

Archmoor Care Limited

Archmoor Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Archmoor Care Home on 14 and 15 February 2018. The first day of the inspection was unannounced. Archmoor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Archmoor Care Home is registered to provide accommodation for up to 20 older people who require personal care. There were 17 people using the service at the time of the inspection. We last inspected Archmoor Care Home on 31 January and 01 February 2017 where we found there were three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to medicines not being managed safely, unguarded radiators and pipework in parts of the home that posed a risk of harm to people and records that are necessary for the management of the home were either not in place or were incomplete.

Following the last inspection of 31 January and 01 February 2017 we required the provider to take action to make improvements. The provider sent us an action plan informing us they had taken action to ensure the regulations had been met.

During this inspection we found that records necessary for the management of the home were in place. We found however that the provider had not addressed the issue of the unguarded radiators and pipework and although there had been some improvement in the management of medicines, the recording of medicines was not safe.

During this inspection we found there were further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The care records contained guidance for staff on how people were to be supported and cared for. They did not however reflect the person's current care needs as they had not been updated when a person's needs had changed. We also found that risk assessments in relation to care and health issues had not been reviewed as often as they should have been. In addition we found the provider had failed to provide the CQC with information that is required by legislation. This was in respect of the Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service.

You can see what action we have told the provider to take at the back of the full version of the report. Where we have identified a breach of regulation which is more serious we will make sure action is taken. Full information about the CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Although systems were in place to monitor the quality of the service provided we have recommended they need to be improved, as they had failed to identify the issues of concern we found during the inspection.

We have recommended there is a more effective system in place so that information necessary for the running of the home is more easily located.

We have recommended that the induction programme in place for new staff be improved to ensure staff are prepared for their role by helping to develop their skills, knowledge and understanding.

People's rights were protected as the manager knew the procedures to follow if people were to be deprived of their liberty. There was no evidence however to show how the manager had determined that an application to deprive a person of their liberty was required.

We found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

People told us they received the care they needed when they needed it. They told us they considered staff were kind, had a caring attitude and felt they had the right skills and knowledge to care for them safely and properly. We saw that staff treated people with dignity, respect and patience. People who used the service told us they enjoyed the range of activities that were provided.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People told us they enjoyed their meals. We saw that food stocks were good and people were able to choose what they wanted for their meals.

Specialised training had been provided to help ensure that staff were able to care for people who were very ill and needed 'end of life' care.

Procedures were in place to prevent and control the spread of infection and risk assessments were in place for the safety of the premises. All areas of the home were secure, clean, well maintained and accessible for people with limited mobility; making it a safe environment for people to live and work in.

We saw that equipment was serviced and maintained in accordance with the manufacturers' instructions. Procedures were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and water supply.

Records we looked at showed there was a system in place for recording complaints and any action taken to remedy the concerns raised. Records showed that any accidents and incidents that occurred were recorded.

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.

The recording of medicines was not safe.

Unguarded radiators and pipework remained in place in some parts of the home. This posed a risk of harm to people.

Risk assessments in relation to care and health issues had not been reviewed as often as they should have been.

We found that sufficient numbers of staff were provided to meet the needs of the people who used the service.

A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's rights were protected as the manager knew the procedures to follow if people were to be deprived of their liberty. There was no evidence however to show how the manager had determined that an application to deprive a person of their liberty was required.

The induction programme in place for new staff needs improving to ensure staff are prepared for their role by helping to develop their skills, knowledge and understanding.

Staff received training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw that staff treated people with dignity, respect and patience.

The staff showed they had a very good understanding of the needs of the people they were looking after.

Is the service responsive?

The service was not always responsive.

The care records contained guidance for staff on how people were to be supported and cared for. They did not however reflect the person's current care needs as they had not been updated when a person's needs had changed.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed 'end of life' care.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The home did not have a manager who was registered with CQC.

The provider had failed to provide the CQC with the PIR.

The systems in place to monitor the quality of the service and facilities provided need to be improved.

Requires Improvement ●

Archmoor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 2014.¹

This was a comprehensive inspection which took place on 14 and 15 February 2018. The first day of the inspection was unannounced. The inspection was undertaken by one adult social care inspector and an expert by experience on the first day and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we requested that the provider complete and send to us the Provider Information Return (PIR) document. This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make. The provider did not send us a completed PIR. This is reported on in the Well-led section of the report.

Prior to the inspection we also looked at the previous inspection report and information we held about the service and provider, including notifications the provider had sent to us. A notification is information about important events that the provider is required to send us by law.

As some of the people living at Archmoor Care Home were not able to tell us about their experiences, we undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing care to help us understand the experience of people who are not able to talk with us.

We also contacted a number of professionals who were responsible for organising and commissioning the service on behalf of individuals and their families. The feedback received is included in the Safe and Well-Led section of this report.

During the inspection we spoke with three people who used the service, two visitors, the manager, the provider, three care staff, one of the domestic staff and the cook.

We looked around all areas of the home, looked at food provision, three people's care records, seven medicine administration records and the medicine management system, three staff recruitment files, induction, training and staff supervision records and records about the management of the home.

Our findings

People who used the service told us they felt safe. Comments made included; "I do feel safe, yes" and "Yes, I feel very safe here." A relative told us, "Every time I am here [my relative] has the 'walker' with them all the time. Staff are always checking my [relative] and they never know I am coming so it's not like they are doing things because I am coming. They are marvellous" and "They have just put new door locks on so someone can let you in and out so it is very secure."

During the previous inspection of 31 January and 01 February 2017 we found there was a breach of Regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure the premises were kept safe. This was because we found an unguarded hot radiator and pipework in the downstairs shower room and an unguarded radiator in the reception hall, the downstairs corridor and the upstairs corridor. Following the inspection the provider sent us an action plan informing us that radiator covers would be 'commissioned' during the week of 27 March 2017.

During this inspection we found that the radiator and pipework in the shower room, reception hall and downstairs corridor remained uncovered. We also found a previously unidentified unguarded radiator in the en-suite toilet of a bedroom. Unguarded radiators and pipework pose a serious risk of harm to people who use the service. This is a continuing breach of Regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the previous inspection of 31 January and 01 February 2017 we found there was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely. During this inspection we found there had been some improvement in the way that medicines were managed.

People told us they received their medicines when they needed them. Comments made to us included; "They always remember to bring my medication" and "They make sure you take your medication here but I didn't always remember to take them at home."

Medicines, including controlled drugs, (very strong medicines that may be misused), were stored safely. This helps to prevent medicines from being misused. We saw that appropriate arrangements were in place to order new medicines and to safely dispose of medicines that were no longer needed.

We found however that the recording of medicines was not safe. Two of the medication administration

records (MARs) we looked at showed that each MAR had a handwritten prescription for a painkiller. There were no instructions on the MARs as to what dose and how often the medicines were to be given. The MARs had not been signed by the staff member who had transcribed the information and therefore not checked by another staff member to ensure their accuracy. This meant that the people who used the service were at risk of being given too much or not enough of the medicines. In addition they were at risk of being given the medicines at unsafe intervals. This placed the people who used the service at risk of harm.

It was documented on one MAR that the person was prescribed a bowel medicine that was to be given three times a day. There was no record of the medicine being given. The manager could offer no explanation as to why the medicine had not been recorded as given.

It was identified on two of the MARs we looked at that some medicines were to be given as a 'variable dose' of one or two tablets. The MARs showed that staff had not recorded if one or two tablets had been given. Not recording how many tablets had been given could result in staff not knowing if the prescribed medicines were effective.

We saw that several people were prescribed 'thickeners'. Thickeners are added to drinks and sometimes food. They are prescribed to help prevent a person with swallowing difficulties from choking. We saw that the information about how much thickener each person was to have was kept in the person's care file. A discussion with staff showed they knew when the thickeners were to be given and how much was required for each person. We saw however that staff did not always record when the drinks with the prescribed thickener in were given. It is important that this information is recorded to ensure that people are given their medicines consistently and as prescribed. We discussed the need for accurate recording of the prescribed thickeners with the manager. The manager told us they would put fluid intake charts in place to ensure that staff recorded when they had given the thickened drinks.

Six of the MARs we looked at identified that people were prescribed skin creams. We saw that the application of the creams was being recorded on the MARs. Following a discussion with the manager we were informed that the senior care staff responsible for medication administration signed that they had applied the creams although, 'more often than not', it was the care staff who attended to the person's personal care, who had actually applied them. We have recommended that a recording system be put into place to ensure that the staff who actually administer the creams record their action. We found that the recording of medicines was not safe. This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two of the care records we looked at showed that risk assessments had been completed to identify any potential risk of accidents and harm to staff and people in their care. We saw that, to help reduce or eliminate the identified risks, such as poor nutrition, falls and the risk of developing pressure ulcers, care plans had been put into place following the initial assessments. The care records showed however that the risk assessments had not been reviewed as often as they should have been.

One person was assessed as being at high risk of developing pressure ulcers. The last assessment had been undertaken in November 2017, three months previously. A discussion with the manager showed the person had physically deteriorated and they were being cared for mainly in bed. This could place the person at a greater risk of developing pressure ulcers. We also saw that the person's nutritional risk assessment had not been updated since November 2017, despite a gradual weight loss of 13 pounds over the previous six months.

The second care record we looked at showed that in December 2017 the person was assessed as being at a

very high risk of developing pressure ulcers. There was no further review of their risk assessment. There was also no further review of their falls risk assessment since October 2017.

Risk assessments relating to the health, safety and welfare of people who use the service must be completed and then reviewed regularly to ensure their changing needs will be met. We found failing to regularly review people's risk assessments was a breach of Regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that staff had received training in the protection of vulnerable adults. We saw the home had a whistleblowing policy contained within the employee handbook. This told staff how they would be supported if they reported poor practice or other issues of concern.

A discussion with staff showed they were aware of the action they would need to take to protect people who used the service from the risk of abuse. They were also aware of the organisations they could contact, including the CQC, if they felt the manager or provider had not taken their concerns seriously.

There have been no safeguarding issues reported to the CQC in the last twelve months. The team manager of Rochdale Adult Care and Support informed us that they were not investigating any safeguarding issues from the home.

We saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in each person's individual care file and also in a central file in the manager's office. We were told the office was locked when it was not in use. We discussed keeping the central file in an area that was accessible at all times, so that in the event of any emergency arising the emergency services would have quick access to the information. The manager agreed to look for a suitable location.

Records showed that the hoists, the passenger lift and portable electrical appliances had been serviced and maintained in accordance with the manufacturers' instructions. We saw that the hot water outlet temperatures were checked weekly and legionella safety testing was undertaken annually as required.

We also saw the procedures that were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care. We found that regular fire safety checks were carried out on fire alarms, emergency lighting and fire extinguishers. We saw that a recently updated fire risk assessment was in place and records showed that staff had received training in fire safety awareness.

Records showed that any accidents and incidents that occurred were appropriately recorded. The manager told us that accidents and incidents were recorded and reviewed regularly. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe.

We found that the recruitment system was safe. We looked at three staff personnel files. They contained proof of identity, application forms, a medical questionnaire, a job description and two professional references.

There was no evidence in two of the files to show that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable

adults and informs the service provider of any criminal convictions noted against the applicant. We were told the DBS verification information was kept with the provider. Following the inspection the manager sent us information to show that the DBS checks had been undertaken.

We asked people who used the service, and their visitors, if they felt there were enough staff on duty at all times to meet their needs. Comments made included; "When I have been there are always plenty [staff] they never seem rushed," "Yes, if I need anything there is someone there" and. "Yes definitely, they come in a couple of times in the night to check on me. If I don't feel well they bring me downstairs and make me a drink. They make sure you are alright even at 4 o'clock in the morning."

The staff we spoke with told us they felt they had enough staff on duty to meet people's needs. Inspection of the staff roster showed that, in addition to the manager, there was one senior care worker and two care workers on duty throughout the day and two care workers on duty at night. The care staff were supported by domestic and kitchen staff.

We found that the home was clean and there were no unpleasant odours. A visitor told us, "It is always nice and clean. All homes should be like this one."

We looked at the on-site laundry facilities, situated on the first floor. The laundry, although small, looked clean and well organised. Hand-washing facilities and protective clothing of gloves and aprons were in place. We found there was sufficient equipment to ensure safe and effective laundering.

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training was an essential part of the training programme for all staff. We were told there was a designated lead person who was responsible for the infection prevention and control management. Colour coded mops, cloths and buckets were in use for cleaning; ensuring the risk from cross-contamination was kept to a minimum. We saw that appropriate arrangements were in place for the safe handling, storage and disposal of clinical waste.

We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties and handling food. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection and wearing protective clothing helps protect staff and people who use the service from the risk of cross infection during the delivery of care.

Our findings

People we spoke with told us they received the care they required when they needed it. They told us they considered staff had the right attitude, skills and knowledge to care for them safely and properly. Comments made included; "Yes, they know how to care for me and look after me" and "Yes, they know what they are doing and know all about my conditions. They do whatever they can. If I felt ill in the night they would phone the doctor and get him to come out and see me in the night."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. We asked the manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). What the manager told us demonstrated they had a good understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required.

The CQC is required by law to monitor the operation of the DoLS and to report on what we find. The manager told us, and we saw information to show, that six applications to deprive people of their liberty had been made; of which four had been authorised by the supervisory body (local authority). The manager told us they were awaiting authorisations for the other two people. Our records showed that we had been notified of the applications that had been authorised.

There was no information however, in the care records that we looked at to show how the manager had determined that an application to deprive a person of their liberty was required. We were told the decision made was based on the staff's knowledge of the person. We discussed the need to ensure information about the initial mental capacity assessment was documented in the person's care record.

For those people who were able to make decisions for themselves, there was no evidence in their care records to show they had been involved in, or consented to, the planning of their care and support. We discussed with the manager the need to ensure that the care records showed evidence of consent or involvement, either from the person who was able to consent or from a person acting on their behalf.

People we spoke with however told us that staff always sought their consent and agreement to the care they provided for them. Comments made included; "I have agreed to what they do for me," "Yes they always ask things like, do you want to go to the bathroom?" and "Yes, they ask if you are happy with what we do for you, and if you're not they ask you to tell them. I have never had to tell them as everything is lovely."

The manager told us that if people were not able to consent then a 'best interest' meeting would be held on their behalf. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome for the person using the service. We were told about a recent 'best interest' meeting that had been held for a person in relation to their financial situation.

We looked to see what was in place for the induction of newly employed staff. Induction programmes help staff understand what is expected of them and what needs to be done to ensure the safety of the people who use the service, staff and visitors. We saw that the induction training comprised of a 'check list' of things that staff were given information about such as; fire safety, health and safety, the reporting of accidents and employment issues. There was no detailed information to prepare staff for their role, such as values, behaviours, codes of conduct and aims and objectives. We were told that induction was an on-going process over three months, longer if necessary and that staff were fully supervised until their competency to undertake their role had been assessed. Staff we spoke with confirmed this information was correct.

We have recommended that the induction programme needs to be improved to ensure that staff are working within the standards of the Care Certificate as recommended in the 'Guidance for providers on meeting the regulations. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate provides staff with the knowledge to ensure they provide compassionate, safe and high quality care and support.

The service contracted an external training service to provide most training and support to staff. We asked to see the training plan that was in place for the staff. We were shown a plan with some, but not all, of the training that the staff had received. Where staff had undertaken training a copy of their certificate was kept on their personnel file. Staff we spoke with confirmed they had undertaken the training that was documented on the plan. Following the inspection we were sent a further plan showing what other training had been undertaken. Overall the plans showed that staff had received the essential training necessary to safely care and support people who used the service. We did have a discussion with the manager about making the training plan more concise so that it was easier for the manager and the staff to see when training needed to be provided or updated.

A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff told us they received a verbal and written report on each shift change. This was to ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood. We were shown the report book that was made available to staff on each shift.

The records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff to discuss their progress and any learning and development needs they may have and also raise good practice ideas. The care staff we spoke with told us they were

having regular supervision sessions since the appointment of the new manager. The manager told us it was their intention to have supervision meetings every three months.

We looked to see how the staff at the home worked in cooperation with external healthcare professionals to ensure that people using the service received appropriate care and treatment. The care records showed that people had access to professionals, such as GPs, social workers, opticians and chiropodists. This meant that the service was effective in promoting and protecting the health and well-being of the people who used the service.

We asked the manager to tell us how, in the event of a person being transferred to hospital, information about the person was relayed to the receiving service. We were told that each person had a 'grab pack'. This is a document that has the relevant medical and personal information in as well as a copy of the person's MAR sheet. The 'grab pack' would be sent with the person to hospital. This helps to ensure continuity of care.

We looked to see if people were provided with sufficient food and drink to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. We looked at the menus and saw they were on a four week cycle and a choice of meal was always available. We were told that people had mainly cereals, porridge and toast for breakfast but could also have a cooked breakfast if they wished.

The atmosphere during lunch was friendly yet calm and we saw that people who required assistance with their meals and drinks were offered encouragement and, where necessary, given support individually and discreetly.

People we spoke with told us they liked the food and that they had enough to eat and drink. Comments made included; "It is good, very good. My favourite meals are cheese on toast, cheese and onion pie and baked beans all made fresh on the premises," "It is good. I like curry, fish better than meat and I don't like sweet stuff. I get all these foods that I like," and "The food is good. I have put weight on. I would tell you if it wasn't. The food is fantastic and we get a cake or a biscuit in the afternoon with a cup of coffee. We can have a drink from the trolley and we don't even have to ask, they ask us" and "When I have my breakfast I can sit in the lounge unless I have a cooked breakfast."

A discussion with the cook showed they were knowledgeable about any special diets that people needed and were aware of how to fortify foods by the addition of butter and/or cream to help improve a person's nutrition. We saw that adapted crockery and cutlery was available. This helps to maximise people's safety, independence and dignity.

We saw that following a national food hygiene rating scheme inspection on 13 August 2016 the home had been rated a '5'; the highest award.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. Bathrooms and toilets were identified with signage to help promote the well-being of people living with dementia. Bedroom accommodation is provided on the ground and first floors and access is via the passenger lift. The lounge, conservatory and the dining room are situated on the ground floor and there are enough accessible bathrooms and toilets that are equipped with aids and adaptations. We saw there had been a refurbishment of the home. Several areas of the home had been redecorated and there was new lighting, new flooring, new chairs and new soft furnishings.

Staff told us they felt that adequate equipment and adaptations was available to promote people's safety, independence and comfort.

Our findings

We asked people who used the service and visitors if they felt the staff were kind and caring. Comments made included; "Yes very. They just can't do enough for you. They ask you if you are alright and they come and check on me. There isn't one of them that I don't like; they are all lovely," "They are interested in me as a person; they have a chat with me," "Very much so. They are excellent," "Oh yes definitely every one of them" and "Yes, there is a lot of love given from the staff to the residents. They have the patience of a saint."

People also told us they felt the communication was good within the home. We were told; "They ask about my [relative] and they phone her if there is anything she needs to know," "We talk about [relative's] care and they ring me if there are any changes" and "The staff talk to me if anything changes and discuss things with me."

As some of the people living at Archmoor Care Home were not able to tell us about their experiences, we undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing care to help us understand the experience of people who are not able to talk with us. Staff interactions with people were seen to be frequent, gentle and polite. The atmosphere in the home was cheerful, calm and relaxed.

Staff told us they encouraged people to maintain their independence, such as encouragement to walk independently with the use of walking aids where necessary. A visitor confirmed to us that the staff encouraged their relative to be as independent as possible. We were told; "They are always trying to encourage her."

During the inspection we saw that relatives visited the home throughout the day. We saw they were clearly at ease chatting with their families, the staff and the manager. Visitors told us they were always made welcome.

We saw that bathrooms, toilets and bedrooms had over-riding door locks. This was to ensure that people's safety was considered whilst respecting their privacy and dignity. We saw that people looked well cared for, were clean and appropriately dressed.

We asked people who used the service if they felt the staff respected their privacy and dignity, especially whilst attending to their personal care needs. We were told; "They shut the door when showering or washing me," "I wash and shower myself but if I need help I can get it," and "If I am having a shower or bath they don't

come in but they are there if I need them. If they are doing personal care they always wear aprons and gloves."

From our observations and from talking to the staff we were aware there was nobody living at the home that was from a minority ethnic background. There was also no one who had any special cultural, communication or dietary needs. A discussion with the manager showed that people from all cultural and religious backgrounds would be welcome in the home.

Staff told us that people's religious and cultural needs were always respected and that people could choose to have their own clergy visit them. We were told the Roman Catholic ministers visited the home weekly to give Holy Communion.

The manager told us they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them. The manager told us they had recently accessed an Independent Mental Capacity Advocate (IMCA) for one of the people who used the service.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in a locked filing cabinet. Other records in relation to the management of the home were kept in the manager's office.

Our findings

People we spoke with told us that the staff responded well to their needs. Comments made included; "I have a buzzer which I can ring if I need help. There are always carers around checking on you," "I have a buzzer in my room and they come quickly even if it is the middle of the night" and "If I need a doctor they get one for me. They know what I need."

We asked people who used the service if they felt they had a choice about their daily routines and how they spent their day. They told us; "I decide what time I get up and what time I go to bed. I decide what I am doing with my day. We can go and sit outside when the weather is nice" and "Oh yes you get up when you are ready. Breakfast is at 8am but if I get up late they bring my breakfast to me whatever the time .It is a good home, it is wonderful."

The care records we looked at showed that assessments were undertaken prior to the person being admitted to the home. This was to ensure their identified needs could be met. The care records showed that information gathered during the assessment was used to develop the person's care plan.

The care records we looked at had a 'life story' plan and a 'preference sheet' that detailed people's preferences around care and support, plus their likes and dislikes around food and drink. Two of the visitors told us they had seen and had discussed their relative's care plan with the staff. We were told, "Yes I have seen it and I helped to devise it."

The care records contained guidance for staff on how people were to be supported and cared for. They did not however reflect the person's current care needs as they were not reviewed regularly. A review is when a care plan is checked by staff so that any change in a person's condition can be identified and action taken if necessary. The manager told us it was the policy of the home to review the care plans at least monthly but more often when a person's needs had changed.

The care plan of one person had not been reviewed for the three months prior to the person being admitted to hospital. On return from hospital the care plan had not been reviewed and the information in the care plan did not reflect the person's changed needs and the support and care they required. The care plan of another person had not been reviewed for four months. We found this was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Apart from the use of call bells, none of the people who used the service needed or were able to use any

assistive technology to support their care needs. The manager told us that suitable equipment and adaptations, such as communication aids, would be provided if necessary.

We asked the manager about the activities available for people who used the service. They told us a member of the care staff was responsible for organising the weekly plan of activities. These included board games, reminiscence, karaoke and bingo. We were told entertainers who did singing and dancing visited the home every month. In addition they had a person who visited monthly to assist people with exercises to music.

People who used the service told us they enjoyed a range of activities. We were told; "When it is your birthday they have a little party, they have two girls who come in and dance and sing. We have fellow who comes once a month to do exercises. We have reminiscence sessions and talk about our families. We go out sometimes to a show. Once we went to Blackpool."

We asked the manager to tell us how staff cared for people who were very ill and at the end of their life. We were told about The Palliative Care Education Passport training that had been undertaken by some of the staff. The training had been developed by the education staff at the local hospice. The programme was developed to assist care homes within the region to deliver quality end of life care. The training accredits the actual care worker rather than the organisation they work for so when staff changed their employment they took their skills, knowledge and accreditation with them. The Palliative Care Education Passport training enables staff to recognise and meet the physical, emotional and spiritual needs of the dying person and their family.

The manager and staff were aware of the importance of ensuring information was easily accessible and visible in a person's care record when they had a Do Not Attempt Resuscitation (DNAR) in place. This is a legal document that identifies that an informed decision has been taken to withhold cardiopulmonary resuscitation (CPR).

We saw people were provided with clear information about the procedure in place for handling complaints. A copy of the complaints procedure was displayed in the entrance hall. It was also contained in the service user guide that was given out to people. The procedure explained to people how to complain, who to complain to, and the times it would take for a response.

The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the manager or the staff if they had any concerns. Comments made to us included; "I go to the boss woman. I went to speak to her as my radiator had broken so they brought me a little radiator," "If I did complain I know they would do something about it" and "I don't know the procedure but I haven't needed to complain."

We saw that the manager kept a log to record any complaints made and to record the action taken to remedy the issues. Two complaints had been made to the home since the last inspection of January and February 2017. The manager had recorded the action taken to address the issue.

Our findings

The home did not have a registered manager in post. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had appointed a manager who had been in post for approximately four months. We were made aware that the manager had submitted their application to the CQC to become the registered manager.

We asked the new manager what they felt were the key management challenges for them. They told us they were to improve the quality of record keeping, the auditing of practice and the implementation of the necessary paperwork required for the management of the home. They told us they had good support from the provider and a good team of staff.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and helps to inform some of the areas we look at during the inspection. The provider had failed to provide the CQC with the PIR. Failing to provide the PIR is a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The local authority commissioner that we contacted told us they had no concerns about the service.

During this inspection it was noted that information requested was not always easily located. Information was either held in paper form or electronically on the computer with some items being held by the provider. We discussed with the manager and the provider about having more effective systems in place so that information was easy to locate when needed.

We asked the manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were told that checks were undertaken on all aspects of the running of the home such as; infection control, medication, care plans, and the health and safety of the environment. We looked at the audits for medication and saw they had last been undertaken in October 2017. In view of the fact there was a previous breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the management of medicines we expressed our concern that the audits had not been done on a more regular basis. We also expressed our concerns about the checks on the care plans not being robust enough.

We have recommended that the auditing of the services and facilities needs to be improved as the audits did not identify the issues of concern that we found during this inspection.

We asked the manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told that resident and relatives meetings were held previously but they were not well attended. In view of the fact that it was a small home and the manager had an 'open door,' a decision was made by management to cancel the meetings.

We saw that the last satisfaction surveys had been sent out in 2016. None had been sent since. We were informed that it was the manager's intention to start sending out satisfaction surveys on an annual basis.

The manager showed us a suggestion box that was going to be installed in the reception area. This was to enable people to submit their comments, anonymously if they wished, on the service and facilities provided at the home.

Records we looked at showed that staff meetings were held every two months; the last one being held in January 2018. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. The manager told us that in the future it was their intention to hold staff meetings every three months.

Staff we spoke with told us they felt the manager was approachable and supportive. We were told, "She [manager] is brilliant. She is firm but fair and has turned the place around" and "I enjoy working here. Everybody knows the job and we all work well together. We are well supported." During the two inspection days we saw that the manager was visible around the home; supporting the care staff in the delivery of care.

We were told, and records showed, that the home had links with numerous community health services to help deliver effective care. The home worked in partnership with the local community nurses, continence services, the community dietician, the speech and language therapy service and the local pharmacist.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the previously awarded rating was displayed conspicuously in the reception area and was also on their website.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments relating to the health, safety and welfare of people who use the service were not reviewed regularly to ensure people's changing needs could be met.</p> <p>We found that the recording of medicines was not safe.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Care plans were not reviewed regularly to ensure they reflected people's changing needs and the support and care they required.</p>