

Botany House Limited

# Danesmoor Residential Care Home

## Inspection report

45 Helmshore Road  
Haslingden  
Rossendale  
Lancashire  
BB4 4BW

Tel: 01706216862

Date of inspection visit:  
02 May 2018  
03 May 2018

Date of publication:  
28 January 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of this service on 5 and 9 June 2017 and found breaches of legal requirements because there were shortfalls in the management of potential risks of harms and abuse within the service and medicines were not safely managed. There were also concerns around the provision for seeking consent from people and failure to undertake mental capacity assessments.

We took action and served a requirement notice on the registered provider in respect of these breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. An action plan was received from the registered manager to show what actions would be taken to meet this regulation.

After the last inspection, we received concerns about staffing levels in the home and during this inspection on 2 May 2018 we wanted to check staffing levels were adequate to ensure people's needs were being met.

We undertook this latest inspection on 2 May 2018 to check that the provider had taken action to meet legal requirements and to comprehensively inspect the service against all of the areas services are required to comply with. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Danesmoor Residential Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Danesmoor Residential Care Home offers residential and nursing care for up to 24 people and is located in Haslingden in the county of Lancashire. At the time of this inspection, 14 people were using the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

There was registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' At the time of the inspection on 2 May 2018, the registered manager was working between two services owned by the provider. The other service was a care home near to Danesmoor and the registered manager split their time evenly between the two services.

At this inspection, we found that the service had taken some action to comply with the requirement notices. People were asked for their consent before care and support was provided and where people did not have capacity to make decisions, the service complied with the law around this and acted in people's best interests.

People's needs and risks were properly assessed and documented so that staff were aware and could act accordingly. However, insufficient action had been taken to resolve the medicine's issue seen at the last inspection on 5 June 2017 and there is a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around this. You can see what action we told the provider to take at

the back of the full version of this report.

At the inspection in June 2017, we made a recommendation around the provision of suitable activities so that people were stimulated in the home. Although we saw that improvements had been made and an activities coordinator had been appointed, other staff said that they often didn't have the time to assist with activities because of other duties. We have made a further recommendation in the report around the need to continue with these improvements.

During this inspection, we observed the atmosphere in the home was calm and staff were not rushed when responding to people's needs. We were satisfied that there were enough staff on duty. Feedback from people, their relatives and care workers also indicated that at times when the service was near to capacity (24 people), there may not be enough staff in the home. The registered manager and provider told us there were enough staff and that additional staff would be deployed if more people were to stay at the home.

Regular checks were being conducted to test fire equipment to ensure they were in working order. The home had a fire risk assessment in place and any actions that needed to be taken had been acted upon. Staff had undertaken fire safety training and usage of fire equipment. Staff spoke positively about the training received.

People using the service said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work.

Systems were in place to monitor the service. Checks and audits were carried out by the registered manager and provider. Records showed any action that needed to be taken to make improvements to the service were noted and acted upon. However the checks and audits did not identify the issues in relation to the medicines issue and the lack of suitable activities seen at this inspection.

The ratings for the key questions of safe, responsive and well led at this inspection remain 'Requires Improvement'. There is a continuing breach of the regulations around safe medicines practices, insufficient improvement was noted with the provision of activities and systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Medicines were not safely stored, administered or recorded.

Records of essential care were complete and reviews of care plans were effective at reducing risk.

There were arrangements in place to deal with foreseeable emergencies.

People were protected from the risk of abuse.

There were enough staff deployed within the service and appropriate staff recruitment procedures were in place.

### Is the service effective?

**Good** ●

The service was effective.

Staff had completed an induction and supervision when they started work and received training relevant to the needs of the people using the service.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People told us they enjoyed the food and that there was a good choice available.

We saw that people's fluid and food intake was monitored and staff encouraged people to eat and drink with appropriate action taken if people lost weight.

People had access to a wide range of healthcare services to ensure their day to day health needs were met.

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they supported.

People and their relatives were involved in making decisions about their day to day care.

There were arrangements in place to meet people's end of life care needs.

### Is the service responsive?

**Good** ●

The service was responsive.

Improvements were seen around the provision of activities but people needed to be consulted about appropriate day time activities and stimulation for everyone living in the home.

People had plans of care which included essential details about their needs and outcomes they wanted to achieve. They reflected people's needs.

The provider had gained the views of people who used the service and their relatives on the quality of the service.

There was a complaints policy and people told us they felt they could raise concerns about their care and treatment.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

There was a registered manager in post who split their time between two services. There were mixed responses about the availability of the registered manager and how it affected the running of the service..

Management oversight had been provided to monitor the overall running of the service but this had failed to deal with the issues seen at the inspection.

Systems for assessing and monitoring the quality of the service were in place. Various audits had been undertaken to monitor the quality of the service. However improvements were required

to make this robust.

---

# Danesmoor Residential Care Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 2 and 3 May 2018 and was unannounced. The inspection team consisted of two adult social care inspectors on the first day of inspection and an adult social care inspector returned to the service to complete the inspection on the second day.

Before our inspection visit we reviewed the information we held on Danesmoor Residential Care Home. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who lived at the home. A notification is information about important events which the service is required to send us. We also reviewed the Provider Information Return (PIR) that we received before our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

Before, during and after the inspection we gained feedback from health and social care professionals who visited the service. We reviewed information from the local authority contracts monitoring team, also information that had been shared with us from other professionals and comments and feedback that we had received from relatives and visitors of people who lived at Danesmoor Residential Care Home.

We spent time observing the care and support being provided to people, spoke with five people who used the service and three relatives. We also spoke with four members of staff, the provider, the registered manager and four health care professionals. We looked at five people's care records and four staff recruitment files and five staff training files. We also looked at records relating to the management of the

service including audits, incident logs, staff rotas and minutes from meetings. In addition, we looked at all areas of the building including bedrooms, communal areas, the kitchen, the main office and outside grounds.



# Is the service safe?

## Our findings

At our comprehensive inspection on 5 June 2017 we established that sometimes there was an absence of timely assessments of people's needs and risks associated with their care. This meant that staff were not always aware of people's needs and any associated risks.

These issues amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in these areas around people's risk assessments. Care plans incorporated assessments around people's needs, requirements and measures to be put in place to mitigate against any risks.

People's care files included a wide range of risk assessments in areas including falls, moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. People had individualised risk assessments on behaviours that may challenge and their medical conditions. This provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at risk of falling, there were plans in place to support them.

At our last inspection we identified concerns in relation to the administration and recording of creams as well as records to support 'as required' PRN medicines.

These issues amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we identified on-going concerns in relation to the safe management of medicines. We looked at a number of Medication Administration Records (MARs). Some of these contained the required information about people who used the service to support their safe administration. This included a photograph, whether people had any allergies and what medicines were prescribed. However, other records we looked at had no photograph of the person that would identify them. Some MAR charts had been completed in full and no gaps we seen. However, we saw two people's records had gaps for the administration of a weekly medicine. We checked the stock of this medicine that confirmed it had not been administered by staff. Another MAR recorded a pain patch that had been given a day late. This put people at risk because staff failed to ensure they received their prescribed medicine as required.

We observed part of a medicine round and saw most people were supported safely to take their medicines. Staff were seen waiting with people until their medicines had been taken as well as explaining to people what medicine they had been given. However, we saw one person had been prescribed a medicine that required administration before a meal. We asked the staff member about this who told us the person had already eaten their meal this was despite clear guidance on the packaging. This meant this person was unable to take their medicine at the prescribed time. We immediately drew this to the attention of staff and the staff member made arrangements to ensure clear guidance was in place and the MAR chart reflected the

safe administration of this medicine.

We also looked at the liquid medications stored in the medicine trolley and could see only one of the six had a date recorded on the bottle to confirm when it had been opened. This meant staff would be unable to confirm that medicines were still in date and safe to use.

We looked at the system in place for 'as required' (PRN) medicines. We saw evidence of PRN protocols in place that detailed what the medicine was for and when it was to be given. However, we noted that some of the records were for people who no longer lived at the home. Another person's PRN protocol stated the person was prescribed two medicines. We asked the staff member responsible for medicines who told us these were no longer in use and had been discontinued by health care professionals. We also saw that some MAR charts identified people were prescribed PRN medicines but there was no PRN protocol in place in these instances to guide staff on their safe administration.

We looked at the arrangements in place for the storage of medicines. We saw a locked and dedicated medicines room where any returned stocks and overstock of medicines were stored. Daily room temperature had been recorded in this room and identified that appropriate temperatures were achieved to support safe medicines storage. However the medicine trolley was locked to the wall in the dining room at all times. There was no evidence of any temperature recordings in the dining room that would confirm medicines were stored at the correct temperature. Records relating to the fridge temperatures confirmed that most days the temperatures had been checked. However we saw that there was no minimum or maximum records completed to ensure the fridge temperatures remained in line with nationally recognised guidance and confirmed a safe cold chain storage.

We checked all of the bedrooms where the staff member responsible for medicines told us creams were in use for people who used the service. None of the creams we saw had been dated to confirm when they had been opened and not all of them had a label to confirm the name of the person it was for. We discussed one person's cream with staff who told us they were not aware of the cream and that another shift used these cream. They told us some of the creams may have been purchased for the person. We checked the medicine policy for individual purchased medicines which stated creams should be, 'Clearly labelled with their name (Person who used the service). A record of these medicines should be included on the MAR sheet.' When we checked the MAR chart there was no record of any administration of the cream. People were at risk of unsafe administration because records had not been developed to ensure their safe administration.

Medicines were not managed safely. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe and well treated. One person said, "I feel safe and staff are very good with me." Another said, "I'm looked after." A health care professional said, "I have no concerns about people being safe here."

People were supported with eating and drinking and we saw that the service was monitoring people's weight regularly and where appropriate making referrals to health care professionals. We saw examples of how the MUST risk assessment tool was completed in order to identify people's risk of malnutrition. MUST is a Malnutrition Universal Screening Tool and is a five step screening tool used to identify adults who are malnourished or at risk of being undernourished.

There were arrangements in place to deal with foreseeable emergencies. People had personal emergency evacuation plans (PEEPs) which highlighted the level of support they required to evacuate the building

safely. Records confirmed that staff received regular training on fire safety and we saw records confirming that the fire alarm was tested on a weekly basis and the conduct of monthly fire drills.

Records of accidents and incidents were maintained that contained information about each incident and any action that had been taken. The records supported that observations were made when people had a mishap such as fall and there were records when people had been referred to health care professionals.

There were policies and procedures in place to protect people using the service from the risks of abuse and avoidable harm. The registered manager and staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for. They were also aware of the action to take if they thought someone was at risk of abuse including whom they would report any safeguarding concerns to. Records confirmed that the registered manager and all staff had received training on safeguarding adults from abuse. A member of staff said, "We are all alive to the fact that we need to be vigilant around safeguarding. It's a top priority."

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of five members of staff who had been recruited since the last inspection. The files contained completed application forms that included references to their previous health and social care experience, their qualifications and their employment history. Each file included two employment references, health declarations and proof of identification.

The service requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service and supporting vulnerable people. The service checked this documentation prior to confirming a person's employment to ensure suitability for their role.

Equipment such as hoists and specialist chairs were well maintained and fit for purpose. They were regularly checked in the home and inspected and serviced annually by a specialist company. The registered manager said that all of the equipment that was in use at the home had been recently serviced and the records we saw supported this. Records also showed that the provider completed checks on equipment to ensure that they were safe and had been serviced. Environmental risk assessments and health and safety checks were also being completed. These included electrical installation, gas safety and legionella testing and water temperature monitoring.

Before the inspection we had received notifications of three incidents involving safeguarding concerns. Two of the incidents were being investigated by the local safeguarding team. We reviewed the records relating to these incidents and action taken by the registered manager and the provider. We found appropriate action had been taken and any lessons had been learnt.

Before the inspection we received concerning information around a shortage of staff but throughout the two days of the inspection we saw that there were enough staff on duty to meet people's needs and observed good staff presence. However, the registered manager was unavailable on the first day of the inspection and care staff at the home were unsure of when the registered manager would be returning to the home. The registered manager was available for the full day on the second day of the inspection and further discussion around this point can be seen within the well-led section of this report.

During this inspection we noted that the building, bedrooms, communal areas and the environment were clean and tidy. Personal protective equipment was available to staff at convenient locations situated around the home. We noted that records supported that risks of infections had been managed and regular infection

control audits had been undertaken.

# Is the service effective?

## Our findings

At our inspection on 5 June 2017 we found problems with the way the service dealt with mental capacity assessments. For example, relatives were providing consent to issues affecting their loved ones without the service properly considering whether the affected person had the capacity to consent. The service was also applying restrictions on people without lawful authority. The Mental Capacity Act 2005 (MCA) and associated Codes of Practice were not being followed.

These issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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). At this inspection we found improvements in the areas of the service addressing mental capacity and seeking consent. During the inspection we noted that staff asked people for their consent before providing care and support and people told us that staff asked for their consent before they provided care. The service was assessing people's mental capacity properly and it was only when a person lacked capacity that the views of relatives and health care professionals were taken in to account in the person's best interests.

The registered manager's understanding of the MCA and Codes of Practice was good and they informed us that since the last inspection, two applications had been made to the local authority to deprive people of their liberty (DoLS). At the time of our inspection, one application had been granted and the local authority was processing the other. We were satisfied that the home had raised the applications appropriately.

People using the service said staff and the registered manager knew them well and how best to support them. Visitors told us that staff were skilled at meeting the needs of people at the service and were competent in supporting them with complex conditions. They spoke highly about the care and support at the home. One person's relative said, "They know what they are doing and are skilled at looking after my relative". A health care professional said, "There were some issues previously about skills and training but I've seen a big improvement recently and they call on me when they need support and follow my recommendations."

People were supported to eat and drink sufficient quantities to maintain a balanced diet and ensure their well-being. Care plans identified people's nutritional needs and preferences, and how they could be supported by staff to eat a nutritious and healthy diet. We also noted that in March 2018 the service had

been awarded a five star certificate by the local authority for hygiene and cleanliness of the home's kitchen. A health care professional said, "I'm always impressed by the quality of the cooking. Staff are also tuned in to eating and hydration issues. This can prevent admissions to hospital."

We observed a mealtime during the inspection and saw that people received plenty to eat and drink. The atmosphere was relaxed and people were engaging with each other and appeared to enjoy the mealtime. Staff were available to offer support to people where required and we observed them gently encouraging people to eat in a relaxed and unhurried manner. We saw that one person was supported to eat their meal and staff appeared to know people's likes and dislikes. Most people ate together but people were also able to eat alone if they preferred. One person said, "The food is amazing. Just like good home cooking."

We spoke with the cook and they told us they spoke with people on a daily basis about their meal preferences. They were aware of people's dietary requirements and received notifications from staff that included any changes to their condition. They said, "I'm in touch with residents every day and know their likes and dislikes. I also get information about any conditions that can affect people's health and I adapt what I cook and present to ensure that everything is safe. This can include fortification of food with cream and changing the consistency to help swallowing." During the inspection we saw the cook speaking with people regularly about menu choices and ideas around meals for special events such as birthdays.

Staff training records confirmed that staff had completed training in areas the provider considered mandatory. This training included safeguarding adults, mental capacity, dementia awareness, health and safety, moving and handling, infection control, first aid and fire safety. Some staff had also completed training on other topics such as administering medicines and end of life care. Mandatory training was recorded and the records indicated when staff required training updates. We noted that all staff were encouraged to complete nationally recognised qualifications in health and social care. One member of staff said, "I'm on level two in my NVQ's and the provider and manager is supporting me to go for my level three."

Staff told us they had completed an induction, which was confirmed by the records we reviewed. All newly recruited staff who were new to a caring role were required to complete the Care Certificate. The Care Certificate is a nationally recognised qualification and aims to equip health and social care workers with the knowledge and skills that they need to provide safe, compassionate care. One member of staff said, "The induction was really involved and I wasn't allowed out on my own until I had done some training, had shadowed senior staff and had been checked so that I knew what I was doing."

We found that people were supported to maintain good health. Records showed that people had access to a range of healthcare professionals including a GP, optician, chiropodist, and dentist. Staff also supported people to attend hospital appointments. We noted that records and advice to staff about the process of referring matters to external professionals was documented in the care records and on the people's care plans.

Feedback about the service from healthcare professionals was positive. One healthcare professional told us, "They have called on us today in relation to an issue with a person's health. It was absolutely right to do that on this occasion. We never have any concerns around referrals from this home." Another said, "The information we get when we visit is always comprehensive and staff are always on hand to support us and the residents if required."

## Is the service caring?

### Our findings

People and their relatives told us staff were kind and caring. One person told us, "The staff are great and are kind and helpful." A relative said, "The staff are kind and really go above and beyond in the way they care for people."

People told us they had been consulted about their care and support needs. One person said, "I was involved in setting the plan up." Another person told us that they had given the service permission to consult with their relatives about care planning and support arrangements. The relative said, "The service contact me regularly around my relative's support needs or when there has been a change because of the input of a doctor or specialist."

Care was delivered by staff in a way that met people's needs. For example, one person wanted to stay in bed a bit longer than they normally would and staff provided breakfast to them in their room after the main breakfast sitting in the dining room had finished.

People received the support they wanted as they approached the end of their life. We noted that, where appropriate, senior staff and the registered manager had consulted with people and their relatives around end of life care and support wishes and we saw good examples of this in people's care records. We also noted during the inspection that the registered manager and staff had received compliments from bereaved relatives about the care and support they had provided to their loved ones at the end stages of their life. We noted that the provider's mandatory training for all staff included end of life care.

We noted that some care files contained people's decisions around Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). A DNACPR decision form in itself is not legally binding. The form should be regarded as an advance clinical assessment and decision, recorded to guide immediate clinical decision-making in the event of a patient's cardiorespiratory arrest or death. However the process for completion must be correct otherwise the form can be deemed invalid. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. We saw that these forms had been completed with input from relatives, where appropriate, and the person's GP.

Staff treated people with respect. People looked at ease and comfortable in the presence of staff and we saw they were supported in a caring way. Conversations between staff and people living at the home were respectful, warm and compassionate. We also saw staff communicating appropriately with people in a manner they understood and with a light-heartedness that was appreciated by people we observed. Staff appeared to know people well and where people were non-verbal, staff knew from their actions and mannerisms that the person needed support such as wanting a drink.

The registered manager told us that everyone who lived in the home could support themselves in 'speaking up' and expressing a view or where people had difficulty, they had the support of their relatives. The registered manager said that if people needed assistance and did not have their own support, they had

access to a professional advocacy service. An advocate is a specially trained person such as an Independent Mental Health Advocate or Independent Mental Capacity Advocate who can help if a person does not have capacity to make particular decisions and would benefit from having an independent 'voice'.

Staff ensured people's right to privacy and dignity were upheld. People told us staff were respectful and always mindful of their privacy. One person told us, "The staff are respectful and don't rush me." The registered manager told us they promoted people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. We noted that the provider's policy on equality and human rights was comprehensive and available to staff at the main office

People using the service and their relatives had access to an information pack that included information about the home. This included the complaint's procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they moved into the home.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away and this meant that only authorised staff accessed people's records.



## Is the service responsive?

### Our findings

At our inspection on 5 June 2017 we made a recommendation around the need to follow best practice in mental well-being and the stimulation of people in care homes. The service was not doing enough by way of activities with people and care staff did not have the time to support people with activities as well as the other duties they had to complete.

At this inspection in May 2018, we found some improvement in this area. Since the last inspection, the home had appointed an activities coordinator who was also employed as a senior carer. Care staff were also expected to provide activities to people. During the morning of the first day of the inspection, we did not observe any activities taking place in the home and people were left sitting in the lounge watching TV. Feedback from people was mixed around this with some people saying they were happy, others said that they were not stimulated and there were insufficient activities to meet their needs. One person said, "There aren't a lot of activities. I just look through the window and watch the birds and squirrels."

We spoke with staff about the provision of activities and they said that they tried to accommodate people with activities but often struggled because of the pressures of work in other areas. The activities coordinator said, "Although we don't have a formal programme of activities, since the last inspection we have bought raffle prizes, arts and crafts material, games and celebration items that we use regularly." We looked at the equipment that had been purchased and stored in the conservatory and noted that it comprised of decorations for occasions such as Valentine's Day, simple games, crafts equipment and toys.

On the second day of the inspection we noted that seven residents were participating in the lounge in a sitting down game and were supported by two members of staff.

It is recommended that the home continue with the improvements around activities and engage with people about their preferences for activities that stimulate everyone living in the home.

People said they knew about the complaint's procedure and told us they would tell staff or the registered manager if they were not happy, or if they needed to make a complaint. Relatives also said they knew how to make a complaint if they needed to. They said they were confident they would be listened to and their complaints would be fully investigated. One person said, "I know what to do if I have a concern and am sure it would be looked at properly." We noted that the home's complaint's policy, guidance and contact details around concerns was provided to people at the start of their use of the service.

We considered the home's complaints' file and noted that since the last inspection in June 2017, no complaints had been raised. There were some relatively minor issues that had been raised by relatives that had been properly considered and responded to by the registered manager.

Care plans supported a 'person centred' approach and included information such as how people liked to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests. For example, one person's care plan advised staff to call the person by their preferred middle name. One

member of staff said, "We really get to know our residents and how they like to be treated."

Throughout the course of our inspection we saw positive interactions between people using the service and staff. We noted that staff, provider's representative and the registered manager knew about the people who lived in the home and their likes and dislikes.

We saw that people's health care and support needs were assessed before they moved into the home and this assessment continued and was regularly reviewed. The assessment included people's hydration and nutritional requirements. A health care professional said, "I find the home's assessments useful and the input of staff around people's issues very good."

People's weight was reviewed and where appropriate referrals were made to health care professionals. We saw examples of how the MUST risk assessment tool was completed in order to identify a person's risk of malnutrition. MUST is a Malnutrition Universal Screening Tool and is a five step screening tool used to identify adults who are malnourished or at risk of being undernourished. A health care professional said, "People at this home always appear well nourished but if there are concerns, they make good referrals."

People's care files were well-organised, easy to read, accessible to staff and we saw that personal assessments covered areas including, moving and handling, mobility, communication, sleeping, emotional and spiritual needs, medicines, continence and, where appropriate, end of life care. The registered manager told us that care plans were developed using the assessment information and kept under regular review. One person's care plan included information about how a person's susceptibility to falls had increased because of illness. The plan documented the use of technical equipment to reduce risk such as motion sensors that would alert staff when the person got up in the night so that they could be immediately supported. This meant that the service provided individualised care that was up to date.

Records we saw showed that people and their relatives were also involved in an annual review of care planning. Views from people and relatives were recorded and confirmed their agreement to the care plan. We also noted daily notes that recorded the care and support delivered to people. These were well written with the appropriate level of detail. The registered manager also showed us a handover sheet used at the home when there was a change of shift. A member of staff said that the documents were used at hand over meetings where staff shared any immediate changes to people's needs.

The provider had an accessible information policy covering the requirements of the Accessible Information Standard. The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. NHS and adult social care services are legally required to follow this standard.

In line with this standard, the provider had ensured that most policies relevant to people who used the service such as the complaints' policy, had been provided in accessible way. This was often through a person's relative. The registered manager said, "Whatever the requirements or disability, we will ensure that people can access important documents. Very often this is through relatives but we can also produce documents in ways that are accessible to people."

The service supported and encouraged the use of technology to assist and support people. During the inspection we saw the use of technological aids to assist staff to support people such as the use of motion sensors to assist in the prevention of falls. We were told that in one case staff assisted a person to video conference relatives who lived abroad.

## Is the service well-led?

### Our findings

At the last inspection in June 2017 there was no registered manager in place. A manager had been appointed who was in the process of applying for registration. That manager was in place at the time of this inspection in May 2018 and was registered with the CQC in March 2018.

The registered manager was also registered manager at another care home owned by the provider in Lancashire. At the time of the inspection, the registered manager split their time evenly between the two services.

Staff said that the absence of the manager created a degree of uncertainty around the running of the home. At the time of the first day of the inspection, most staff we spoke with were unaware of where the registered manager was and staff were unsure of who was in charge. One member of staff said, "We don't always know where the manager is because she splits herself between the two homes." A visiting health care professional said, "The service here can go off the boil when the manager is not here and I'm not sure that the senior staff are up to running the home in their absence."

We met with the registered manager on the second day of the inspection and they were helpful and accommodating in relation to our requests for information and material to assist us during the inspection. They said that the dual role had caused some difficulties in managing the two care homes owned by the provider and a deputy had recently been appointed at the 'sister home' to Danesmoor and it was hoped that they would go on to be come registered in their own right at that home. This would mean that the registered manager could be permanently based at Danesmoor.

We raised some of the issues seen at this inspection with the registered manager and provider and how there had been some improvement since the last inspection but that essential issues affecting safety had not been addressed at all. Specifically, medicines administration was still a substantial issue and the home's practices were unsafe. The registered manager immediately relieved some staff who were responsible for medicine's administration until they had been further trained and their competency checked. They also instigated an urgent review of all of the medicine's issues seen at the inspection to ensure that people received their medicines as prescribed by health care professionals.

We noted that the home was conducting audits and checks around matters affecting the running of the home and issues of safety including medicine's administration. We noted that although some examples of late administration and staff not signing for medication had been established, the substantial issues seen at this inspection and described in detail in the 'Safe' section of this report had not been recognised.

Other provider and registered manager audits and checks were picking up on issues. For example, we found that audits of care plans were establishing that some peoples' needs had changed and accordingly plans were amended. Additionally, checks had found that recordings of observations such as temperature and weight were not being recorded in the correct place.

Staff told us they liked working at the home and praised the support they received from the registered manager and provider. We noted that the last staff meeting was on 8 January 2018. The registered manager said that it had been difficult to arrange meetings after that date because of the pressures of work and staff unavailability. Minutes from the staff meeting showed that staff were able to raise issues with the registered manager. Matters discussed at the meeting included the need for further assessments on people who were at risk of falling and staff and management changes.

In meetings we had with staff, they were all complimentary about the registered manager and provider. They said that they were supported by them and could raise issues with them without the need to hold a formal meeting. One typical response was, "There is an open door policy and we can talk to the manager about anything without the need to hold a formal meeting. I think we are supported well."

There was an out of hours on call system in operation that ensured that management and provider support and advice were always available to staff when they needed it. In addition, during the inspection we noted the registered manager and provider discussing issues and seeking each others view about matters. The discussions were healthy in that respective views were considered and the well-being and safety of resident and staff were a priority.

The provider took into account the views of people using the service and their relatives about the quality of care provided at the home through resident meetings and annual surveys. We saw the results of a survey of residents from November 2017 where people raised their meal preferences. The registered manager said, "We all get feedback from residents on a daily basis. Meals in particular are a priority and the cook makes an effort to speak with residents every day. The formal surveys are used to see what we need to do to improve the service."

After the inspection, we received correspondence from the provider recognising the issues seen at the inspection and confirming the intention to ensure that the registered manager had a full-time placement at Danesmoor and was not split between the two services owned by the provider. A new manager was to be appointed at the 'other home' and they would be applying for registration with CQC.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines administration was not managed safely.

**The enforcement action we took:**

Warning notice