a high standard but found information duplicated and not all containing the same information which made records unreliable. It would be helpful if records were cross referenced. Staff might be aware of where documents are but we asked the provider to consider how an agency person would access the current recording system.

We found some conflicting information in terms of the Mental Capacity Act with staff drawing different conclusions about a person's capacity and not always demonstrating how they communicated with relatives holding power of attorney for care. Medication practices were acceptable and staff were knowledgeable of the underpinning policies concerning safe administration of medicines. However a little more knowledge of the actual medicines would be advantageous and we did identify a small discrepancy in one person's medication stock.

We found a breach of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 in some regulations. You can see what action we told the provider to take at the back of the full version 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?

**Requires Improvement**

The service was mostly safe.

Risks to people's safety were identified on the day of the inspection and the accident book documented previous risks which had the potential to put people at risk of harm.

There was adequate numbers of suitably competent and qualified staff who were familiar with people's needs.

There were good staff recruitment procedures which helped ensure that only suitable staff were appointed.

People received their medicines as intended by staff qualified to administer them.

### Is the service effective?

**Good**

The service was effective

Staff were sufficiently inducted into their role. The training of staff was effective and staff were supported to ensure they were able to deliver good standards of care.

Staff supported people with their consent, where people were unable to give their consent staff acted in the person's best interest but did not always with full consultation of those holding enduring power of attorney.

People's health care needs were met and the staff accessed health care professionals as required.

### Is the service caring?

**Good**

The service was caring.

Staff were kind and helped make people feel safe by being attentive and responding to their needs.

People's independence was promoted and their dignity upheld.

People were consulted about the service provided and the service was inclusive of their needs.

## Is the service responsive?

**Good**

The service was responsive.

The service assessed people's needs and developed a plan of care based on those needs. This was kept under review to ensure it remained appropriate. Staff were familiar with people's needs.

People social needs were met and there were some appropriate activities to help ensure people remained sufficiently stimulated.

The service had an established complaints procedure and this was clearly displayed.

## Is the service well-led?

**Requires Improvement**

The service was well led.

The manager had made lots of positive changes since being at the service and had earnt the trust and confidence of staff. They provided an inclusive, responsive service based on people's needs.

There was sufficient oversight of the care provided and audits helped determine how the service was complying with agreed standards and regulation.

The quality assurance system included regular engagement with people using the service, their families and other stake holders in determining how the service was performing. Improvements were driven forward by an effective quality assurance system.

# St Leonards Court

**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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on the 13 April 2017 and was unannounced. It was undertaken by two inspectors.

As part of this inspection we reviewed information we already held about the service including any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. We also viewed previous inspection reports. 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.

During the inspection we carried out observations throughout the day and looked at key policies and procedures. We looked at five people's care plans and spoke with ten staff. These included the manager, the operational manager who represented the provider, the head of care, domestic staff, catering staff, activity staff and care staff. We obtained feedback from seven relatives who had family members living in the home, two visiting health care professionals and six people using the service.

Requires Improvement

# Is the service safe?

## Our findings

At the last inspection we identified a breach in regards to the safe recruitment of new employees. At this inspection we found the service was fully compliant with this regulation. The service ensured staff were appropriately recruited and subject to stringent checks before being employed. The files we checked provided evidence of a completed application form which included their previous work history, and education. There were two written references, personal identification and evidence of a disclosure and barring check. This would record if the staff member had committed a criminal offence which might make them unsuitable to work in care. Staff appointment was only made if staff had been successful at interview stage. We saw evidence of the interview questions and how candidates scored against each questions. This demonstrated that potential staff were assessed in terms of their suitability and aptitude. In staff files there was an initial health and safety checklist to ensure staff were aware of the procedure in place whilst at their place of work.

All of the relatives we spoke with as part of this inspection told us they felt the service was safe and felt secure in the knowledge that staff looked after their family members well. Relatives said they were kept well informed of any changes or risks to their family member. One relative told us. "They, (their family member) fell out of bed, but I don't need to worry anymore because staff put up a rail to keep them safe." Another said, "They had lost weight before admission, but staff monitored this, weighed them weekly and they have put on weight."

Risks to people's safety had been managed well but we identified some areas that required improvement. A number of people were in their rooms and regular welfare checks were being carried out but not always recorded. For example one person was on two hourly turns but this was not demonstrated by their records. They were prone to pressure damage and had the necessary pressure relieving equipment in place. However, their care record did not state what setting their mattress should be on according to their recorded weight so we could check whether it was effective. Another person at clear risk of pressure damage had intermittent recording on their repositioning chart. The risk of them developing pressure damage had also not been completed, despite being nursed in bed. The person had bed rails and there were monthly checks in place. We identified one person with ill-fitting bumpers over the bedrails. The inspector when checking the bumpers found they were loose and did not protect the person from the risk of entrapment or injury from the bedrails themselves. When we checked them they fell off as they were not secure. This was discussed with the manager and staff at the time so could be immediately rectified. There was a check list in place for bedrails but staff had failed to identify the risk. We also saw in the accident book a recent recorded entrapment concerning another person and a person whose bedrails were broken putting them at unacceptable risk. Both deficits were dealt with immediately but the fact we identified a person at increased risk of injury as part of our inspection meant systems were not sufficiently robust. Risk assessments and checklists had not identified the risk. For the person whose bumpers were ill fitting their checklist asked: Is there a gap that will allow entrapment?-it was ticked no when in fact there was a gap.

The above supports a breach of Regulation 12. Safe care and treatment. Health and Social Care Act (Regulated Activities) Regulation 2014

Staff identified a number of people who they were monitoring to ensure they were eating and drinking enough for their needs. However when we looked at their records it was not clear what fluid target had been agreed or how this was monitored. Records showed varying amounts of fluid taken, some were well below national guidance on fluid intake. We also found records duplicated and kept in different places and containing different information so questioned the accuracy of the information. On some dates nothing was recorded regarding people's fluid intake for people staff said needed monitoring

Food records were kept for people identified at risk of unintentional weight loss but the information recorded would make it difficult to evaluate how much a person was actually eating and if it was sufficient for their needs. For example records stated ate all?  but we did not know the quantities of food offered. We also identified gaps in record keeping which taken at face value would indicate on some days people skipped meals and there was no record that they were offered a snack or alternative to their main meal.

Staff monitored people's weights and where unplanned weight loss was identified, people were weighed weekly and monitored more closely. We saw one person who had lost a substantial amount of weight. They had a risk management plan stating all foods should be fortified with extra calories and that staff needed to assist and encourage the person with all meals. In another area of their care plan it stated, 'normal diet.' And went on to say their diet was good. However they had recently lost weight so this was not accurate. They were on a food and fluid chart and had been referred to the dietician. The same person had a manual handling assessment which was adequate but information was recorded in different parts of the care plan making it difficult to see at a glance how to meet their needs, such as sling size recorded elsewhere and not on the plan. Their mobility was variable but there was no information about a recent urinary tract infection which could impact further on their mobility. This meant it was difficult to see how staff would be able to follow a person's plan of care particularly when they were not familiar with people's needs.

We saw the provider had responded to a recent event where a fire had occurred in a care home in another county. This information had been shared with staff and the service had reviewed their procedures. They had taken adequate steps to protect people from the risk of fire, including adequate training and evacuation procedures which staff were fully trained in. There were clear risk assessments and evacuation procedures for individuals and any considerations for staff in event of a fire. There was emergency equipment, a contact list and continuity plans for emergencies. This demonstrated that the provider had good systems in place to protect people from the risk of fire and learning was shared.

We did not identify any risks from the environment, radiators were covered to protect people from the risks of burns or scalds, and wet floor signs were in use. The service smelt clean and fresh. We saw lots of personal protective equipment around the service and staff observed good hygiene practices which helped stop the spread of infection. .

Staff had sufficient knowledge of safeguarding procedures and how to respond to any allegations of abuse. They were able to recognise different types of abuse and had received regular updates on their training. They were aware of the policies and procedures they were required to follow if they had any concerns. The staff we spoke with knew about the role of the CQC and the adult protection team at the local authority and when it might be appropriate to refer things on to them. One staff member told us of a concern they had raised and how it was effectively dealt with. Staff were familiar with the whistle blowing procedures.

There were sufficient numbers of staff to keep people safe and promote their well-being. We looked at staffing rotas, spoke with staff and people using the service and observed care people received across the day. Staff were visible in communal areas and met people's needs in a timely and responsive way.

The service was well planned and staff worked well together to ensure people received the care they needed. The manager confirmed they did not use agency staff and that there were no staffing vacancies. Planned and unplanned staff absence as a result of staff holidays or sickness were covered in-house and the service had a number of bank staff who could be asked to cover as required. Staff were familiar with people's needs and had the necessary competencies as evidence through discussion and confirmed by records of their training and the support they had received.

The service regularly assessed people's dependency levels and likely support required and used this in the planning of the service. They had a tool they used to calculate staffing hours needed in line with people's needs and the manager said they adjusted the staffing accordingly. They gave an example of how an additional shift had been added recently from 13.00-18.00 to cover the extra demands on staff time at this time of day. We reviewed the rotas and were satisfied shifts were appropriately covered. There was an established out of hours on call to support care staff should they require it.

Medicines were managed safely and people received their medicines as intended. Staff administering medicines told us they only did this after they had received the necessary training and their competencies had been thoroughly assessed. We observed the medicines round and this was done in a timely way. Staff ensured people took their medicines, explaining what it was for and ensuring they swallowed it with sufficient water before signing that it had been taken.

We checked people's medicines in stock against their records and found one minor discrepancy which we raised with the person administering the medication at the time of the inspection.

There were clear procedures for returning unwanted medicines and a clear procedure for checking medicines in and out. Some tablets had been disposed of because they had recently been found on the floor. This was recorded in the homes record but did not show if there any been an investigation to try and determine what had happened. There needs to be robust systems around disposal of medication and possible reasons for missed or discarded medications.

Good

# Is the service effective?

## Our findings

Staff had the necessary skills and knowledge for their job role. We spoke with staff who were able to tell us about people's needs and about key aspects of their role. One member of staff told us, "I have completed Mental capacity and fire safety recently, which included mock fire drills." They told us they had a health and social care qualification and had completed additional training such as dementia care but felt this could be more in depth.

Staff records showed us staff had received all the necessary training and updates and had opportunity for further study and professional development. A mixture of practical training sessions and e- learning were used to train staff.

Staff had completed some training relevant to the health care needs of people they were supporting although some staff had not had training with regards to long term conditions. However, staff said information was always made available to them if they needed it.

The manager had systems in place to ensure staff were adequately supported and had regular opportunities to meet to discuss their practice and performance. Regular team meetings, one to one supervisions and annual appraisals of their performance were in place. This was verified by the records we saw and staff that we spoke with.

Staff told us their induction to the work place had been thorough and they had been supported to develop the competencies and skills they needed for their role. For example one staff member said they had covered the core competencies in their induction, and already held a relevant qualification in care. They said they had thirteen days shadowing and had been supported throughout by observing more experienced staff and from being observed. They said it was very thorough.

Consent was sought before staff provided care and treatment. Where a person lacked the capacity to make certain decisions staff acted lawfully to ensure people were supported and they were acting in their best interest. For example two people shared a room; they had shared a room initially when they were more able and had enjoyed each other's company. Now both were unable to make that decision and needed a lot more care. Best interests meetings had been held to discuss this and to decide if they would have been happy to continue sharing. Another person was deemed unable to understand why it was necessary to take their medicines at regular intervals and regularly refused. The service had approached the person's family and the GP carried out a mental capacity assessment. It had been agreed the person should receive their medicines covertly (hidden in food or drink). Decisions were made by the family and other people who knew them well.

We noted that mental capacity assessments were in place to document whether people were able to make choices and decisions about their care and welfare. In some instances it was agreed people could. However these documents were signed by staff and not by the person able to make the decision. There were MCA for

care/meds/bedrails etc. all had been signed by staff as it stated person lacked capacity. However re decisions about treatment we asked staff about flu jabs and staff told us they rang and asked relatives regardless of whether they had POA or not so this should be addressed. We also noted a form stating person had capacity to consent to take their medication but not to care giving- which we though was contradictory

Some people had been deprived of their liberty in their best interests and the appropriate documentation was either in place or had been applied for. This ensured people's detention was lawful and least restrictive. There was also a record of relatives who had enduring power of attorney (POA) for welfare and, or finance for people. This meant staff knew who to contact regarding these matters. We reviewed a person's care plan in which a family member had POA and had signed their consent to photography and there was a do not attempt pulmonary resuscitation( DNAPR) which was signed by the GP and stated discussed with the Next Of Kin.
There was information on people's files about those who did not wish to be resuscitated in the event of collapse. This information was known by staff which meant people's wishes could be upheld.

People had their dietary needs met and staff provided them with the support they needed to ensure their nutritional needs were met. One person told us, "One of the best cooks around, they know my likes and dislikes." One person told us meal times varied and they could get hungry in between times. Every relative told us the food was good. One said "Home-made," another "Made from scratch."

The service had designated catering staff who knew people's dietary needs well. There was a list of people's special requirements and dietary preferences in the kitchen. The cook did not think anyone had unplanned weight loss. They told us they fortified food to provide extra calories as well as making home- made milkshakes. Whilst looking at people's records we identified people who were losing weight so all staff needed to be aware of this. Snack plates usually consisting of finger foods were not routinely offered for people refusing their main meals. Snacks of fruit, cake and biscuits were offered. However the use of snack plates would further enhance people's experience and promote weight. Cakes and biscuits does not go far enough in terms of stimulating people's appetite and maintaining their weight. Menus were displayed and people choice was promoted. One person did not want their meal and staff offered them a range of alternatives. Staff said people could have what they wanted within reason and foods were purchased on behalf of people to accommodate their individual tastes. Cooked breakfasts were offered at the weekend. Catering staff had the relevant experience and training for their role and this was being updated. Catering staff held a catering qualification and were also expected to cover some of the training care staff attended so they could effectively support people and raise concerns if necessary.

Staff were complimentary about the relationships they had with the GP practice, district nurses and other health care professionals and said they responded to the needs of the service. Staff said the GPs responded in a timely way and they usually had the same doctor so there was consistency. Staff told us the chiropodist visited regularly and the District nurses were in every day. Staff praised the work of the crisis team. Staff had been provided some training by the District nurses such as stoma care. Falls prevention was promoted and the manager had a stock of equipment such as sensor alarms which meant as soon as there was an identified risk, they could respond quickly. The manager told us there was a good response from the falls team who acted in an advisory capacity when a person was at risk from falling.

We spoke with a visiting health care professional. They told us the service provided to people was very good. They said staff communicated effectively and did not hesitate in calling to ask for advice. They added that they staff managed people's tissue viability needs well and that they would recommend the home

Good

# Is the service caring?

## Our findings

The service was very caring and people had their needs met. Some people were able to share their experiences with us. They commented on the staff. One person said, "Staff are friendly and helpful and do not keep you waiting. " We observed kind, caring staff who were familiar with people's needs and enhanced their emotional well- being. One person was observed having their nails painted and chatting away to staff. Other people were unable to recall information but staff skilfully talked to them and helped them reminisce about their experiences from the past and offered people encouragement and reassurance to help stop people becoming distressed.

One person was rude to staff and they took it with good humour and turned the conversation into something more positive. In the lounge there was music playing and later a black and white film which people discussed. At lunch most people ate together seated at a large table. There was lots of conversation and staff spoke inclusively with people. Those not sitting at the table received appropriate support with their meal. One person gave a speech following dinner which was in keeping with their previous hobby. This was well received and staff supported and celebrated it. The relative told us staff helped them stay connected with their past and this was important to them.

We spoke with relatives who all said very positive things about the service and how much they appreciated the staff. One said, "Very, very pleased in how they are looked after, they are always lovely and clean, the service is always lovely and clean." They said, "They are happy there and they don't want to leave." Another relative said "The manager is wonderful, the staff are wonderful, I like the feel of the home, its old fashioned. " Another said, "The staff are very friendly and caring to people."

Relatives told us they were made welcome at the service whenever they visited and staff always offered them a cup of tea and cake. One relative said, "They look after us all." They told us there were always activities going on and regardless of how busy staff were they always stopped and had a chat with people. One relative said told us that their family member had been ill prior to living at the service and had been in and out of hospital. They said this made their relative distressed and they kept asking to go home. However the person needed long term care and this service was recommended. The family member said on admission, "They accepted it as their home straight away and never ask to go home." Another relative told us they had a less than positive experience with another care provider but since moving them to this service, they said they had seen changes in their family member. "They have put weight on and have blossomed." They told us activities were always going on and their relative either participated or watched others participate. They said they liked, "people watching." They said every time they visited their family member was up, dressed, in the lounge and engaged in different activities.

We observed staff respecting people as they supported them with their needs. Staff addressed people in an appropriate manner and were friendly, polite and courteous. Staff appeared relaxed and easily chatted with people. Staff developed good relationships with extended family and we observed staff chatting and laughing with them in a supportive, friendly environment. All staff from the management to the domestic staff worked as part of a team and all interacted and engaged with people throughout. Every relative we

talked to said the manager was very hands on, always visible and prepared to muck in. Staff were complimentary about people, and spoke about them in a knowledgeable and respectful way. One person told a carer they were pretty to which they replied, "so are you" and started to compliment them on their appearance. Staff told us care was provided according to people's expressed needs and they tried hard to take people out and spend one to one time with people which they recognised enhanced the person's day. Staff told us people's routines were flexible and that they spent time with people getting to know what they wanted. Relatives told us that before their relative moved to the service their needs had been assessed and families were involved in the assessment. They said they were asked to complete a family history to help staff get to know the person.

The care was provided in a relaxed, friendly environment. We asked staff how they maintained a calm environment and a staff member told us, "We are able to diffuse situations by knowing our residents. " They gave examples of how they diverted a person's attention by engaging them in meaningful activity. We saw examples of staffs kindness and tolerance throughout the inspection.
Staff told us about a person who had recently been aggressive towards staff. Staff had accessed the appropriate support for this person and had spent considerable time trying to alleviate their distress. When we spoke with staff they said they recognised the persons behaviour was as a result of their illness and they said they had to be tolerant. The mental health team praised the service for the way they had tried to manage and support the person whilst recognising when they were unable to do this safely. The service learnt from this experience about what they might need to put in place in the future and have since developed a better working knowledge of the mental health services in the area.

We saw staff using screens when using a hoist to support people with their mobility. We observed staff supporting people with personal care and whenever possible encouraging people to mobilise. Staff exercised a great deal of patience and did not hurry people along. They explained and encouraged people to do as much for themselves as possible. Several relatives commented on some of the things their family members had participated in which reflected their interests. One relative said they had been cooking cakes and people accessed the kitchen but this was carefully managed, others were involved in the garden and others were given jobs to do around the service. One person was taken out to see a building project they had been involved in before becoming ill. Staff gave examples of how people were supported to continue to be part of the community. People told us about the different charity events and fundraising opportunity to raise money to pay for additional activities and community inclusion.

People told us felt included and involved in the service. The cook was observed regularly interacting with people and meals were cooked in the kitchen with an open hatch from which food was served from. This meant people were in close proximity and could smell the food.

Consultation with family happened regularly and visitors were welcome to join people for a meal or to participate in a service activity. Family meetings were held the last one being in February 2017 and newsletters were circulated to help keep families and people using the service up to date with what was happening. People were consulted about their care and there was evidence families were too and kept informed of any changes to their relative's health. The manager said when they had staff meetings that people were fully involved, and helped to make decisions such as menu planning. Relatives all told us they were consulted, informed and involved.

Good

# Is the service responsive?

## Our findings

The service routinely listened to people and took into account their wishes and feelings. We observed staff responding to people's needs and asking them if they were okay or wanting anything. The service had named staff who oversaw a number of different people. The key worker would ensure people's records were up to date and reviewed and help to oversee the persons care. The service had an established complaints procedures but the manager said they had not had any written complaints and felt this was because they addressed things immediately when raised verbally.

Most people were not able to tell us about their experiences of living at the service. However we found staff knew people well and were able to assist us in our communication with people. A number of people wanted to be left alone. However we did speak with some people and relatives who reported positively about their experiences. One person told us they needed help and this was given to them in a timely way. They said, "Staff are friendly and we have a good laugh." They said, "I join in activities and come and go as I please." Staff told us they needed bit of support to help promote their safety if they were to go out. The same person said they liked their room and it overlooked the garden.

We met another person who stayed in their room and said this was their choice and had many visits from their extended family. We felt their opportunities to socialise were limited but they told us they were happy and said staff popped in for a chat now and then. They said, "What do you expect when you get to my age."

We spoke with a relative who told us a bit about their family member and their routines and said staff accommodated these. They were often up through the night and spent time with staff. The relative said staff were good at supporting them and finding odd jobs for them to do to keep them occupied. They said they had settled well and said there was always something going on at the service. They said the chip van and ice-cream van were frequent visitors. They said the service was inclusive with lots of visitors who were always welcome and brought their children/grandchildren in. They said children were kept occupied and there were other things to engage people such as fetes, barbeques, raffles and old time music.

People's care and support plans were well written and gave us a good insight into the person's needs and what actions staff should take to address them. Initial assessments were undertaken to help assess if the service was right for the person and opportunities were provided for the person to familiarise themselves with the service before deciding if they wanted to move in.. Care plans were reviewed shortly after admission and then on a monthly basis unless something changed in the meantime. Care plans included information about the person's preferences and a life history such as the person's circles of support, previous occupation and interests. This would help staff get to know a person and what was important to them.

People's advanced wishes should they become infirm or approaching the end of their life were not recorded in the care plans we looked in. The manager was aware of this and said they do try and discuss this sensitive issue when the time was right.

Staff told us most people using the service were living with dementia but care plans did not give us much

information about this such as the type of dementia or stage which is relevant in terms of staffs understanding of people's needs and how their illness might impact on them. The manager told us that the home are not always given specific information about the persons dementia but we felt they should actively seek this information from the GP; a dementia profile would be really helpful. Staff spoken with agreed.

The service tried to accommodate everyone's individual needs and provide personalised care. People were observed throughout the day and were mostly content although several people said they were cold and one person had their coat on. People were wrapped in blankets but the service did not warm up until later in the day. There was a schedule of activities seven days a week, some organised in house and some trips out to the local community and by the local community. Examples given were attending a local primary school for sports day, trips to the local pub, day trips to a local zoo and the local café. Visits from an outside company who brought a range of small animals for people to hold. In addition there was a room referred to as the 'man cave' which was as a result of feedback that there were insufficient activities for the gentlemen. This room had a piano, Wi-fit and darts and was suitably decorated. In addition the service had old fashioned sweets- ( sweet shop) where people could help themselves and staff used sweets as a subject to help people reminisce. We noted apart from one person with a glove there was no sensory equipment.

The manager told us, "We have full involvement with the local community at Christmas. We were involved with the Christmas light switch on organised by the parish council, our residents all joined in with the choir and got a gingerbread man." There were plans for the local school children to visit the service. In addition volunteers were engaged with people in revamping the gardens and were planning to come back again. They were also planning to attend local events and had special concessions.

On the day of our inspection one person was making an Easter bonnet, people were encouraged to join in but we observed most people chose not to. We observed staff dancing with people and a number of people engaged in puzzles. Some people slept through the morning without much stimulation. One person had been poorly and was asleep and only woken for lunch which meant they did not have a drink all morning. We saw that they had an infection and were concerned their health could become worse without the necessary fluids.

Most people were living with dementia and the staff had tried to make the environment as accessible as they could. The manager said they had added people's pictures to their doors to help them recognise their rooms. Memory boxes or different colours to distinguish different areas of the service might be more effective. In the lounge there was a large painted tree which represented the different seasons. Staff and people using the service told us how they contributed to decorating the tree.

Requires Improvement

# Is the service well-led?

## Our findings

The service was mostly well led. However we identified a breach in safe which has resulted in a requires improvement overall. On the day of the inspection we identified a concern with regards to ill fitting bumpers which were there to protect the person from injury from the integral bedrails. We noted from the accident book further reference to unsafe bumpers/ rails. Care staff and maintenance staff were checking bedrails and had signed to say they were safe when in fact one was not. The provider had not identified an issue. The manager told us the company had paid an external consultant to carry out a mock CQC inspection. Following this an action plan had been put in place and constantly monitored and updated to show changes being implemented including staff support, updating all staffs training, changes to the environment and increased opportunities for people using the service. The service development plan could be viewed by senior management so they could track the progress being made. We saw a sample of audits on care, maintenance and clinical audits which helped to inform practice and identify areas for continuous improvement. We viewed the weight tracker which showed us how the manager had oversight of risk. They also told us about the dietician visiting, and planned nutrition training for staff. The mock CQC inspections took place across all the providers' services which enabled them to identify themes, trends and good practice issues across the services.

In addition the provider had developed a risk register across their services which again enabled them to make comparisons about all of their services and any elevated risk which needed further exploration. Data might include the prevalence of falls and gave the provider an overview of how risks were being managed and reduced. We saw data on the prevalence of infection, weight loss and the incident of pressure ulcers. This enabled service managers to appropriately support managers in managing risk and ensuring all actions taken were appropriate to risk.

The manager had been in post for about a year and had relevant and current experience and knowledge. They told us when coming into post they were shadowed and buddied up with another manager working for Health care homes. They said there were monthly manager meetings where they had the opportunity to discuss work based practice and mutually support each other. The manager told us they felt well supported. They had implemented a number of changes to improve the service including visual information to help people and staff know what was happening. There was a list showing where the manager and head of care were at any one time so they could be contacted when necessary. However both said they liked to be 'hands on' and help provide care to people. We saw they both had good relationships with people and knew them well. The Head of care had many years' experience and worked harmoniously with the manager. Staff in turn said the management team were both visible, and approachable.

The manager told us they gave staff every opportunity to be involved in the planning and development of the service with regular support for staff and monthly general staff meetings and senior meetings.

Relatives were complimentary about the service. No one raised concerns and were full of compliments. All said the staff were wonderful and they had confidence in the manager. They said they acted immediately with regards to anything brought to their attention and always had time for people using the service and

their extended families.

Staff were asked their views about what they thought were good about the service. They told us there were enough staff to meet people's individual needs and they did not use agency staff. This meant continuity of care for people. They said there was cohesive team work and the manager told us they praised staff and thanked them often to demonstrate how much they appreciated their hard work. Staff and management also told us about the close working relationship they had with families, the local community and health care professionals which enhanced the care people experienced.

Staff told us they tried to support people appropriately and in particular promote the quality of dementia care they were providing by working closely with family and the mental health team. Staff had received training and some staff were dementia friends. The Alzheimer's association provided training to people and in return asks them to talk to other people about dementia and its impact. This helps to spread awareness and to recognise that dementia affects many people within our communities. .

The manager told us they had refurbished and redecorated a lot of the service to help ensure people lived in an environment which was comfortable and suitable to their needs. This included refurbishing the kitchen and plans to overhaul the monitoring alarm system. The new system would enable the manager to monitor how long it was taking staff to answer calls bells. At night it would divert to a pager so not to disturb people living in the home.

We saw a sample of maintenance records which showed there was a planned cycle for maintenance to ensure that equipment was safe to use and in good working order. We viewed the gas safety certificate, the lift servicing record, the legionnaires check and fire safety records. All of these were in order.

The service had a quality assurance system which included asking for feedback from people using the service, their family members, staff and health care professionals. These were collated annually and used to inform management of where the service was performing well and any areas for improvement. There was very good feedback from health care professionals and families but feedback from people using the service was too low to be of any real value. This had been identified by the provider of the service and they were reviewing how they gained feedback. We found during our inspection that most people were unable to express their views about the service and observations were our main source of feedback about how well the service was meeting people's needs. Provider visits were being undertaken which included observational practice to assess the quality of care provided. The provider was not using a specific tool designed to assess the quality of dementia care. This would be a more appropriate way of establishing how the service was performing rather than relying on verbal feedback.

The provider of Health care homes group LTD held investors in people accreditation which is an agreed set of standards the services sign up to and can evidence how they are meeting them. The purpose of accreditation is to demonstrate how they are providing excellent customer care by meeting agreed national standards which can be reviewed and evaluated.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks to people's safety were identified on the day of the inspection and in the months before the inspection in relation to ill fitting bedrails which were in place for some people to help prevent them falling out of bed. |