

The Percy Hedley Foundation

Chipchase House and Ferndene

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 and 14 August 2018 and was unannounced. This meant the provider was not aware we intended to carry out an inspection. At a previous inspection in July 2017 we rated the service as 'Good' overall. We undertook this inspection because we were aware the service had been placed in organisational safeguarding by the local authority and we had received professional and anonymous whistleblowing concerns with regard to the operation of the service.

Chipchase House and Ferndene is a 'care home'. 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 registered to provide support for up to 51 people. At the time of the inspection there were 48 people using the service. The majority of people who use the service have a physical disability. A small number of people also had mental health issues or a learning disability. The service is separated into two parts. Chipchase is a multi-storey building supporting people who have their own rooms or flats. Ferndene is a separate building where people live in self-contained accommodation but continue to receive regular support from staff. The home is part of the Percy Hedley Foundation which is a registered charity that provides services for disabled people and their families. The home is situated in Forest Hall, North Tyneside.

The care service had regard for the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The service has been established a number of years and so is larger than would now be considered appropriate. However, there remained an awareness of registering the right support and consideration was given to ensuring people with learning disabilities and autism using the service could live as ordinary a life as any citizen.

At the time of the inspection there was a registered manager in post. The registered manager had been formally registered with the Commission since November 2014. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We were supported on the inspection by the registered manager and the deputy manager.

Prior to the inspection we were aware the service was in organisational safeguarding. Some of the matters related to the organisational safeguarding are still ongoing and we will monitor the outcome of these investigations. Most staff we spoke with were aware of safeguarding issues and told us they felt confident in reporting any concerns around potential abuse. They said, if necessary, they would report any concerns higher up in the organisation, as part of the provider's whistleblowing policy, or to the local authority safeguarding adults team.

Checks were carried out on the equipment and safety of the home. The majority of checks carried out on systems and equipment were satisfactory. Risk assessments linked to people's care were available but not

always clearly linked to the delivery of day to day care or did not reflect current issues highlighted in daily records or reviews. Risk assessments with regard to moving and handling were in the process of being reviewed and updated. We had received information from visiting professionals that cleanliness and infection control issues were not always being appropriately addressed. We found action had been taken with regard to this matter and equipment and the environment were clean and tidy.

Staff and people who used the service had mixed views on staffing. Some told us basic care was good but there was limited time for more individual care activities, although some did take place. The provider had in place a system to help determine staffing levels, although this mainly concentrated on the physical needs of people who used the service. We have made a recommendation the provider review staffing and review dependency processes for the service. Proper recruitment procedures and checks were in place to ensure staff employed by the service had the correct skills and experience.

We found some issues with the safe management of medicines. Medicine administration records (MARs) were not always fully completed and instructions for the use of creams and lotions were not always detailed. Where MARs had been produced by the service itself these had not been checked and signed by two staff to ensure they were correct. One person had a significant number of controlled medicines stored by the service, although had not received any medicines for the past three months.

Staff told us they had access to a range of training and some certificates were available in staff files. The manager showed us a copy of an overarching training record, although this was not easily followed. Staff told us they did not always receive appropriate supervision in a timely manner. The registered manager told us supervision had been an issue at the service due to staff sickness. Some staff told they had not had an annual appraisal recently. Staff had an understanding of issues related to Equality Act 2010 and ensuring people who used the service were treated fairly and appropriately.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. Appropriate applications for DoLS had been made. The majority of people who used the service had capacity to make their own decisions. There was evidence in service records people had been supported to do this.

People were supported to access health care services to help maintain their physical and psychological wellbeing. A health professional told us there were improving relationships between the service and local health facilities. People were supported to access adequate levels of food and drink.

Certain areas of the home were in need of refreshing or redecoration. The nominated individual told us plans were being developed to relocate the service to a purpose built facility, although this was still at an early stage. The registered manager agreed ongoing updating of the facilities was still required.

Prior to the inspection we had receive whistleblowing information suggesting the approach of some staff was not always appropriate when delivering care. We observed there to be good relationships between people and staff. People looked happy and relaxed in staff company. Staff displayed a good understanding of people as individuals and of treating them with dignity and respect. People we spoke with told us they had been involved in determining their care needs and care review processes.

People's needs had been assessed and individualised care plans had been developed that addressed

identified needs. Some care plans had detailed information for care staff to follow. Other care plans lacked specific detail about how to support people. Reviews of care plans were regularly undertaken and any changes noted, although these sometime lacked detail. People were supported to attend various events and activities in the local community and activities also took place within the home. Some people told us they would like more opportunity to go out into the community but staffing was not always available. People were supported and encouraged to make choices.

The provider had in place a complaints policy and people told us they could approach the registered manager to deal with any concerns they had. Complaints records were up to date and records showed appropriate action had been taken in relation to any matters raised.

Regular checks and audits were carried out on the service by managers and senior staff within the organisation. Whilst the range of audits was comprehensive, these checks had not highlighted the issues identified at this inspection. In particular, recommendations made by an outside pharmacist had not been fully implemented and actions in response to a recent staff survey had not been developed. Daily records were not always detailed and did not fully reflect people's presentation during the day.

Staff were positive about the registered manager and felt she was effective in running the service. They also told us she was approachable if they had any concerns. Staff told us there was a good staff team and felt well supported by colleagues. Regular staff meetings took place and staff told us they were able to raise issues in these meetings. The provider was meeting legal requirements with regard to notifying us of incidents and displaying the current quality rating for the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the Safe care and treatment, Staffing and Good governance. You can see what action we told the provider to take at the back of the full version of the 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.

Risk assessments with regards people's individual care were not always clearly linked to care delivery and did not always accurately reflect the level of risk. Medicines were not always managed in a safe and effective manner.

People and staff raised concerns about staffing and the registered manager acknowledged this was an ongoing issue. Efforts were being made to recruit new staff. Proper recruitment processes were in place to ensure appropriately experienced staff worked in the service.

Staff had undertaken training on safeguarding issues and recognising potential abuse. The service was in the process of dealing with a number of ongoing safeguarding issues. The service was maintained in a clean and tidy manner and equipment was also kept clean.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Regular supervision and appraisal meetings had not always taken place in a timely manner. Some staff told us they had not had supervision for many months and records supported this. A range of training had been provided, although central records relating to training and development were difficult to follow.

The service was complying with the requirements of the Mental Capacity Act 2005. DoLS application had been made or were in progress. Most people had capacity to make decisions and key decisions had been documented.

People were actively supported in making day to day choices, including around activities and diets. People were supported to access a range of health services. Some areas of the home required redecoration and updating.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

We observed good relationships between people and staff and people looked happy and relaxed in staff company. Staff had an understanding of people's daily support needs and individual interests. Some people told us the basic care was good but more time for additional support would be helpful.

There was some evidence people had been actively involved in reviews of their care. There were regular meetings between the service managers and people who used the service. Minutes were provided in easy read format. People told us they were supported to keep in regular contact with their relatives.

People's privacy, dignity and independence were actively supported by staff.

Is the service responsive?

Good ●

The service was responsive.

People had assessments of their needs. Some care plans had good detail, whilst others had not been updated to reflect recent professional advice, although staff were aware of the information.

People were encouraged to engage in a range of activities and events in the local community. Staff had a good understanding of people and activities that met their interests. People's choices were supported.

The provider had in place a complaints policy. Recent formal complaints had been recorded and dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

A range of checks and audits were undertaken, although these had failed to identify the issues found at this inspection. Recommendations raised in a recent review of medicines had not always been implemented or followed up.

Daily records and other care records were often limited and did not always contain good detail. Professionals highlighted communication as being an ongoing issue with the provider.

Staff talked confidently about the registered manager of the service and felt she was approachable. They said they were

happy working at the service and there was a good staff team. Regular staff meetings took place and staff told us they could actively participate in these.

Chipchase House and Ferndene

Detailed findings

Background to this inspection

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

This inspection took place on 13 and 14 August 2018 and was unannounced. This meant the provider was not aware we intended to carry out an inspection. The inspection was undertaken by one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. In particular we considered notifications about incidents, accidents, safeguarding matters and any deaths. Prior to the inspection we were aware there had been an overarching safeguarding meeting because of multiple concerns about the service. We attended this meeting and noted the issues raised. We followed these matters up as part of our inspection. We had also received anonymous whistleblowing information raising concerns about some aspects of the service, although had previously spoken with the registered manager about this.

During the inspection we spoke with eight people who used the service. We also spoke with four members of support staff, the registered manager, deputy manager, nominated individual and a member of the kitchen staff. A nominated individual is the senior person in a provider organisation we would make contact with. We also spoke with one health professional who was visiting the service during the inspection.

We reviewed a range of documents and records including; four care records for people who used the service,

14 medicine administration records, two records of staff employed at the home, accidents and incident records, fire records, training records, minutes of meetings, communication documents and a range of other quality audits and management records.

Is the service safe?

Our findings

At our inspection in July 2017 we rated this domain as "Good." At this inspection we found the provider was no longer meeting the requirements of this domain and there were breaches of regulations related to this area.

We looked at risk assessments regarding people's care and welfare. We found these were limited, did not fully reflect the potential risks people may be subject to and did not always contain information with regard to how the service was to mitigate these risks. For example, one person's care plan indicated they were at high risk of skin integrity issues. The risk assessment had rated the potential risk as 'low', with the probability of an issue occurring as 'slight/ improbable'. We looked at the person's health records and found six entries over the previous five months where the person's skin condition had been a concern and required action by staff. Another person was an insulin dependent diabetic who also had a catheter fitted. The risks associated with these conditions had again been rated as 'low' with a probability of 'slight/ improbable'. Health records indicated the person had had a number of episodes where they had suffered low blood sugar, which required staff support to deal with and at least one problem with their catheter. A third person, who had capacity to make their own decisions, had decided to possibly disregard professional advice with regard to their diet. Whilst this decision was recorded in the risk assessment documentation there was limited evidence of how staff should support the person to make decisions that would minimise risk, or offer advice about managing their diet.

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

Whistleblowing concerns had been raised with regard to the staff not adhering to the provider's medicines administration policy. Whilst we found this not to be the case we noted a number of additional issues with the safe handling of medicines. We saw an outside pharmacist had visited the service in June 2018 and made a number of recommendations to improve the safe management of medicines at the home. We found many of these matters continued to be an issue. In particular we noted not all home produced medicine administration records (MARs) had been double signed to ensure they were correctly transcribed, topical cream records were sometimes lacking specific detail as to where the medicine should be applied and 'as required' medicines did not always have specific plans related to their use. We found several MARs where there were gaps in recording, but no record as to why the item had not been given.

A number of people living at the service were prescribed controlled drugs. Controlled drugs are medicines that are subject to particular legal restrictions on their use and storage. Overall these were stored and recorded correctly. We found one person who had an excessive total of 210 tablets stored in the controlled drugs cabinet. These were prescribed for as maximum of three times a day, on an 'as required' basis, and none of the medicine had been administered since April 2018. Staff told us they had considered returning the excessive stock to the pharmacy but had not got round to it.

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

12. Safe care and treatment.

We spoke with the registered manager and nominated individual about medicines at the home. They told us gaps in the MARS were followed up, but often had to wait for the staff member to be on duty to be completed. They also told us they recognised the excessive number of controlled drug tablets being kept at the home and were considering returning some of these to the pharmacy.

A further concern had been raised with the Commission, which led to this inspection, was regarding staffing at the service, particularly around the high use of agency staff and the ability to provide care to people who used the service.

People and staff we spoke with told us staffing could be an issue at times. They told us there were sufficient staff to carry out basic care, but there was limited time for any additional support. People told us they felt staff did not always have time to sit with them and chat. Comments included, "We get as much care as we can get. I'm not going to say I get the best care"; "They've got to hurry all the time"; "They haven't got the time to do anything for you" and "[Staff] haven't got time to talk to people." People and staff told us there was regular access to baths and showers, although this could be a struggle on days when staffing was reduced due to unplanned sickness.

Management minutes indicated a shift staffing team of 17 would be ideal for the service, although there were periods of the day when a significant number of people were away from the service or attending day services. Four people living at the service had some hours designated for one-to-one time, although this also varied. We looked at duty rotas for the service. On the majority of shifts we found between 12 and 14 staff were on duty, although this could be slightly higher. On one occasion we noted only 11 staff were on duty. We noted most shifts included three or four staff from other teams or services completing overtime. We looked at the duty rota for the previous month and found only three occasions when staff from an outside agency had been used. Staff told us the worst thing was the short term sickness and it was harder to support people when other staff members called in sick at the last minute. They said senior management were looking to address this. We spent time observing when call bells rang at the service and also reviewed call bell records for the previous week. We found the vast majority of calls were answered in a timely manner, although there were some instances when people had waited excessive periods of 20 minutes or more for staff support, which was mainly focussed on the morning period. This included supporting people who lived in the independent living area known as Ferndene.

The service had in place a dependency tool to help determine the staffing levels required. This was reviewed monthly. The registered manager demonstrated how staffing hours matched those indicated by the dependency tool. We noted the tool focussed largely on physical health conditions and there was minimal weight given to the social needs of people who lived at the service. We spoke with the registered manager and nominated individual about staffing at the home. The registered manager told us staffing was an ongoing issue and there was a continuous recruitment process in place to address the matter. We further discussed the dependency tool in use and whether the actual mechanism needed to be reviewed to better reflect the operation of the service.

We recommend the provider reviews staffing for the service and reviews the dependency tool used to fully consider the social aspects of people's needs.

Concerns had previously been raised by professionals visiting the service about standards of hygiene regarding wheelchairs used at the home. Overall we found the service to be maintained in a clean and tidy manner and appropriate infection control processes were in operation. We specifically examined

wheelchairs in use at the service and found them to be clean and in good condition.

At the time of the inspection the service was under organisational safeguarding. Organisational safeguarding is a process overseen by the local authority safeguarding vulnerable adults team where there are multiple concerns about a service. The safeguarding process was ongoing at the time of the inspection and the service was working with a number of local organisations and professionals to address the issues. We will continue to monitor the outcome of the process following the inspection. People we spoke with at the service told us they felt safe. Comments included, "I feel safe here" and "I feel safe here but sometimes there's an atmosphere." Three out of the four staff we spoke with were aware of the recent safeguarding concerns and the action being taken to address them.

Safety and risks related to the environment were managed appropriately. We saw copies of gas and electrical safety certificates and other documentation with regard to the safe operation and checking of the premises. We noted none of the upstairs windows at the home had restrictors fitted. The registered manager and maintenance man told us this was because there was a low risk of falls due to people using wheelchairs. We noted the risk assessment related to this was overarching for the service and discussed the need to such risks to be assessed on an individual basis.

At the previous inspection we found accidents and incidents were effectively recorded, managed and reviewed. At this inspection we found this continued to be the case. Also at the inspection in July 2017 we had found recruitment procedures to be appropriate and safe. At this inspection we found they continued to meet regulatory requirements and proper safety checks were in place prior to staff starting at the service.

Is the service effective?

Our findings

At our inspection in July 2017 we rated this domain as "Good." At this inspection we found the provider was no longer meeting the requirements of this domain and there were breaches of regulations related to this area.

Staff we spoke with told us they did not always receive regular supervision. Comments from staff included, "My supervision is overdue. It had been quite good, but I've not had one for quite some time"; "Supervision? Last year, possibly the beginning of this year. The seniors have been off a lot" and "I should have had it but haven't had one for a while now. I know they are behind with supervisions. I think it was this year; possibly early this year." Supervision records we looked at showed some staff had not had supervision sessions since July 2017 and October 2017. The registered manager told us other long delays in supervision sessions were due to long term sickness or maternity leave. She told us one member of staff had left the service in August 2017 and returned in April 2018, with records showing as a gap in the supervision process. However, there were no recent records to show supervision had taken place since their return in April 2018.

We noted from management documents that a new supervision process was due to be introduced. The documents stated there was a target date of February 2018. However, management documents from August 2018 showed the process was still to be fully implemented. The 'manager's monthly audit' for June 2018 stated supervision sessions remained outstanding and a further meeting would take place in August.

Staff also told us they were unsure when they last had an annual appraisal or personal development plan review. Comments from staff included, "I've no idea when my last annual appraisal was"; "I think it was when I got supervision; possibly February or March" and "I haven't had an appraisal." The registered manager was unable to locate all the annual appraisal documents we requested. She said some senior staff still worked on handwritten notes and some were not currently accessible. We saw a copy of one annual appraisal documented dated September 2017.

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

Staff we spoke with told us they had regular access to training and the provider was very good at maintaining mandatory training. One staff member told us, "We do get a good training package. When I first started we got training every five minutes." One of the safeguarding issues recently raised had been with regard to staff capability around safe moving and handling and skin integrity. Prior to the inspection taking place the provider forwarded us copies of documents to demonstrate a range of training in these areas had been provided. Staff we spoke with confirmed they had recently undertaken moving and handling refresher training. The registered manager forwarded us staff training records, although these were extensive and included staff who no longer worked at the service. She told us a new system was being introduced that would allow better monitoring of training requirements and when updating of skills was required.

People living at the home had diverse needs in respect of the nine protected characteristics of the Equality

Act 2010 including; age, disability, gender, marital status, race, religion and sexual orientation. Staff we spoke with had an awareness of equality issues and told us they had never met any issue when they accompanied people out into the community. The service supported people to access information through a range of processes such as easy read minutes from 'residents' meetings.

Care records contained some information with regard to people's care needs and choices. Records contained information about people's preferences and particular routines. Staff we spoke with talked in depth about the individual support people required, how they ensured their actions provided this support and how they tried to develop people's abilities and experiences. Staff told us many people who used the service had lived there for most of their adult lives and so were very well known to staff, who had an in depth knowledge of their personal likings and history.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

The majority of people who lived at the service had capacity to make their own decisions, sometimes with support. Appropriate steps had been taken to ensure people were able to make individual decisions about their care, and where necessary this had been recorded. People commented to us, "I like to live here by myself because it's independent" and "It's nice for me to control my life myself; even if you do need help." The registered manager told us four people living at the home were subject to DoLS restrictions.

A visiting health professional told us there was an improving relationship between the local health services and the service. They told us staff generally had a good understanding of people's health needs, sought advice appropriately and followed professional advice when given. They told us staff supported people to attend local clinics and GP surgeries; although she felt sometimes the staff who accompanied them could be better prepared with regard to recent health history. Files we looked at showed people were supported to attend a range of health and social care appointments to support their well-being. Comments from people included, "If I got ill they'd probably send me to Cramlington (Hospital)" and "If anything's wrong, whoever's in charge just phones the doctor." One person told us they used a special mask at night to aid their breathing, but often pulled it off in their sleep, and that staff members at night helped them to put it back on if this happened. They told me they had suffered a breathing problem last year and had received prompt and appropriate medical care, with support from staff members.

People we spoke with told us they liked the food provided by the service. Comments included, "I like the food" and "I get choice of meals and everything." We observed meal times on both days of the inspection and found them to be relaxed with good support to people from staff. We observed staff supported people in line with their care plan details. For example, one person's plan, advised by a health professional, detailed a softer diet with smaller pieces of meat and thicker gravy. We observed on both days their meal conformed to these guidelines. Another person's care plan advised staff to chat with a person during the meal to slow the process down but also to improve the social side of the meal time. We observed staff spoke with the person whilst supporting them with their meal. We spoke with the chef, who was temporarily covering the service at the time. They spoke about how they supported people with different dietary needs. They said

that whilst there was a single menu for the day people were free to request alternatives, if they so wished.

During our walk round of the service we noted certain areas of the building were looking tired and in need of some decoration and updating. We spoke with the registered manager and nominated individual about this. They told us plans were being taken forward to develop a new build for the service on a nearby site. Outline plans had been drawn up and initial discussion had taken place with people who currently lived at the home. A copy of the initial proposals was on display on a notice board. The nominated individual told us the proposals were designed to move away from a large service and develop smaller units with more opportunity for semi – independent living, offering better quality accommodation but also offering improved choices. They told us no formal plans had been submitted to date and a formal time scale for the development was still unclear. The registered manager told us in the mean time they were looking to improve the current environment.

Is the service caring?

Our findings

At our inspection in July 2017 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Overall people we spoke with told us they felt the staff worked hard to care for them and that they were supported in their day to day lives. Comments from people included, "It is alright here. I've been here a long time and I like it. I've never looked back"; "We're well cared for"; "I'm quite happy here. I wouldn't change things"; "It's lovely here"; "I think everybody's alright here" and "I like it here." Some people told us they had lived at the home for a significant number of years and felt the care now was not as good as it had been previously. Comments included, "I think care has gone backwards"; "it's not the same as it used to be"; "I don't mean to moan but that's the way it is" and "It doesn't feel like a home now."

Prior to the inspection anonymous whistleblowing information had raised concerns about the staff approach to people at the home. People we spoke with told us staff were polite and kind to them. We spent time observing the interaction between staff and people who used the service. All of the interactions we witnessed between people and staff were polite, caring and good humoured. There was a good deal of joking, obvious affection and laughing together. People looked happy and relaxed in their interaction with staff members. Whistleblowing comments had also suggested people did not always receive appropriate personal care support. People we spoke with told us they were supported to have regular baths and showers. Staff told us they tried to ensure each person had access to a bath or shower every two or three days, although this depended on staffing. We observed people to look well cared for, including men having been supported to shave.

The registered manager spoke about the work the service was doing with the business "Oomph" which is an organisation specialised in enhancing the wellbeing of adults living in care homes. She told us this organisation was helping the service to look at how the little things in life could further enhance people's wellbeing. She told us one of the suggestions made by "Oomph" had been the introduction of a 'golden ticket' process where people could record good experiences or small events that they had felt special or they had really enjoyed. She told us initially this had been aimed at staff, to help them appreciate the smaller issues, but people who lived at the home also wanted to be part of the process. The registered manager showed us a selection of the comments made, via a 'post box' system. People had commented positively on staff approaches and in particular how some staff had given up their own free time to accompany them on trips out. Staff had commented on the pleasure they had got from helping one person to make cookies and also helping them to visit relatives at home.

People we spoke with told us they were involved in planning and developing their care requirements. Care records we looked at indicated people had signed their care plans to indicate they were happy with the suggested support actions. There was also some evidence of involvement in monthly reviews of care, although these documents were at times very limited in their content. The registered manager told us that following recent concerns expressed about moving and handling issues and skin integrity, training on skin integrity issue had been provided for people at the service. Information had been provided on how to avoid

skin problems and the importance of positional changes throughout the day. Review records showed family members were involved in review meetings, as appropriate. One person had their local priest involved in a meeting to act as an advocate and supportive friend.

People told us there were regular 'residents' meetings which they were free to attend, if they wished. Records showed there were monthly meetings held at the service and that these were well attended. A range of issues were discussed including the tissue viability training, staffing recruitment and issues, updates on the proposed new build and the possibility of developing a pen pal scheme with a local school. People told us they were able to raise any issues they wished during these meetings. Minutes from these meetings were provided in an easy read format to improve accessibility for everyone at the home.

People told us staff respected their privacy and supported them with dignity. Care plans we reviewed included information for staff to follow with regard to minimising discomfort during the delivery of personal care. People also told us staff respected their flats and rooms and they could spend time alone if they wished. One person told us, "I have a nice flat. I can go in and close the door and close the world out."

Staff spoke in detail about how they supported people to be as independent as possible. Care plans contained information about supporting and encouraging people to eat by themselves at meal times, carry out as many personal care tasks as possible for themselves and to participate in activities outside of the service.

Is the service responsive?

Our findings

At our inspection in July 2017 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

We looked at people's care plans and records and how these were updated and developed as people's needs changed. The staff and registered manager told us the majority of people living at the home had been at the service for many years and so were well known by long serving staff. One person we spoke with told us the service had been their home since the 1960's and that they remained very happy there. They felt the quality of life they had had living at Chipchase had been far better than if they had remained at home.

We found the content of care records was variable. Some care plans contained very good details about the person as an individual and the support people required to live full and active lives. Most care records contained information about people's background and history, personal preferences and likes and dislikes. Some care plans contained detailed information about how people should be supported with food and fluids or with personal care. Other care plans were sometimes less detailed and less clear in the actions staff needed to take. The registered manager told us following the recent concerns with moving and handling and skin integrity, all the moving and handling care records were being systematically reviewed by one of the provider's own occupational therapists. We were shown copies of these new plans and saw they contained detailed information about how people could be best supported.

Monthly reviews of care plans were conducted by key workers. Although these reviews were not overly detailed, and did not always provide an overview of recent events or issues, any changes to care plans were highlighted for staff to note. The service also conducted wider care reviews on a six monthly and 12 monthly basis. These reviews clearly involved people in updating their care needs.

The majority of people were happy with the activities and support they received to access the community from the service. A number of people who lived at the service also attended day services run by the provider. A range of other activities were also provided including: gentle exercises, a knit and natter group, computer group and a 'drop in' band music session. The service's noticeboard had information and flyers for a trip to a musical, karate sessions, a holiday service for people who live in residential care, masseurs and manicure/pedicure services that people who used the service could book. During the first day of the inspection a boccia game (similar to boules) was in progress. Staff explained the service had a monthly boccia tournament with the winner's photo on display and a prize trophy presented. There was also opportunity to take part in boccia games on a wider community level.

Staff explained each person was assigned a key worker. As part of the key worker role staff were allocated two hours a week to engage and support people with personal activities or visits to the local community. Staff said people would sometimes roll this over for a week to have a four hour activity or visit. Some people commented they occasionally found it difficult to have activities outside the home. Comments included, "There's not much time to get out" and "If you don't get one to one time you can't go out as much." Another person told us about their time with their key worker, "I get to go out. [Key worker's name] takes me out

shopping, when I feel like it." There were a range of pictures on display in the home showing trips to the Coronation Street set at Granada Studios in Manchester and the set of Emmerdale.

We witnessed an interaction between one person and a staff member when the person suggested they would like to undertake a trip on the Metro, but were worried they might become anxious. The staff member immediately suggested they could join an already planned trip, with another person, and also made suggestions about how they could manage the situation to make it less concerning for the individual.

People's choices were supported and encouraged. Care records contained information about personal preferences, including whether they wished to be supported by male or female care workers, what time they liked to get up in the morning or go to bed, and choices around food and meals. One person told us, "It's very nice living here because I get choices about what I like to do."

The notice board in the main foyer area of the service displayed some "you said... we did" posters listing ways in which people's preferences regarding meals had been taken into account in changing the way things were done.

The provider had in place a complaints policy and information on how to raise a concern was displayed around the building. People we spoke with told us they would raise any issues with the registered manager. Comments included, "I've been to [registered manager] with a couple of problems and she has done something about it" and "I've never had to make a complaint. I would go and see whoever is in charge or [registered manager]. She would put it right. She is a good manager and sorts things out for me." Records showed there had been six complaints in 2018 including concerns expressed about staffing numbers and staff rushing care. There was evidence an investigation of the matters and action to resolve the issues. The service had also received two formal compliments in 2018.

People's care records contained information about their end of life wishes and funeral arrangements, as appropriate. Some people had made advanced decisions about how they wished to be treated were they to suffer a significant health problem in the future. Copies of these documents were readily available in their care folders.

Is the service well-led?

Our findings

At our inspection in July 2017 we rated this domain as "Good." At this inspection we found the provider was no longer meeting the requirements of this domain and there were breaches of regulations related to this area.

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since November 2014. The registered manager was present on both days and assisted us with the inspection.

The registered manager completed a monthly audit tool. The tool required her to review previously identified actions, review a selection of resident's care, ensure regular care reviews have taken place, check on training, monitor issues such as safeguarding matters and complaints and consider the overall quality of the home. There was also an ongoing quality improvement plan, which was updated on a regular basis. Additional quality checks were undertaken with regard to health and safety, including safety certificates for the building and water temperature checks. An inspection on the cleanliness of the building and infection control risks was also carried out, along with a monthly medicines audit. However, these audits and checks had failed to identify and address the issues we found at this inspection with regard to supervisions issues and inadequate assessment of risk.

A staff survey had been conducted in December 2017. Whilst many of the areas covered had positive responses, we noted a number of ongoing issues were highlighted by staff, particularly around shortage of staff and time to deliver an enhanced level of personal care. We asked the registered manager if there was an action plan to address the issues raised through the staff survey. She told us such matters would be addressed through the quality improvement plan. Whilst some of the issues were covered as part of general development there was nothing specifically addressing issues related in the staff survey.

An outside pharmacist had visited the service in June 2018 and carried out an audit of medicines within the service. They had highlighted a number of issues including introduce protocols for 'as required' medicines, highlighted the need for home produced medicine administration records (MARs) to be checked and signed by two staff and that where medicines were not administered then a record of the reason should be made. We found many of these concerns persisted, with very few home produced MARs signed to say they had been correctly transcribed and little or no information added when medicines were not administered.

Daily records contained very limited information. Most entries consisted of very basic material such as, 'Assisted [name of person] up washed and dressed'; 'Assisted with body wash' or 'Assisted [Name of person] with personal care, up dressed and ready for the day.' There was little or no information about how the person had presented during the day, any activities they had engaged in or what their mood had been. We spoke with the registered manager about how staff recorded daily records. She told us part of the purpose of working with 'Oomph' was for the service to get better and recognising and recording the "little things that matter." One staff member told us about the records at the service. They said, "We need to get stronger with documentation. We do really good care, but until we demonstrate that and write it down then we can't

show it."

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

People and staff we spoke with told us they felt the registered manager was effective and that she managed the service well. They said she was approachable and they could raise any concerns with her. Comments from staff included, "[Manager's name] seems fair enough. I don't see that much of her, but she will help you sort any problems out"; "I don't have a great deal of contact, but she will say 'hello' in the kitchen. If I've had a bad day I can go into the office and 'vent'"; "It's mainly the seniors that I have contact with but I can go to the manager if I have any concerns" and "The manager is approachable. If I had any problems I would go to [deputy manager] or [registered manager]."

Staff also told us there were regular staff meetings. They told us they received a range of information about the service and could raise issues in these meetings and felt they would be addressed. Not all staff we spoke with were immediately aware of recent safeguarding concerns that had been raised about the home. We looked at minutes from recent staff meetings. We saw the importance of recent safeguarding issues and new training had been raised in a meeting, along with the importance of ensuring equipment was clean.

Staff told us they enjoyed their job and felt there was a good team of staff working in the service. They told us they had a close bond with the people they looked after and a number of staff had worked with them for several years. Comments from staff included, "I really enjoy the place. I don't dread coming to work. I like to go home and think I've achieved something"; "I do like my job; the residents mainly. I enjoy it. It is the best care you would get. Definitely the best" and "I love the job. I like to think I make a difference. I like to think we are making a difference every day."

The provider was meeting legal requirements of their registration. The service had notified the Commission of recent significant events at the home, such as deaths, serious injuries and DoLS applications, as they are legally required to do.

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 Systems were not in place to fully assess risks to the health and safety of service users and ensure care was provided in a safe way. Actions to mitigate identified risks were not always clearly set out. Medicines were not always managed in a safe manner. Regulation 12(1)(2)(a)(b)(g).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to ensure proper processes were established to effectively assess, monitor and improve the quality of the service and mitigate risks related to health, safety and the welfare of service users. Accurate, complete and contemporaneous records were not always maintained. Regulation 17(1)(2)(a)(b)(c).
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems were not in place to ensure staff received effective and appropriate support through regular supervision and appraisal. Regulation 18(2)(a)