

Poole Beresford Limited

Norton House Trading as Poole Beresford Ltd

Inspection report

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19 September 2018

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 11 and 19 September 2018 and was unannounced. At the last inspection in March 2017 the service was rated as good.

Norton House Trading as Poole Beresford Ltd provides care for up to 23 older people. At the time of the inspection 19 people were using the service. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

A registered manager was in post. 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 this inspection we identified people were not safe. Risk was not well managed and concerns around people's safety were not always identified or dealt with quickly enough. The provider was not using screening tools to help identify potential risk. Some environmental hazards were identified on the first day of the inspection; the provider had started to address these when we returned to complete the inspection. There were enough staff to keep people safe but the provider did not carry out robust pre-employment checks to make sure staff were suitable. Medicine systems were generally well organised. We have made a recommendation about guidance when people receive their medicines 'as required' rather than on a regular basis.

Staff told us they received support from their colleagues and the management team. However, we found training and supervision was variable which meant staff might not be equipped with the relevant knowledge and skills.

People were not always supported to have maximum choice and control of their lives and the policies and systems in the service did not support this practice. The provider was following the application process when people were being deprived of their liberty but they failed to meet conditions which were part of the authorisation procedure.

People enjoyed the meals, and had plenty to eat and drink. They accessed services which ensured their health needs were met. Two health professionals told us staff acted upon advice given. People lived in a pleasant and well decorated environment. They were comfortable and walked freely around different areas of the service.

People were complimentary about the staff who looked after them and the management team. They told us they were well cared for. Staff knew people well and supported people at their own pace and in a person-centred way. However, care plans varied in quality. We have made a recommendation about providing

accessible information to meet people's communication needs. Social activities were offered but these were not always relevant to people's interests.

The registered manager and provider were visible and interacting with people who used the service, visitors and staff. Survey results showed people were satisfied with the service they received. People told us they felt comfortable sharing concerns but the system for recording complaints was not consistent. We have made a recommendation about the management of complaints.

There were widespread and significant shortfalls in the way the service was led. The provider did not have effective systems to assess, monitor and manage the service. They did not have processes to learn lessons and drive improvement. The provider was not always responsive and did not demonstrate an understanding of their responsibilities.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014, which related to safe care and treatment, need for consent, staffing, recruitment of workers and governance arrangements.

The overall rating for this service is 'Inadequate' and the service therefore is in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

Environmental risks and risks to individual were not assessed and appropriately managed. Lessons were not learned when things went wrong.

Recruitment practices were not robust and did not ensure staff were suitable to work at Norton House.

There were sufficient staff to meet people's needs in a timely way.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

The provider was not meeting the legal requirements of the Mental Capacity Act 2005 (MCA).

Staff felt supported by their colleagues and management; however, training and supervision was variable which meant staff might not be equipped with the relevant knowledge and skills.

People enjoyed the meals and had a pleasant dining experience. They lived in a pleasant and well decorated environment.

Is the service caring?

Good 

The service was caring

People told us the service was caring. They enjoyed the company of staff and managers.

Staff knew people well and were confident the service was caring.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Care plans varied in detail.

Social activities were offered but these were not always relevant to people's interests.

People told us they were comfortable raising concerns. The provider had a procedure for investigating complaints but this was not always followed in practice.

Is the service well-led?

Inadequate 

The service was not well led.

The provider's quality management systems were not effective and did not identify areas where the service had to improve.

The provider and registered manager did not always demonstrate they understood their responsibilities and accountability.

People who used the service, relatives and staff had opportunity to share their views.

Norton House Trading as Poole Beresford Ltd

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.

The inspection was also partly prompted by two incidents which had a serious impact on two people using the service; these indicated potential concerns about the management of risk in the service. Whilst we did not look at the circumstances of the specific incidents, which may be subject to criminal investigation, we did look at associated risks. Both incidents had been brought to the attention of the police and the local safeguarding authority.

This inspection took place on 11 and 19 September 2018 and was unannounced. Two adult social care inspectors visited the service between on 11 September 2018, and three inspectors visited again on 19 September 2018.

Before the inspection we reviewed all the information we held about the service including statutory notifications and contacted relevant agencies for their feedback. The local safeguarding authority told us they had concerns about the management of risk at the service.

The provider had completed a Provider Information Return (PIR) in December 2016. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. Because the form was completed before the last inspection we did not consider the information as part of this inspection.

Initially the plan was to complete a focused inspection but we identified issues in a number of areas so decided to broaden what we looked at and changed the inspection to a comprehensive one.

During the inspection we looked around the service and observed care being provided to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people who used the service, nine visiting relatives, two visiting healthcare professionals, ten members of staff, the registered manager and nominated individual. We spent time looking at documents and records that related to people's care and the management of the home. These included five people's care records.

Is the service safe?

Our findings

The inspection was partly prompted by two incidents which had a serious impact on two people who used the service. We looked at current risks to people and the likelihood of these occurring and how these could impact on people using the service. We found people had individual risk assessments, however, these were not always thorough or consistent.

Concerns around people's safety were not always identified or dealt with quickly enough. At the inspection, we asked the registered manager and nominated individual about identifying potential risk, for example, the risk of malnutrition. They told us they did not use screening tools. The nominated individual said they thought these could be generated through their electronic care recording system. After the inspection the provider wrote to us and said screening tools were in use although acknowledged these had not been shared during the inspection.

An accident form had been completed because one person had choked when they were eating. Staff had recorded they used Heimlich manoeuvre (abdominal thrusts) to clear the obstruction. However, the action taken/recommendation section of the form did not show what had been done in response to the incident. The registered manager told us they were monitoring the situation. There was no reference to this in the person's care plan and a risk assessment had not been completed. Once we brought this to their attention a formal assessment was completed. After the inspection the provider wrote to us and said the electronic care system had a record which stated to keep an eye on the person during meal times. They acknowledged this was not shared during the inspection. Another person had a skin care plan which showed they received support from the district nurse because they had a 'sore sacrum'. The care plan stated staff should check the person's 'vulnerable areas'. However, it did not state which areas were vulnerable. There was no associated risk assessment. This meant the risk had not been assessed so the provider could not be assured the management process was safe. After the inspection the provider wrote to us and said they had a screening tool which highlighted there was a risk and a body map which showed the person's vulnerable areas. They acknowledged this was not shared during the inspection.

Some people had limited mobility, we looked at their risk assessment and saw information recorded about how many staff should support them. We checked this against people's personal emergency evacuation plans (PEEPs). However, we found PEEPs contained generic identical information in the form of a flowchart for staff to determine the safest way to support evacuation, rather than specific guidance about each person's individual needs. There was a numerical code in each PEEP which identified each person's level of ability, but this information would not be quick to interpret in an emergency situation. One person's care records stated they barricaded themselves in to their room during the night to feel secure and referred to the person's PEEP. However, when we checked the PEEP, it had not been included in the assessment and there was no guidance about what to do in an emergency evacuation.

We saw an urgent action notice was issued by West Yorkshire Fire and Rescue service in February 2016. There was a handwritten comment which stated 'actioned' on the fire officer report, but this was not dated or signed. We contacted the fire safety officer who said they had returned in July 2016 and were satisfied

with the actions taken. They said the main issue was the emergency evacuation procedure from the first floor, and the provider had agreed that everyone would be mobile requiring minimal assistance. They said there was a managerial agreement for continual assessment, and this was very important at night because only two staff were on duty. The provider told us everyone residing on the first floor could manage the internal staircase either independently or with minimal assistance. They sent us a copy of their fire safety risk assessment which was dated June 2016 but the 'actions' and 'risk level' sections for most parts of the assessment were blank and there was no information to show when the assessment had been reviewed.

The registered manager agreed to review PEEPs to make sure they were personalised and simple. We concluded the provider did not always assess and mitigate risks to people who used the service.

Equipment was in use for people but assessments had not always been carried out to make sure this was safe. For example, we saw a stand-aid beside one person's bed but their care record did not refer to this equipment. One person had a sling for use with a hoist but their care record stated they used a different type of sling. The sling that was in use was torn and posed a serious safety hazard. We brought this to the attention of the registered manager, who removed this from use immediately but they were unable to show any evidence of the slings being checked routinely for safety. There was no guidance for staff to follow to know how to ensure equipment was safe to use. We were told staff checked equipment visually before using it, yet they had not been shown what to check for.

Accident and incidents were recorded and we saw staff contacted the GP for advice or the emergency services if people were injured or they had concerns about people's health. However, information about actions taken to prevent repeat events was limited. A monthly accident/incident list was completed but there was no scrutiny of what had occurred to help identify any patterns and trends. After the inspection the provider sent an accident analysis which covered the 12-month period between April 2017 to March 2018. The analysis stated 'most of the accidents/incidents that occurred were trips/falls and took place between the hours of 8am and 2pm. This could be because this is when the residents are most active. We are now covering the hours of 8am – 8pm with more staff'. This showed the provider had analysed accidents and taken action to help reduce the number of accidents. However, there had been no further analysis for the five months between the analysis and the inspection. This meant identifying patterns and trends and lessons learned would not be timely.

Maintenance records showed some environmental checks were carried out but these did not cover all key areas. For example, records confirmed portable electrical and fire safety equipment had been tested, and gas appliances and mobile hoists had been serviced. However, on the first day of the inspection we noted the service had a stair lift; this had not been serviced with the recommended timescale. We tested the bath water which registered 46.3C which exceeded the recommended safe temperature. Health and safety guidance states, 'If hot water used for showering or bathing is above 44 °C there is increased risk of serious injury or fatality. Where large areas of the body are exposed to high temperatures, scalds can be very serious and have led to fatalities'. The registered manager showed us a 'visual inspection' record of the electrical installation system but the associated certificate was not available. On the second day of the inspection we saw the provider had started taking action to address the environmental issues raised during the first day of the inspection. A plumber had attended to the hot water and an electrician had commenced work on electrical installation system and anticipated it would be completed by 15 October 2018.

The deputy manager told us the monthly audit tool was the only record of checks on equipment used by people who used the service, for example, mattresses and wheelchairs. This did not show any detail of what had been checked or how these checks had been made. Care staff were expected to undertake checks of equipment. They did not have a checklist and had not had any training to show them how to identify any

faults or safety issues. The deputy manager said profiling beds were checked for safety only by equipment loan services if they were on loan, but not routinely checked within the service. The deputy manager said they would consider ways to obtain training for staff on how to check equipment for safety.

The provider had environmental risk assessments, however, we found most of these had not changed since 2012. We asked to look at a risk assessment for the stair lift but this was not available. The registered manager said they would review all environmental risk assessments.

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

We saw examples where risk had been identified, assessed and managed. For example, one person had a skin integrity assessment which stated their skin was currently intact and staff should check pressure areas when they were assisting with personal care; with any concerns to be reported to the district nurse. Another person had a falls risk assessment which stated the person had a sensor mat to alert staff if the person got out of bed to help reduce the risk of falls. Another person had a profiling bed and their assessment clearly identified bed rails were not to be used because these would be a hazard. During the inspection we tested two people's sensor equipment in their rooms and saw these were in good working order.

Staff knew who had sensor mats in situ and said the equipment was always used. Staff told us they had no concerns about people's weight. We looked at the weight records which showed people's weight was stable overall.

During the inspection we observed staff considered people's safety. For example, they ensured people were sat on pressure relieving equipment and used walking aids. Staff were quick to respond if there was any indication people required assistance.

The home looked clean and throughout the service we saw personal protective equipment, such as gloves and aprons, sanitizing hand gel and paper towels, was available, and staff were observed using it appropriately. In two bathrooms we saw liquid soap was not available. One dispenser was faulty and another was empty. These issues were addressed when we brought them to the attention of the registered manager. We noted in one bathroom a radiator, handrail and shower chair had rusted, which were potential infection control risks. The provider did not complete infection control audits. We concluded they were not appropriately assessing and monitoring the service.

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

One member of staff who had been recruited in the last three months told us they had gone through a robust recruitment process, which included being interviewed by two members of the management team. They confirmed they had not commenced until all the necessary checks such as criminal record had been completed. However, when we looked at three staff files we found there were gaps in the pre-employment checks. This meant we could not be sure the right staff were recruited to keep people safe.

Proof of identity, information about medical conditions and a Disclosure and Barring Service (DBS) check had been completed for each candidate. The DBS is a national agency that holds information about criminal records. In two staff files we saw they did not have a full employment history. In two staff files evidence of conduct in the most recent employment had not been obtained. In the third staff file there was a discrepancy between previous employer and reference details.

The registered manager told us they only obtained references from the details that candidates provided on their application form even when this was not the most recent employer. They said they had not requested a reference from a previous employer for a member of staff who was recently recruited from an agency because they would have had to pay a fee. They said they had not requested a reference for another member of staff because there had been issues between the candidate and their last employer. This meant the provider did not have satisfactory evidence of conduct in previous employment. The registered manager acknowledged there were gaps in the three files we reviewed and agreed to follow up these up. We concluded the provider was not operating a robust recruitment procedure.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were mostly stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridges. The senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. They stayed with people until they had taken their medicines. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed. People who used the service told us, "I have a whole regime of medicines and they know what I have and when I need it." "They are very particular with medicines."

Some people were prescribed medicines 'as required' rather than on a regular basis, such as for pain or constipation. There was no guidance to ensure staff consistently decided when and under what conditions the medicine should be administered. Staff told us they knew people well and relied on people telling them if they needed this kind of medicine. We recommend that the service introduces protocols for people who receive medicines 'as required'.

People told us they felt safe. One person said, "I am safe here, this is my home." Another person said, "I do feel safe here, I wouldn't like to be on my own." We spoke with three people's relatives who told us their family members were safe living in the home. One relative said, "I have peace of mind, I know they are safe here without a shadow of a doubt." Another relative said, "[My family member] is much safer here than living at home, they fell at home and no one knew for ages. If that happened here, there'd be staff around." Visiting health professionals also told us they thought people well looked after and safe.

Staff we spoke with were confident people were safe. They said, they were confident if any concerns were reported, the management team would deal with any issues appropriately and promptly. Staff knew they could also contact the local authority who was responsible for making sure systems are in place to prevent abuse and neglect. However, the provider did not have up to date safeguarding policy and procedures, which meant they did not have current guidance around their responsibilities and how they should respond to safeguarding concerns. The management team agreed to obtain the relevant information and ensure everyone had access to this.

People told us they received care when they requested it and did not have concerns about the staffing levels. One relative told us there was enough staff to keep people safe but they needed more to make sure staff could observe people in communal areas. We observed people were given prompt attention when they needed it from staff. There were sufficient staff to meet people's needs in a timely way. Staff spent time with people and did not rush. The staffing rota showed the number of staff on duty seen during the inspection was the usual staffing level.

The service had a low turnover of staff, and many members of the team had worked at Norton House for several years. This meant staff knew people well and familiar with routines.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at documentation to show which people had their deprivation of liberty authorised using the DoLS procedure. The deputy manager told us there were six people with DoLS authorisations. We saw some people had conditions attached but these had not been actioned in practice or included in care plans. For example, a condition on one person's authorisation was to have a behaviour support plan in place. Together with the need for staff to record any restrictive interventions in the person's care. This condition had not been met. Other people's care records did not have details of any conditions which had been imposed.

The deputy manager told us they were working with the local authority to renew DoLS applications where appropriate. They were aware one person's DoLS authorisation had expired in June 2018. An application had been submitted to the local authority but there was no follow up to find out if this was being processed. The deputy manager had a very basic understanding of the MCA. They told us they had done some training in 2017 and this had consisted of a one-hour e-learning session which was mandatory for all staff to complete every three years. They acknowledged they needed to be develop their knowledge through further training in line with their role as deputy manager.

People's mental capacity was assessed for some decisions although the recording of mental capacity assessments was inconsistent. Where it was deemed a person lacked capacity to make a particular decision there was no clear recording of a best interest discussion having taken place, or who had been involved in making the decision. The deputy manager told us the details of best interest decisions were not recorded. After the inspection the provider told us they had carried out a best interest decision for one person who did not want checking during the night, and sent a record which confirmed this. We concluded best interest decisions were not routinely recorded and the provider was not meeting the legal requirements relating to the MCA.

We saw staff consulted with people during daily routines, for example, asking before supporting people with care tasks, and checking what people wanted to eat and where they wanted to sit. Where people had capacity to consent, such as having a sensor mat in place for safety, there was no information available to show their consent had been obtained. Staff stated in two people's care records they were happy to have sensor mats in place for their safety, yet there was no evidence this had been discussed with each person. We concluded people did not always consent to care.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they completed e-learning training and refreshed this as appropriate. The provider sent us the training matrix which showed most staff had a health and social care qualification and had completed a range of training which included mental capacity, safeguarding adults, fire safety, moving and handling, health and safety, first aid and dementia care. However, the matrix showed two staff had worked at the service for over 11 weeks but had not completed all the relevant training. There was no information to show how they were being supervised when on duty even though they were not trained. The deputy manager said they were aware training was overdue and staff had been reminded that they had to complete the training. We concluded not all staff received appropriate training and support that was necessary to enable them to carry out their duties.

We saw in one member of staff's file they had raised a concern because there was a lack of medicine training and they were expected to administer pain relief. The deputy manager said staff completed e-learning training although they were looking at arranging more comprehensive medicine training for senior staff and night staff.

On the first day of the inspection the registered manager could not locate any competency assessments for staff who administered medicines. On the second day the deputy manager showed us some medicine administration observation records but these did not include a knowledge check to show whether staff understood what they were doing and these had not been completed for all staff who administered medicines. We saw comments on one observation record in June 2018 which stated further staff observations were needed. However, there were no further records to show any such observations had taken place. We concluded the provider did not have effective systems in place to check staff were competent to assist people with their medicines. This meant the provider could not be sure staff practiced safely. The National Institute for Health and Care Excellence (NICE) guidance recommends workers should have their competency assessed annually. NICE guidance provides recommendations around management of medicines care homes.

Staff told us the team worked well together and they felt supported by colleagues and the management team. Some staff worked closely with other staff who were related, for example, mother and daughter. This included in a supervisory role, for example, supervision, management of medicines and care planning. Staff assured us they worked in their professional roles rather than their familial roles, although we found there were no management systems in place to objectively oversee this and ensure any conflicts of interest were considered and minimised. The registered manager told us they would review this practice.

The provider had a supervision policy that stated each member of staff should receive supervision four times a year. The deputy manager said they had identified staff had not been receiving regular supervision and were taking steps to address this. They told us the majority of staff had received a supervision session during August 2018 and records we reviewed confirmed this. We looked at supervision records for seven staff and saw there had been a long gap between the August 2018 supervision session and previous session. For example, two staff had their previous session in August 2017; one staff member had their previous session in February 2017 another who commenced in September 2017 had received no previous supervision. We concluded staff had not received appropriate support and supervision that was necessary to enable them to carry out their duties.

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

We observed on both days of the inspection people were asked what they wanted to eat for lunch. On the first day of the inspection people were offered liver and onion or shepherd's pie and on day two they were offered chicken supreme or sausages and mash. The cook told us they had a two week rolling menu. People told us they enjoyed the choice of meals. One person said, "The food here is great. I really enjoy my meals and prefer to eat in my room. It is always served fresh and hot too." They said the meals served were. "Basic but that is just what I like." Another person said, "The food is good, better than a restaurant. I asked [registered manager] to put something on the menu so I could have it regularly, and they did."

Prior to lunch condiment baskets were placed on the tables, along with cutlery and napkins. Lunch was a pleasant experience and people received appropriate support. Some people chose to eat in the dining room others ate in their rooms. Staff who served the food checked with each person that they still wanted the meal they had chosen. They asked how much of each food item they wanted, for example, lots, little or none.

The cook was familiar with people's specialist dietary requirements. They described a situation where one person had been eating blended meals but did not appear to enjoy them. They said we contacted the speech and language team who observed and changed the dietary recommendations.

The provider used an electronic care recording system, which included care plans, risk assessments and daily records. The management team told us they assessed people's needs before they moved into the service and liaised with the person and others who represented them as part of this process.

People's care records showed they received support from other health professionals to meet their health care requirements. One person talked to us about an occasion when they had been unwell. They told us staff responded promptly and contacted the emergency services appropriately. They said, "They looked after me and made sure I was safe." Another person said, "I was able to stay with my own GP when I came here which pleased me. I can see the GP whenever I need to and the district nurses come in twice each week to see me too."

We spoke with two visiting health professionals, both of whom said staff were proactive when calling them out to support with people's health concerns. They told us staff acted upon any advice given, such as wound care. Both said they had no concerns about people's safety in the home, from their professional contact. They told us they had no concerns about staff availability whenever they called at the home.

We looked around the premises, which included some bedrooms, bath and shower rooms, and communal living spaces. The home was pleasant and well decorated. Framed pictures were hung in corridors and communal areas to help create a homely environment. People told us they were comfortable. One person said, "It will never be home but it is as close as you can get to home living in a place like this. I have all my things around me and I do like my room."

Some carpeting in communal areas was stained. The registered manager told us they had plans to replace this but were waiting for new windows to be fitted. They said the work would be completed in September 2018.

There was signage, for different rooms such as, dining room and bathroom, which was brightly coloured to help people navigate around the building. The garden was enclosed and had seating areas. Staff told us people enjoyed spending time in the garden.

Is the service caring?

Our findings

People told us they were well cared for. One person said, "I'm very well looked after. They are there if I need any assistance. The workers who belong to the home are brilliant." The person told us they found some agency workers were not as good as the staff who were employed by the provider but still provided appropriate care. Another person said, "There's nothing wrong with this home; it's all hunky dory here."

We saw staff supported people at their own pace and in a person-centred way. People also enjoyed the company of staff. For example, towards the end of one meal there was friendly banter between staff and people who used the service; one person liked the apple pie so much they had three portions which created lots of laughter. There was no rush for people to leave the dining room and several people had their hot drink, chatting with staff.

People's independence was promoted and they received support from staff when requested. One person said, "I think I might have two call bells, but I know whichever one I press the staff come quickly." Another person said, "Yes I can call staff by pressing the button and they come right away." We saw staff reminded people to use equipment such as walking aids to help keep them safe. For example, one person got up from the chair and the registered manager reminded them to use their walking frame, and a member of staff gave a person a two-handled cup and explained it was to help prevent their hot drink from spilling.

Staff's caring and committed approach was a key strength of the service, despite the shortfalls in all of the other domains and the weaknesses in the leadership and management of the home.

Visitors told us they were welcomed by staff and the management team. One person's friend visited. They were offered a drink on arrival, and spent time in the lounge chatting to people who used the service and staff. Everyone enjoyed the interaction. Other visitors chose to spend time with people in their room so they had opportunity to talk in a private setting. One visitor told us, "They are all lovely; it's always a pleasure to visit." Relatives told us staff kept them updated with information about how their family member was. They told us staff always contacted them if any issues arose.

Staff were confident people were treated as individuals and their choices and preferences were respected. The provider's training matrix showed some staff had completed training in person centred thinking and communication skills, and most had NVQ qualifications (now known as Diplomas) which covered equality and diversity. Important events were celebrated, such as people's birthdays. One person had recently celebrated their 100th birthday and the service had organised a party.

Is the service responsive?

Our findings

An electronic care recording system was used and staff accessed risk assessments and care plans via electronic devices. We observed staff used these during the inspection. One member of staff told us the registered manager had recently reminded the team that they must spend time looking at people's care records so they were familiar with people's needs.

Care plans varied in quality. Some information was detailed and identified how staff should deliver care to meet the person's needs. For example, one person's night routine was very specific and ensured their wishes were respected. However, other care plans lacked detail and did not guide staff about how to deliver person centred care. One person's care plan stated they had poor eyesight. The care plan referred to the person wearing their glasses and keeping optical appointments but did not address how they should be supported with communication or safely navigate round the environment. Another person had no 'social history' so staff would not know about their past and what was important to them. The management team said they were continuing to develop people's care plans and would review the care plans where we had identified shortfalls.

We reviewed daily records and found these were up to date and provided an overview of people's wellbeing and any matters staff needed to be aware of.

Providers have a responsibility to record information about people's communication needs and take steps to ensure that people receive information which they can access and understand. The registered manager said they did not provide information such as menus and the complaints procedure in alternative formats, for example, large print or pictorial form but would review how people accessed information. We observed staff asking people what they wanted for lunch. One person asked what 'chicken supreme' was and was told "like meatballs in Campbells soup." They chose the alternative of sausages. No pictorial menus were used to assist the person with their menu choices. We recommend information is provided in alternative formats to meet the information and communication needs of people who used the service.

We got a mixed response when we spoke with people about social activities and their interests. One person said, "There are lots of activities that go on here, there's always something happening but I prefer to stay in my room. I like to read and watch my TV so that suits me just fine." Another person told us the activity programme was not relevant to their interests. They said, "I don't want to join in with the things the others do. Occasionally they organise a quiz which I like. And there is a big activity about every three months." Two people told us they had enjoyed spending time outside when the weather was good.

A two week rolling activity programme was displayed and included bingo, arts and crafts, music ball, film and popcorn, baking, reminiscence and board games. Staff told us activities were offered in the mornings and afternoons. They said the type of activity depended on the staff on duty and what they were good at. We saw skittles was played on both days of the inspection and on the second day this was in the morning and again in the afternoon. During the sessions we saw people engaged with the activity.

People who used the service told us they did not have any concerns and would feel comfortable talking to staff or the management team if they wanted to discuss any issues. One person said, "If you are not happy about something you can always tell [registered manager, senior care worker or deputy manager]. I did when my bed went wonky the other day and they got someone straight out to mend it. Any other complaints here though are just nit picking."

The provider maintained a complaints record although we saw this was not consistently completed. The last complaint was recorded in November 2017; we saw some complaints had details of the outcome but others did not. One visitor told us they had made two complaints within the last year and these had been resolved. However, these were not included in the record. The management team said they were not sure why the complaints had been missed off the log but were confident they had been dealt with. Staff we spoke with knew who to report concerns to and were confident to raise matters with the provider or outside agencies if necessary. We recommend that the service uses a consistent approach for managing complaints.

The complaints procedure was not displayed. It was included in the provider's statement of purpose, which was kept near the entrance of the service although people who were not familiar with the document might not know the procedure was contained within it. The management team agreed to review how people accessed information.

Is the service well-led?

Our findings

At the last inspection in March 2017 we found the provider was providing a good service. They were rated good in all five key questions; is the service safe, effective, caring, responsive and well led. At this inspection we found the service had declined and the provider was in breach of five regulations. They were failing to assess and manage risk, appropriately train and supervise staff, meet the requirements of the Mental Capacity Act 2005, check staff were suitable to work at the service and assess and monitor the quality of the service. The provider's quality management systems and processes had not highlighted the issues raised at the inspection. This demonstrated that there were widespread and significant shortfalls in the way the service was led.

The inspection was triggered because two incidents had occurred which had a serious impact on two people who used the service and the local safeguarding authority told us they had concerns about how organisational risk was managed. The findings of the inspection confirmed risk was not well managed.

On the first day of the inspection we identified a number of issues, for example, environmental hazards. The provider and registered manager were responsive and started taking action to address these. However, we also identified a potential risk around a specific staffing arrangement on the first day of the inspection and requested an assessment so we could be assured the risk was mitigated. The provider was not responsive and did not provide appropriate information when requested. After several requests a risk assessment was received but this did not cover the key points or show how potential risk was mitigated. This demonstrated the provider did not understand their responsibilities in relation to meeting regulations and ensuring safety. A risk assessment was received after the second day of the inspection; this showed they had carried out an assessment and introduced measures to help mitigate risk.

We found the systems for assessing and monitoring the quality of the provision were not robust. Issues identified at the inspection had not been routinely picked up through the provider's internal checking processes. Some audits were in place but these were often in a checklist format and did not reflect what was seen in practice. They lacked detail. For example, the date for completing health and safety audits was recorded as a month rather than the specific date. Only one issue had been identified in the last three months, and environmental hazards that we found during the inspection had not been picked up even though the issues would have been present at the time the check was completed. The medication audit did not review the whole medicine system robustly. The provider did not complete mattress audits. The deputy manager told us this was something they needed to address. They said they had a mattress audit checklist but this had not been completed since April 2018. The provider did not complete infection control audits. The registered manager told us they observed staff practice and challenged when they identified areas of improvement but they did not carry out any formal competency checks or record these.

A bedroom and room audit had been completed at the end of August 2018. This highlighted a number of issues in people's rooms, for example, mirror lights not working. We checked six people's rooms where actions had been identified but none had been addressed. The maintenance person said they were not aware of the action points from the audit; when we shared these with them they took action where possible.

The provider had tested water temperatures and the records showed that at the end of August 2018 one water flow exceeded the recommended safe temperature although it was not possible to determine from the record if this related to a bath, shower or sink. The person who completed the record stated 'HOT' but there was no information to show action was taken to reduce the temperature. On the first day of the inspection we identified that the water flow from a bath exceeded the safe water temperature.

We saw electronic care plans were dated as having been checked but there was no indication which information had been reviewed or if any action needed to be taken.

Internal communication systems were in place, such as staff meetings, handover meetings and electronic care records. However, some communication systems were not effective because there were inconsistencies with how and where information was recorded. For example, one incident was recorded and information was documented on the handover meeting notes but this did not follow through to the person's care plan or result in a management review. This meant there were missed opportunities to identify risks and prevent repeated incidents.

The nominated individual had completed provider reports but these were not completed on a regular basis and lacked detail. The last report which was completed in April 2018 had brief statements such as 'washing neat and tidy', 'staff answered call bells quickly', 'maintenance being done on a regular basis', 'good audits changed as necessary' and 'manager and deputy act quickly when things need doing'. There was no information about who the provider spoke with, records they reviewed and what they observed. Only one action, to 'carry on daily updates to me', was identified.

Providers have a responsibility to notify CQC about certain significant events such as safeguarding, serious injury, police incidents. Before the inspection we checked our records and found we had received a number of notifications. However, we had not received any notifications when the procedure for depriving people of their liberty was authorised. The management team acknowledged this was an oversight and agreed to ensure the relevant notifications were submitted.

The provider had policies and procedures to help guide everyone. However, some had not been reviewed and were out of date. Others were not followed and did not provide sufficient detail to ensure safe practice was followed. For example, safeguarding and whistleblowing procedures had not been amended since 2012 and referred to out of date legislation. The supervision policy was written in 2015 and stated each employee was supervised quarterly but we saw some staff had only received one supervision in the last year. The recruitment policy did not refer to obtaining evidence of conduct in previous employment in health and social care or working with vulnerable adults. We concluded systems and processes were not established to ensure compliance with relevant legislation.

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

After the inspection the provider sent some additional information which included a monthly falls analysis and a monthly weight audit. These showed falls and weights were monitored in August 2018. They also sent a quarterly return and an annual audit to the local authority which included details of staffing arrangements, accidents and incidents, complaints and team meetings.

The service had a management structure with clear lines of accountability. We saw the registered manager

was very visible, interacting constantly with people, relatives and staff throughout the inspection. Staff said they found the registered manager approachable and we saw on occasion staff asked to speak with them. One person said, "[Name of registered manager] pops to see me every morning, and so does [name of deputy manager]. They certainly look after us."

Visitors we spoke with said they thought the home was well led. One relative said, "This home is very well run. I would be happy to live here myself." Another relative said they felt involved and informed about what their family member was doing and they thought communication was very good. Relatives said they felt their views were valued and the registered manager listened to what they had to say.

Meetings for people who used the service and relatives were not held. The registered manager told us said there was good communication with people and their relatives on an individual basis, and they planned to introduce meetings in the near future. We saw evidence of a provider annual survey; the results were positive and complimentary feedback had been received. The provider had colour coded the responses in line with the CQC grading system of outstanding, good, requires improvement and inadequate.

Staff told us they attended daily shift handovers and team meetings which provided them with opportunities to discuss the service. We saw records that confirmed this.

The registered manager was supported by the provider; the nominated individual, who represents the provider was present on the day of the inspection. We saw they interacted warmly with people who used the service, visitors and staff throughout the day, and were involved in people's care and support. They told us they aimed to ensure the culture in the home was caring and homely.