

# Leeds City Council

# Spring Gardens

## Inspection report

Westbourne Grove  
Otley  
Leeds  
LS21 3LJ  
Tel: 01943 464497  
Website: N/A

Date of inspection visit: 15 September 2015  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection was unannounced and took place on the 15 September 2015. The last inspection was carried out in September 2014 and we found the provider was breaching one regulation. We found people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate medication records were not maintained.

After the inspection in September 2014, the provider wrote to us to say what they would do to meet the regulations in relation to the breach. They told us they would complete all actions by the end of September

2014. At this inspection which took place on 15 September 2015, we found the provider had taken action to meet the regulation they breached at the last inspection. However, we found other breaches at this inspection.

Spring Gardens is a Leeds City Council care home. It provides personal care and support for up to 30 older people. The home is situated in the Otley area of Leeds. There are two floors with lift access and there are several communal lounge areas. There is car parking to the front of the home and an enclosed garden area to the rear.

# Summary of findings

At the time of this inspection the home had a registered manager. 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.

We found some areas of the premises and equipment did not comply with current Health and Safety guidance and were therefore, a safety risk to people who used the service. Mental capacity assessments had not been completed accurately and Deprivation of Liberty Safeguards applications were made inappropriately.

People's care plans did not contain sufficient and relevant information to provide consistent, person centred care and support. We saw some activities had been arranged but people told us they were often bored. The registered manager told us they needed to improve in this area and record when people do take part in activities.

Staff training and support equipped staff with the knowledge and skills to support people safely. Staff completed an induction when they started work. The registered manager told us they would update the

training record and review the staff records and induction. There were enough staff to meet people's needs. The provider had effective recruitment and selection procedures in place.

People were happy living at the home and felt well cared for. People had good experiences at mealtimes. People received good support that ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. People's physical health was monitored and appropriate referrals to health professionals were made.

People got opportunity to comment on the quality of service and influence service delivery. Systems were not always effective to ensure people received safe quality care. Documentation was not up to date. Complaints were investigated and responded to appropriately.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

We found some areas of the premises and equipment did not comply with current Health and Safety guidance and were therefore, a safety risk to people who used the service. Individual risks had been assessed.

There were enough staff to meet people's needs. The provider had effective recruitment and selection procedures in place. However, the registered manager was going to review the records held for agency staff members.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

**Requires improvement**



### Is the service effective?

The service was not always effective in meeting people's needs.

Mental capacity assessments had not been completed accurately and Deprivation of Liberty Safeguards applications were made inappropriately.

Staff training and support provided equipped staff with the knowledge and skills to support people safely.

People enjoyed their meals and were supported to have enough to eat and drink. People received appropriate support with their healthcare.

**Requires improvement**



### Is the service caring?

The service was caring.

People valued their relationships with the staff team and felt that they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

**Good**



### Is the service responsive?

The service was not always responsive to people's needs.

People's care plans did not always contain sufficient and relevant information to provide consistent, person centred care and support. We found it a little difficult to find information.

We saw some activities had been arranged but people told us they were often bored. People were given information on how to make a complaint.

**Requires improvement**



### Is the service well-led?

The service was not always well led.

**Requires improvement**



# Summary of findings

The registered manager and the principal service manager were supportive and well respected.

The provider did not have systems in place to monitor the quality of the service effectively. Documentation was out of date.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys and meetings.

# Spring Gardens

## 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 15 September 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor in governance, a specialist advisor in medicines and an expert-by-experience people who had experience of people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 29 people living at the home. During our visit we spoke with 12 people who lived at Spring Gardens, four relatives or friends, eight members of staff, the registered manager and the principal service manager. We observed how care and support was provided to people throughout the inspection and we observed lunch in the dining room. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records and quality audits. We looked at six people's care plans.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

We looked at the safety of the premises and found the provider was decorating the main communal area and some people's bedrooms. We looked at the windows on the upper floor of the home and found the windows did not have restrictors which complied with Health and Safety Executive (HSE) guidance. We found the window restrictors were a type which was unsuitable in a care home setting therefore, putting people at risk. We highlighted our concerns to the registered manager and principle service manager who arranged for the provider's maintenance person to look at fixing restrictors to the windows. On the day of our inspection the maintenance person reviewed the upper floor windows and we were told all the restrictors would be HSE compliant restrictors and this would be addressed immediately. In the meantime a risk assessment would be put in place to ascertain the level of risk to people who used the service.

We looked at the maintenance records for the home and saw the hairdresser's electrical equipment had not been checked since June 2013. Therefore, it was difficult to establish if this was safe. In addition, there was no evidence of a hairdresser's risk assessment. We saw the calibration of the weigh scales was last completed in June 2013. We saw the home was conducting an internal inspection of moving and handling slings, however, we were unable to establish which slings had been inspected and against what criteria. We noted mobile lifting equipment was last checked in January 2015. The registered manager and the principal service manager stated their understanding was that such checks were required on an annual basis. This did not comply with the HSE 1998 Lifting Operations and Lifting Equipment Regulations, which, stated 'the interval between periodic thorough examinations should be six months or less for lifting accessories and for equipment lifting people'.

We saw each person had a personal emergency evacuation plan (PEEP) in place that included their level of mobility and how much help they would need in an evacuation. The plans were often very basic and were not always accurate. For example, one person's PEEP stated to evacuate from their bedroom on the first floor of the home, they would be able to use the evacuation chair outside of their room. We found there was no evacuation chair outside of their room. We asked the registered manager about this. They told us

the evacuation chair was usually kept in a communal room on the ground floor and would need to be taken upstairs by a member of staff in an emergency. Later in our inspection, we found the evacuation chair was in situ on the first floor but this was not reflected accurately in PEEP documentation. This meant it was unclear if staff knew the location of the evacuation chair.

The fire risk assessment available at the time of our inspection was dated April 2008. The registered manager told us a more recent version was available as they recalled a local council representative having visited the home to carry out a new assessment. However, this report was not available for inspection.

We looked at records which stated fire alarms were tested on 22 June 2015, 13 July 2015, 24 July 2015, 03 August 2015, 21 August 2015 and 09 September 2015. The fire alarm tests were listed as fire drills/evacuations; however, we did not see evidence of an actual simulated evacuation having taken place. We saw the last monthly emergency light test was dated 13 April 2011 and the last monthly fire warden fire inspection was dated 31 December 2013. One staff member told us, "The fire alarms are tested every week and we meet in the reception area."

We concluded the provider did not ensure the premises were safe for use for their intended purpose. This was a breach of regulation 12(2)(d) (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe in the home and did not have any concerns.

Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw stated staff had completed safeguarding training.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. Staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

## Is the service safe?

We saw there were enough staff available to assist people in a timely way. Staff we spoke with told us they thought there were sufficient staff on duty to meet the assessed needs of the people living in the home. One staff member told us, "There is generally enough staff. We use a lot of agency staff due to holidays." Another staff member told us, "Normally there are enough staff." A third staff member told us, "Staffing is ok but sometimes we could do with another person."

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said staffing levels were assessed on people's dependency levels. This ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We looked at the recruitment records for three staff members. We found the staff files did not contain application forms or the references provided as part of the recruitment process. These were held off site and were not available for inspection on the day. We saw relevant checks had been completed for permanent staff, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. However, it was not clear from the records we looked at if the home had DBS checked for agency staff. The registered manager said they would address this.

At our last inspection in September 2014 we found people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate medication records were not maintained. At this inspection, we found improvements had been made to the recording of medication records.

Medicines were kept securely and a new controlled drugs (CD) cupboard had been provided within the last few months. The temperatures of both the fridge and medicines room were recorded daily. We saw they were maintained within the recommended safe temperature range.

We saw people's medication administration records (MAR) had a photograph of the person along with any allergies they may have. The last section of the MAR contained information specific to each person about how they liked to

have their medicines. This helps to ensure staff work in a person centred way. We also saw a list of signatures and initials of staff involved with administration of medicines was recorded in the MAR folder.

The MAR charts were completed and no gaps were noted. Medicines for two people were checked and reconciled with the records.

We observed the administration of medicines and the staff member approached people in a calm and patient manner offering them a drink of water. When they were satisfied the medicines had been taken they signed the MAR. On one occasion the staff member asked one person if they wanted their medicines, they replied they were not ready for them yet so they carried on with other people and went back when the person was ready.

The records relating to CD's were well maintained. There were a number of instances where the medication and strength were recorded at the top of the page but not the form of the medicine e.g. 'temazepam 10mg' rather than 'temazepam 10mg tablets'. The staff member told us they would address this. All CD stocks were checked and found to be correct. We found stocks were checked when each dose was administered and when new stocks were received. A full stock check was carried out from time to time by the registered manager who told us the last stock check was completed in June 2015.

We noted some of the information about 'as required' medicines lacked sufficient detail, for example, information was recorded about one medicine that was prescribed 'as required' but the person was prescribed more than one 'as required' medication but this additional information about the medicine was not recorded. The staff member told us they would address this.

We noted 'as required' medicines were being supplied in white blisters packs by the pharmacy. Both Royal Pharmaceutical Society and National Institute for Health and Care Excellence guidance is clear that 'as required' medicines should be supplied in their original packs and not put into monitored dosage systems. This was also the responsibility of the supplying pharmacist.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map. However, some of the body maps lacked detail.



# Is the service effective?

## Our findings

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found staff were not clear about why a DoLS application had been made for one person living in the home and whether this had been authorised by the local authority. The registered manager told us they had submitted a DoLS application to the local authority for one person who had the mental capacity to make their own decisions.

The registered manager and staff told us everyone who lived at the home had capacity to make their own decisions. Staff we spoke with understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. Staff had used a mental capacity evaluation tool which included prompts relating to the DoLS, such as whether the person would be at risk if they left the home on their own. However, it was not clear from looking at the records how this tool was used to effectively assess capacity. The registered manager told us they would review this process immediately.

We found saw Do Not Attempt Resuscitation (DNAR)s were in place for some people, however, not everyone had given their consent. We saw one person's DNAR had not been signed by them and this had been completed in consultation with their next of kin and GP.

We spent time speaking with the registered manager about DNARs. They told us everyone had been spoken with on a one-to-one basis and had been told what a DNAR involved and asked if they wanted to make an advance decision regarding this. They said if the person had a DNAR in place it was because they had requested it and they had mental capacity to do so. However, this was not indicated on any of the four DNARs we looked at. The registered manager told us they would review the DNAR procedures.

We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. These included moving and handling, infection control, first aid and fire awareness. Staff we spoke with told us they had completed several training course and these included safeguarding, deaf awareness, sign language and medication training. However, care staff told us they had not completed food hygiene training. The

registered manager and principle service manager confirmed that Leeds City Council food hygiene training was only applicable for staff based in kitchens. Following our inspection the registered manager did say food hygiene training was part of every staff members induction programme. The home had electric profiling beds in place and staff conducted mattress checks, however, there was no evidence of staff having received training in these areas.

We saw 78% of staff had completed moving and handling training and 57% of staff had completed infection control training. We saw there were no predicted dates for staff members who had not completed training on the training record. The registered manager told us the training record required updating.

We were told by the registered manager staff completed an induction programme which included information about the company and principles of care. We looked at three staff files and were able to see information relating to the completion of induction. However, two staff member's induction records had not been signed by the employee and/or the person who had signed off the induction.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with confirmed they received supervision. One staff member said, "Supervision is about me and how I have progressed. We have a written plan." When we looked in staff files we were able to see evidence that each member of staff had received supervision on a regular basis and appraisals. Two staff members' records stated they had completed the initial appraisal planning in May 2015 with no further information recorded. The registered manager told us they would address this. Following our inspection the registered manager stated appraisals commenced in April 2015 and mid-year reviews were not due until October 2015.

People we spoke with were complimentary about the quality and quantity of food offered. One person said, "I am happy here, the food is good." Another person said, "I am looked after well and the food is good and I am very picky. They always find me something to eat." A third person said, "I've no faults whatsoever. There's sometimes a choice with meals and they always ask if I need help." Other comments included, "We have excellent meals, there is always a choice" and "The food is quite good. It is hot and there is plenty. [Name of chef] makes very good desserts and cakes."



## Is the service effective?

Relatives we spoke with said, “My mother came in suffering from dehydration but they’ve sorted that out. There’s always a choice of food and they really push the drinks.”

We observed the lunch time meal in the dining room and saw this was not rushed and we noted pleasant exchanges between people living in the home that they clearly enjoyed. People could choose to eat in the lounge area. The atmosphere was calm and relaxed. We observed staff working as a team and saw they indicated to each other where they had observed a person requiring support. One staff member told us, “Food is good and there is plenty of it, there is good choice.” Another staff member told us, “The food is good with lots of choice.” A third staff member said, “Food is really nice, they are good meals with fresh food. If people don’t like what is on the menu they can ask for something else.”

We observed the food looked and smelt appetising. We spoke with the chef who told us they always had enough food and fresh vegetables and alternative meals were available if people did not want what was on the menu. We saw a three weekly menu was displayed in the kitchen area and the chef told us this was usually displayed in the dining room but due to the redecoration this had been temporarily removed. We did see a daily menu was displayed on a board in the dining room.

We noted the chef was aware of people’s dietary needs. For example, people that required a cultural diet. The chef told us they were due to move to the ‘winter’ menu and this was done by asking people who used the service what they would like on the menu. This was then trialed for three weeks to make sure people were happy with the menu.

We saw morning and afternoon drinks being served in the lounge. There was a choice of tea or coffee and biscuits, cake and/or fresh fruit was offered. One person told us, “Fruit is offered in the afternoon and at supper time.” Two people we spoke with told us there were fed up with juice.

We saw staff used the malnutrition universal screening tool (MUST) to record the weight of each person as well as their nutrition and hydration requirements. Care related to MUST was recorded inconsistently. For example, following a period of weight loss, a person’s care plan indicated they needed to be weighed fortnightly. MUST checks following this had been documented monthly and the individual’s weight had increased.

We did see a notice on the dining room wall saying staff entering the kitchen must wear tabards but we saw this was not always been followed by staff.

We saw evidence in the care plans; people received support and services from a range of external healthcare professionals. These included GP’s, district nurses, podiatrists and dieticians. For example, staff had contacted a GP for advice after a person told them they were in pain and there had been a clear follow-up with a district nurse.

Staff we spoke with told us health professionals visited the home on a regular basis. We saw when professionals visited, this was recorded and care plans were changed accordingly.

One person we spoke with said, “If I am poorly they ring the doctor.” One visitor told us, “They take [name of person] to hospital when they need it.”

# Is the service caring?

## Our findings

People we spoke with told us they were happy living at the home. One person said, “There’s a happy atmosphere, always nice. I have a pleasant room, nice and clean. We have more laughter than complaints.” Another person said, “The staff do my nails for me every week.”

One visitor told us, “It is lovely here and they are well looked after. I am always made to feel very welcome. Staff are friendly.” Another frequent visitor to the home told us, “I visit many homes and this is really good. The staff are always on the ball and the residents seem very happy.” A third visitor told us, “Staff are very friendly and it’s always clean with no smells.”

One relative told us, “All the staff are caring and [name of family member] has a key worker in place. They are good communicators.”

Staff we spoke with told us they were confident people received good care. One staff member said, “People are looked after well.” Another staff member said, “Care is very good.” Other comments included, “Care is good and it is a nice environment to live in” and “Care is really good.” All the staff we spoke with said they would not hesitate to have one of their family members live at the home.

People were very comfortable in their home and decided where to spend their time. The premises were fairly spacious and allowed people to spend time on their own if they wished. We saw some people sitting outside in the sunshine, some people were sat in a small music area and other people were in a conservatory. During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and

treated people in a caring way. It was evident from the discussions with staff they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Staff knew people by name, and some of the conversations indicated they had also looked into what they liked, and what their life history had been. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people.

People looked well cared for. They were tidy and clean in their appearance, which was achieved through good standards of care. We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed.

The home operated a key worker system for the people who used the service, when asked, the care staff explained the role, it involved mainly ensuring a person’s personal care and effects were appropriate and in order and liaising with their relatives and health professionals.

Relatives were coming and going throughout the day without restriction. People we spoke with and relatives told us visitors were welcome at any time.

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. Staff gave examples of how they maintained people’s dignity. One staff member told us, they would make sure people’s doors were closed when carrying out personal care. Other staff members told us they would always knock on people’s door and explain who they were.

# Is the service responsive?

## Our findings

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home. One relative told us their family member had a care plan and they were involved in making decisions.

Staff we spoke with told us the care plans contained relevant information to help meet people's individual needs. One staff member told us, "Care plans reflect people's needs and we try to keep them updated." Another staff member said, "Care plans are better than they have been and are getting better."

Some people had detailed and personalised information in their care records that indicated staff had taken the time to understand their individual needs. However, we found some of the care plans to be dis-organised. We found it was difficult to easily find information without searching through several sections. We saw some people did not have a pen picture or life history in place.

We saw some people's care plans did not contain sufficient or accurate information. For example, one person's care plan we found the results of the personal need assessment were not clearly explained. The person was identified as at risk of anxiety if they witnessed confrontations or busy environments and the action for staff to follow was noted as, 'promotion of personal enhancements in care practice'. Staff we spoke with were not able to tell us what this meant for the person's care.

In one person's night-time care assessment dated March 2015 indicated they needed assistance from care staff to mobilise. However, a subsequent moving and handling assessment, dated May 2015, stated they were independent when standing and transferring between chairs or their bed and a chair. This meant the person was not protected from the risks associated with changes in care provision that were not evidence-based or based on expressed wishes.

The expressed wishes of each person were not documented consistently. For instance, each person had a night-time care plan and assessment form but not all had been completed. We saw one person's care plan indicated they had asked for their door to be kept closed during the night. However, a sign on their bedroom door instructed staff to leave the door open.

One care plan we looked had been signed by the person to indicate they had read and approved their care plan but elsewhere it was noted there was a significant language barrier. Staff we spoke with were not able to tell us if the person had understood their care plan or if it had been translated before they signed it.

People who had a DNAR in place had not been appropriately assessed and DNAR records were often inaccurate. For instance, following a transfer from another provider, the DNAR of one person had been retained. This meant the DNAR was invalid for use in this home.

We found evidence that people's care had been planned with their input and with the input of their relatives where they found it difficult to communicate their needs. We looked at daily records for the month prior to our inspection. The daily records were procedural and did not reflect the individuality of people. For example, the mood of each person as interpreted by staff had been documented but there were no indication daily activities or stimulation had taken place.

We concluded the provider had not done everything reasonably practicable to make sure people received care and treatment to meet their needs. This is in breach of Regulation 9 (person-centred care); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed during the inspection that people sat for long periods with very little stimulation and activity. We saw some people who used the service chatted amongst themselves, others were reading a newspaper, watching TV or asleep in their chair. We saw there was a poster displayed in the lift that indicated the activity on the day of our inspection was a visit from a hairdresser. Although popular with some people, this was a personal care and wellbeing consideration that was offered on an individual basis rather than a stimulating activity that took into account the individual needs of each person.

## Is the service responsive?

People told us there was often not much going to do. Comments about activities in the home included: “There’s not much activity and no trips out. We would like the garden to be tidied up at the back, all we can see is the shed and trollies”, “I only go out when my mate takes me shopping” and “There’s not much entertainment, we have to do it ourselves. Suffolk Court was much better.” One person said, “Sometimes we go out and we have concerts. There’s a sing-along and some church services.”

One relative told us, “They have bingo and dominoes.” However, one person told us they had to organise it themselves.

At the time of our inspection the home was being refurbished and there was little information on display relating to activities. We saw activities listed in the entrance to the home included movies, chair athletics, world food day, competitions and games. We saw activity equipment in the visitor’s lounge which was not being used. One person showed us a photo album with photographs from various past activities, including baking and craft work.

Staff we spoke with told us a person comes in to play the organ and there were trips out and dancing sessions.

We noted in one person’s care plan they had been assessed as at risk of social isolation and had been noted to enjoy gardening. Another person’s care plan stated ‘[name of person] should be encouraged to participate in daily activities and build relationships with care staff’. Daily notes indicated both people spent most of their time watching TV on their own.

We concluded the range of activities was limited. The registered manager told us they needed to improve in this area and record when people do take part in these types of activities.

Staff we spoke with told us people’s complaints were taken seriously and they would report any complaints to the manager. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people’s complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw the home had not received any complaints. We saw there was a clear procedure for staff to follow should a concern be raised.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed.

People who used the service, relatives and visitors were very complimentary about the service, the staff and the care they received. They were very positive about the management of the home. People we spoke with knew who the manager was and who to speak with if they had any concerns.

Staff spoke positively about the management arrangements and said they were all very approachable and supportive. One staff member told us, "I feel comfortable about the manager and can talk to her about anything. I feel supported and we are going in the right direction. [Name of principal service manager] is really good and comes into the home a lot." Another staff member told us, "I feel listened to and supported." One member of staff said, "I am supported well and the manager sorts things out straight away." Another member of staff said, "I am happy working here and we try and make the residents happy."

We saw a residents/relative meeting was held regularly in August 2015 and discussion included the recruitment and activities. We saw a 'care provider services relative and friend questionnaire' was sent out in June 2015. The registered manager told us they had received five completed returned questionnaires and had not as yet completed an evaluation due to the small numbers. They told us they would 'chase these up'.

We looked at the resident's guide and found this was last updated in 2009 and much of the information was out of date. The registered manager told us this was in the process of being updated.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home; these included different groups of staff meetings.

We looked at the senior care staff manual, which contained a number of documents. These included an accident procedure which referred to the previous regulator's name, a complaint's procedure with no reference of how to

escalate issues within the home or local authority, contact telephone numbers which was confusing as this had been amended several times and an example of a completed staff accident form which stated staff absence was reportable after three days, however, this changed to seven days in 2013. The registered manager confirmed the manual was confusing and out of date.

We saw a notice on the entrance door which advertised that meetings were held on Tuesday mornings for relatives to ask questions or discuss care. This was later clarified by the registered manager who explained it was not an actual meeting but an opportunity for individual discussions.

Where people were at risk of falls, staff followed an appropriate process to ensure risks were assessed and minimised. For example, staff had access to an unwitnessed falls policy that gave detailed prompts as to the action they should take if they found a person on the floor and with specific conditions. We saw documented evidence staff had been briefed on this procedure in May 2015. After a fall, staff had conducted a first aid assessment, hourly checks on the person for 24 hours and detailed any injuries using a body map. Additionally, a Telecare system had been installed in a person's room that was monitored by a designated member of staff at all times who would respond to a system alarm. This meant staff had implemented learning from incidents to improve the care and safety of a person.

The policies and procedures manual we looked at was dated 1993/1994. The registered manager stated as one policy/procedure became out of date, it was updated. However, upon reviewing the manual presented for review, they agreed the manual was out of date. We saw the personnel manual opened directly to page 22 of a policy, the index was missing.

We saw monthly and quarterly audits were completed by the assistant manager and gave feedback to the registered manager. We saw in one audit it stated registered manager had updated all of the risk assessments and all staff had completed first aid training which we find not to be the case.

We noted mattress checks were completed. However, we noted a new mattress had been ordered on 28 August 2015 and this remained the case on the day of our inspection.

We saw the home was operating two different risk assessment documentation processes. One identified the

## Is the service well-led?

risk grading the other did not. One risk assessment we saw entitled 'unwitnessed falls' stated this was guidance. Clarification was needed as to whether or not this was a risk assessment or guidance. We saw a risk assessment for 'lone working' which the registered manager explained these were for staff members who worked on their own with a person who used the service. We saw the corporate standard quarterly checks which stated the registered manager had updated all of the risk assessments. It further stated all staff had received first aid training. The training records indicated eight staff who had not received such training.

We saw records looked at were disorganised and some records were duplicated which made navigation difficult. The registered manager told us they had inherited a

number of outstanding issues. They said, "I have inherited old paper work which, is not up to at [due to long term sickness], I need to overhaul everything" and "I am trying to sort care and medicines records as a priority." The registered manager also said, "Record keeping is better that it was", "I feel like I am chasing my tail" and "We are a closure home, waiting for something else to be built in the area."

At the inspection we identified there was a lack of gathering, recording and evaluating information about the quality and safety of the service and concluded the provider's systems and processes were not operated effectively. This was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not ensure the premises were safe for use for their intended purpose.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

We concluded the provider had not done everything reasonably practicable to make sure people received care and treatment to meet their needs.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

At the inspection we identified there was a lack of gathering, recording and evaluating information about the quality and safety of the service and concluded the provider's systems and processes were not operated effectively.