

Mr & Mrs S Brown

Moorfield House

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

This was an unannounced inspection carried out on the 09 October 2015.

Moorfield House is registered to provide accommodation and personal care to up to 33 people. The home is located in Irlam, on the corner of Moorfield Road and Liverpool Road, close to local shops and bus routes.

At the time of our visit there was a registered manager in place, though they were not present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection carried out in April 2014, we did not identify concerns with the care provided to people who lived at the home.

Summary of findings

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we checked to see how the service managed and administered medication safely. We found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines safely.

We were told that night staff did not administer medicines. During our inspection we identified a number of people who required the administration of PRN medication, this is medication given as and when required such as Paracetamol to relieve pain. This meant no member of staff was able to administer any PRN medication during the night-time if it was required.

We found that a number of records we looked at were prescribed at least one medicine to be taken 'when required.' We found that all medicines prescribed in that way did not have adequate information available to guide staff on to how to give them. We found there was no information recorded to guide staff on which dose to give when a variable dose was prescribed. It was important this information was recorded to ensure people were given their medicines safely and consistently at all times. We also found there was no information recorded to guide staff as to where to apply creams to ensure people were given the correct treatment.

We found one medicine, which was dated the 12 August 2015, where manufacturer's instructions clearly stated that the medication once opened should be thrown away after 28 days. We spoke to a senior member of care staff who confirmed that the medication had been opened on the 12 August 2015. We found that contrary to manufacturer's instructions the medication had not been disposed of as instructed and was in fact still being used by the service. We were told by the member of staff that the medication would be disposed of immediately.

We found that the registered person had not protected people against the risk of associated with the safe management of medication. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

We found people on pureed diets received the leftovers from the previous day's lunch, which was stored in the fridge. We asked how people on a pureed diet were given a choice. The cook told us they were not offered a choice.

The cook also explained that when the drinks trolley was taken around in the morning, it was at that time other people were asked what they wanted for lunch. We were also told there was no choice on Fridays as people just wanted fish and chips. However, according to the menu there should have been the choice of battered fish or cottage pie, plus two desserts. What was offered was a fish cake, chips and mushy peas and no cottage pie.

When we asked about this we were told that all the residents had asked for fish, however, when we spoke to one person just before lunch about what they wanted for lunch, after explaining the options available, they told us they wanted cottage pie. There was no alternative potato or vegetable available. In addition, there was only weak squash available to drink in plastic cups. One person complained that their squash was warm. Though they received an apology, no attempt was made by staff to replace it, or to add an ice cube. The meal experience was very task orientated.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care, because the provider had failed to provide person centred care that reflected personal preferences.

We found the service undertook a limited number of audits including environmental, medication and food safety. A medication audit had also been undertaken by an external pharmacist. We were provided with no evidence of how the service monitored falls as a means of identifying any trends and how the service learnt from complaints or concerns raised by people. We spoke to the clinical manager about the effectiveness of auditing by the service, especially in light of the concerns we identified in respect of medication, dementia friendly environments, the meal time experience, activities and stimulation.

The service was also unable to demonstrate how they regularly sought the views of people who used the service and took regard of any complaints, comments and views made. Though questionnaires had been devised, these had not been circulated. The last residents meeting was

Summary of findings

in April 2015, with no other evidence available of other resident or family meetings. There was no suggestion box available for people to suggest improvements in the quality of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service failed to assess, monitor the quality of service provision effectively.

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

People who lived at Moorfield House and their relatives told us that they or their loved ones were safe living at the home.

We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service's safeguarding adult's policy and procedure, which described the procedure staff could follow if they suspected abuse had taken place.

We found people were protected against the risks of abuse, because the home had appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults.

On the whole, we found there were sufficient numbers of staff on duty during the day to support people who used the service. However, several members of staff raised concerns that they did not always feel there were enough staff on duty to meet people's needs, especially during the night shift.

Senior staff confirmed they received formal training in subjects such as safeguarding, first aid and the Mental Capacity Act, which we confirmed by viewing the training matrix. Most staff were either in the process of undertaking a National Vocational Qualification (NVQ) in care or had completed the programme.

We looked at the service supervision policy, which stated that supervision would be undertaken at least six times

each year and more often if a performance problem was under discussion. Though we saw evidence of supervision having been undertaken, it was not consistent with the service policy.

We were told by the clinical manager that apart from three people who used the service, most people were either living with memory issues or dementia. We found the home did not have adequate signage features that would help to orientate people with this type of need. We saw no evidence of dementia friendly resources or adaptations in any of the communal lounges, dining room or bedrooms. This resulted in lost opportunities to stimulate people as well as aiding individuals to orientate themselves within the building.

We have made a recommendation in relation to environments.

People and relatives consistently told us that staff were kind and caring. Throughout our inspection, where we observed interaction between staff and people who used the service, it was kind and respectful.

During the inspection we saw several examples of where staff at the home had been responsive to people's needs. For example where people were required to be weighed weekly or monthly, there were records to suggest this had taken place.

Care plans were comprehensive and of a good standard. All care plans provided clear instructions to staff of the level of care and support required for each person. We found that care plans were reviewed on a monthly basis.

During our inspection, we checked to see how people were supported with interests and social activities. On the day of our inspection we did not observe any activities being undertaken with people. We were told by staff that the service did not have an activities coordinator.

Staff told us the management were approachable and supportive.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures included; safeguarding, whistleblowing, consent and medication.

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?

Not all aspects of the service were safe. We found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines safely.

We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

On whole, we found there were sufficient numbers of staff on duty during the day to support people who used the service. However, several members of staff raised concerns that they did not always feel there were enough staff on duty to meet people's needs, especially during the night shift.

Requires improvement



Is the service effective?

Not all aspects of the service were effective. We looked at the service supervision policy, which stated that supervision would be undertaken at least six times each year and more often if a performance problem was under discussion. Though we saw evidence of supervision having been undertaken, it was not consistent with the service policy.

We were told by the clinical manager that apart from three people who used the service, most people were either living with memory issues or dementia. We found the home did not have adequate signage features that would help to orientate people with this type of need.

In respect of meal times, the provider had failed to provide person centred care that reflected personal preferences.

Requires improvement



Is the service caring?

We found the service was caring. People and relatives consistently told us that staff were kind and caring.

Throughout our inspection, where we observed interaction between staff and people who used the service, it was kind and caring.

People and relatives told us they were involved in making decisions about their care and were listened to by the service.

Good



Is the service responsive?

Not all aspects of the service were responsive. Where people were required to be weighed weekly or monthly, there were records to suggest this had taken place.

During our inspection, we checked to see how people were supported with interests and social activities. On the day of our inspection we did not observe any activities being undertaken with people.

Requires improvement



Summary of findings

Both people and relatives we spoke to were unable to tell us what arrangements existed to encourage them to provide feedback about issues and where improvements could be made.

Is the service well-led?

Not all aspects of the service were well-led. The service failed to assess and monitor the quality of service provision effectively.

Relatives we spoke with told us that they knew who management were and felt they could approach them with any problem they had.

Staff told us the management were approachable and supportive.

Requires improvement



Moorfield House

Detailed findings

Background to this inspection

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

This inspection took place on 09 September 2015 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the home. We reviewed statutory notifications and safeguarding referrals.

We also liaised with external professionals including the local authority and infection control teams. We reviewed previous inspection reports and other information we held about the service.

At the time of our inspection there were 24 people who were living at the home. We spoke with ten people who lived at the home, five visiting relatives and one visiting health care professional. We also spoke with nine members of care staff that included the cook and the domestic. We also spoke to the clinical lead who was present throughout the inspection.

Throughout the day, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and external grounds. We looked at people's care records, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

Is the service safe?

Our findings

People who lived at Moorfield House and their relatives told us that they or their loved ones were safe living at the home. One person who used the service told us; "I've always felt safe here. No personal things have gone missing up to now and if you lose anything they help you to look for it." Another person who used the service said "If I have a shower a carer comes in with me so I feel safe." One visiting relative told us; "I think it is 100 percent and more. The girls really love my relative and can't do enough for her. She is safe here." Another relative said "I have no concerns about my relative's safety, the staff are absolutely brilliant." People and relatives also told us that they had not witnessed or heard of any bullying or bad behaviour by care staff or people who lived at the home.

During the inspection we checked to see how the service managed and administered medication safely. We found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines safely.

The service used a 'blister pack' or 'Lync system' to store people's medication. A 'blister pack' or 'Lync system' is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to the home. The pack has a peel off plastic lid that lists the contents and the time the medication should be administered.

We found that records supporting and evidencing the safe administration were complete and accurate. We looked at a sample of 20 medication administration records (MAR), which recorded when and by whom medicines were administered to people who used the service. These records were up to date without any gaps. We found that all the medication records we looked at had photographs and recorded people's allergies, which reduced the risk of medicines being given to the wrong person or to someone with an allergy and was in line with current guidance.

Controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were stored as per legislation. They were stored in a locked storage unit within the main reception office. We saw a

controlled drugs register was signed and countersigned by staff confirming that drugs had been administered and accounted for. We undertook a stock take of controlled drugs and found them to be accurate.

We were informed that only trained senior carers administered medication at the home who worked between the hours of 8am and 10pm. We were told that night staff had not been trained and did not administer medicines. During our inspection we identified a number of people who required the administration of PRN medication, this is medication given as and when required such as Paracetamol to relieve pain. This meant no member of staff was able to administer any PRN medication during the night-time if it was required.

We spoke to the clinical lead who told us that someone from the management team was always available to attend the home and administer PRN medicines if it was required. That meant people who required PRN medicines would have to wait a time delay, before the service was able to administer these medicines. We spoke to the clinical lead about this concern, who assured us that immediate steps would be taken to address this matter.

We found that a number of records we looked at were prescribed at least one medicine to be taken 'when required.' We found that all medicines prescribed in that way did not have adequate information available to guide staff on to how to give them. We found there was no information recorded to guide staff on which dose to give when a variable dose was prescribed. It was important that this information was recorded to ensure people were given their medicines safely and consistently at all times. We also found there was no information recorded to guide staff as to where to apply prescribed creams to ensure people were given the correct treatment.

We checked the medicines trolley and fridge where medicines were stored. We found one medicine, which was dated the 12 August 2015, where manufacturer's instructions clearly stated that the medication once opened should be thrown away after 28 days. We spoke to a senior member of care staff who confirmed that the medication had been opened on the 12 August 2015. We found that contrary to manufacturer's instructions the medication had not been disposed of as instructed and was in fact still being used by the service. We were told by the member of staff that the medication would be disposed of immediately.

Is the service safe?

We found that the registered person had not protected people against the risk of associated with the safe management of medication. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

During the inspection we checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service's safeguarding adult's policy and procedure, which described the procedure staff could follow if they suspected abuse had taken place. We spoke to staff about their understanding of Safeguarding Vulnerable Adults. Staff were able to tell us what action they would take if they had concerns about people living at the home. One member of staff said; "If I suspected something, even if it involved my best friend, I wouldn't hesitate to report it as these people are a second family to me." Another member of staff said "If I witnessed any form of abuse, I would go straight to the manager as it's important we keep people safe."

We found people were protected against the risks of abuse because the home had appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at eight staff personnel files. Each file contained job application forms, interview questions, proof of identification and a contract of employment. A CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check had been undertaken before staff commenced in employment. We saw that two references had been obtained for seven of the staff members before commencing at the home. However, one member of staff had commenced employment prior to the two references being obtained.

We looked at a sample of ten care files to understand how the service managed risk. We found the service undertook a range of risk assessments to ensure people remained safe. These included personal emergency evacuation plans in the event of an emergency, skin integrity, mobility and bed rail assessments. We found risk assessments provided clear guidance to staff as to what action to take to ensure people remained safe.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. We asked the clinical lead how staffing numbers were determined and whether a dependency tool was used. We were told that staffing numbers were determined by the registered manager and that the service did not currently use any dependency tool to assist in determining staffing levels. People we spoke did not raise any concerns about staffing levels.

We looked at staffing rotas and found that staff were divided between two eight hour shifts during the day and evening, followed by a night shift. Each day time shift consisted of four members of staff with night time coverage reduced to three members of staff. During the day staffing numbers were also supported by a cook, domestic, the clinical lead and registered manager. The clinical lead told us that staffing levels and shift patterns had been regularly reviewed by the service. The current shift pattern had been identified as having provided the best coverage, whilst ensuring staff were not working excessive hours.

On the whole, we found there were sufficient numbers of staff on duty during the day to support people who used the service. However, several members of staff raised concerns that they did not always feel there were enough staff on duty at night to meet people's needs. One member of staff told us; "My view is we need more staff at nights, everyone starts buzzing at 5am wanting to get up. This is a critical time. We have asked management and they have said no." Another member of staff said "Not enough staff at nights. There are too many people to get up and doubles are needed. It's very hard. During the night itself it is fine, but from 6 o'clock it is hectic."

Other comments from staff included; "Staffing is ok, we help where ever we can." "I think residents are safe here. There is not enough staff. We don't have time to spend with residents and their care comes first." "Staffing is sometimes an issue, but generally ok." "No, there aren't enough staff. Some mornings it can be quiet like this and other mornings everybody is buzzing and you are run ragged. We try our best to get on top of it, but we are care assistants, not domestics."

Is the service effective?

Our findings

As part of this inspection we looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. One relative told us; “I’ve never had any concerns about the competence of any of the staff, they are all dedicated.”

We were told by the clinical lead that new staff underwent an induction, which consisted of training and a period of shadowing senior staff. Staff told us that though they had received an introduction, which mainly involved shadowing, there was with no formal training provided. The clinical lead confirmed that staff were given an input on a number of topics including safeguarding, manual handling and food hygiene, which would depend on the member of staff’s previous experience in care.

Senior staff confirmed they received formal training in subjects such as safeguarding, first aid and the Mental Capacity Act, which we confirmed by viewing the training matrix. Most staff were either in the process of undertaking a National Vocational Qualification (NVQ) in care or had completed the programme. One member of staff told us; “I have completed training in moving and handling, food hygiene, fire safety, and safeguarding. I have done training in Deprivation of Liberty Safeguards (DoLS) and I’m currently doing an NVQ level three and just done end of life care. I feel I get enough training to undertake my role.” Another member of staff said “I have had recent refresher training in medication. We have first aid, manual handling, food hygiene and infection control and do them every year. I have also completed an NVQ at level two and three in social care.”

We found that staff received supervision and appraisals. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Comments from staff included; “I had supervision a couple of weeks ago. I think they’re six monthly.” “I have supervision with the clinical manager where we discussed what I was doing.” “I get supervision often, they are always available if we need help or support.” “Just recently had supervision with the clinical manager and appraisals once a year.”

We looked at the service supervision policy, which stated that supervision would be undertaken at least six times each year and more often if a performance problem was

under discussion. Though we saw evidence of supervision having been undertaken, it was not consistent with the service policy. One member of staff also told us; “I have only had one supervision in 14 months.”

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005(MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw there were procedures in place to guide staff on when a DoLS application should be made. Both the clinical manager and staff were able to confirm they had received training in the MCA.

Before any care and support was provided, the service had obtained written consent from the person or their representative, which we verified by looking at care plans. We also looked at the service policy on obtaining consent from people who used the service. During our inspection, we observed staff seeking consent from people before undertaking any tasks, such as personal care and assistance with mobilising.

We were told by the clinical manager that apart from three people who used the service, most people were either living with memory issues or dementia. We found the home did not have adequate signage features that would help to orientate people with this type of need. We saw no evidence of dementia friendly resources or adaptations in any of the communal lounges, dining room or bedrooms. This resulted in lost opportunities to stimulate people as well as aiding individuals to orientate themselves within the building.

We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more ‘dementia friendly’.

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Records showed people were seen by professionals including GP’s, community nurses and Speech and Language Therapist (SaLT). A visiting health professional told us they had no concerns about the service with care staff always available to help. Instructions left were always followed correctly by staff. They also told us that they believed the service was very good at raising any concerns about people who used the service.

Is the service effective?

During our inspection we checked to see how people's nutritional needs were met. We spoke to the cook who explained what choices were available for breakfast, which did not include an option to have a cooked breakfast. When we checked the kitchen and food storage areas we found a very limited supply of fresh fruit, consisting of three bananas and an apple. The cook told us that they were awaiting a delivery.

We found people on pureed diets received the leftovers from the previous day's lunch, which was stored in the fridge. We asked how people on a pureed diet were given a choice. The cook told us they were not offered a choice. The cook also explained that when the drinks trolley was taken around in the morning, it was at that time other people were asked what they wanted for lunch. We were also told there was no choice on Fridays as people just wanted fish and chips. However, according to the menu there should have been the choice of battered fish or cottage pie, plus two desserts. What was offered was a fish cake, chips and mushy peas and no cottage pie.

When we asked about this we were told that all the residents had asked for fish, however, when we spoke to

one person just before lunch about what they wanted for lunch, after explaining the options available, they told us they wanted cottage pie. There was no alternative potato or vegetable available. In addition, there was only weak squash available to drink in plastic cups. One person complained that their squash was warm. Though they received an apology, no attempt was made by staff to replace it, or to add an ice cube. The meal experience was very task orientated.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care, because the provider had failed to provide person centred care that reflected personal preferences.

We looked at a sample of ten care files and found that individual nutritional needs were assessed and planned for by the home. We saw evidence that nutritional and hydration risk assessment had been undertaken by the service, which detailed any risks and level of support required. People at risk of malnutrition had been referred to dietician services.

Is the service caring?

Our findings

People and relatives consistently told us that staff were kind and caring. One person who used the service told us; "I think it's alright here, one carer is extremely nice." One relative told us; "I can't say enough about the staff. They've been first class with me when I have been upset. The first Christmas was the worst, but we came in and we were welcome." Another relative said "I call in every day, I know my relative is regularly seen by staff, even though she has been in bed for the last 18 months." Other comments included; "The staff are very friendly, kind and caring, they are above any criticism." "My relative is very affectionate with the staff, but that is because they are so nice to her, they are absolutely lovely with her. I never have any issues or problems with staff, I get on with all the staff, they are all lovely."

Throughout our inspection, where we observed interaction between staff and people who used the service, it was kind and caring. We observed staff affectionately touching people's arm when they were talking to them. Staff knew people well and there was a friendly atmosphere between staff and people living at the home. We observed laughing and joking between staff and people. We saw one person who used the service enter the reception area after he had got up wearing his dressing gown and night clothing. Staff responded to this person respectfully and sensitively in suggesting to the person it was time to get washed and dressed. This interaction was kind and reassuring. People told us that staff always knocked on their door before they entered their room.

As part of the inspection we checked to see that people living at the home were treated with privacy, dignity and

respect. People who used the service told us that their dignity and privacy was always respected. We asked staff how they respected people's dignity and privacy. One member of staff told us; "I always make sure people's privacy and dignity is respected, such as explaining to people what I want to do, closing toilet doors and making sure they are covered up properly." Another member of staff explained how they would support people using the toilet, by placing a towel over their knees, closing the door and waiting outside until the person needed their support.

As part of the inspection we checked to how people's independence was promoted. We asked staff how they aimed to promote people's independence. One member of staff said "I will always encourage people to be independent in respect of eating, walking and with personal care. I will say for example, you wash your front and I will wash your back. I don't like taking their independence away from them as most of them like to do it themselves." Another member of staff said "With people's independence I encourage them by saying lets see you do it on your own, when people are mobilising or eating, I do it as a matter of course."

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved when reviews of care had taken place. One relative told us; "I have been involved with my relative's care plan, they have gone through everything with me and they talk to me quite regularly, a couple of times a year. They always keep me involved." Another relative said "With anything we are not happy with, they sort it out immediately, they are excellent."

Is the service responsive?

Our findings

People told us that if any medical care was required it was provided quickly by the service. We were also told that if a fall had taken place or any medical treatment was required, relatives were immediately informed. On our arrival we found one person had experienced a fall. The service had responded by calling an ambulance and immediately notifying a family member, who in turn attended the home to see their loved one.

During the inspection we saw several examples of where staff at the home had been responsive to people's needs. For example where people were required to be weighed weekly or monthly, there were records to suggest this had taken place.

We looked at a sample of ten care files of people who used the service. Care plans were comprehensive and of a good standard. All care plans provided clear instructions to staff of the level of care and support required for each person. We found that care plans were reviewed on a monthly basis. We witnessed a formal handover being undertaken involving the morning senior member of staff and the afternoon staff. Each person who used the service was individually discussed with an overview and update provided. This handover was informal and relaxed and staff knew the people that were being discussed.

The service used both manual and electronic records and we found it difficult eliciting information regarding people's current needs. When we spoke to staff about eliciting current records, they also demonstrated difficulty in locating and eliciting information that we required. This included examples of when matters had been referred to other health care professionals, and when people were seen by such professionals. Within care files, we found limited information on life histories and experiences of people, such as personal preference, hobbies, social and spiritual needs.

During our inspection, we checked to see how people were supported with interests and social activities. On the day of our inspection we did not observe any activities being undertaken with people. We were told by staff that the service did not have an activities coordinator. During our inspection we saw very limited engagement between staff and people who used the service, unless it was task orientated. In both lounges on the ground floor we found

televisions turned on with no one was watching them. We asked staff who put the TVs on and who chose the programmes. We were told that the televisions were both put on immediately after breakfast by staff who selected a channel without consulting anyone. This meant there was no-where quiet for residents to enjoy either by themselves or when they had visitors, apart from a very small conservatory, opening onto the reception area.

In all rooms chairs were arranged around the edges of the room. Some people did not move the entire time we were present apart from mealtimes and use of the toilet. One relative told us; "I don't like how the main room is set out with chairs round the edge of the room, it would be better if the chairs were in clusters." Staff told us that bingo took place on Monday, manicures on Wednesday and arts, crafts and baking on Thursdays, all provided by volunteers. The noticeboard listed activities for each day with newspaper reading and singing the scheduled activities for the day of our inspection. No activities took place during our inspection and we were told by staff this was because the volunteer had not come in. We did not see staff sitting, engaging and talking with people other than when it was task orientated.

One relative told us people had made calendars one Christmas and that children come in to sing carols. They also thought there was an occasional exercise class, but could not identify any other activities. Another relative told us; "The people are just sat round falling asleep, they need more activities, I don't know if they've tried things." One person who used the service said "They used to do a lot of things (activities) especially for special occasions, but she left and there has been nothing since then. When she was here it was great, the staff dressed up at Christmas, but last Christmas it wasn't special." This person also told us that occasionally a singer came into the care home or a ladies choir. We spoke to the clinical manager about whether any organised trips or outings were arranged for people. We were told that whilst this did happen in the past, nothing had been arranged for some time.

We spoke to staff about the absence of any stimulation for people. One member of staff said "We spend time doing everything like laundry, making beds, which takes us away from residents, who spend all their time sat around doing nothing." Another member of staff said "No activities, they do come in now and again. We don't spend enough time with people, it's feed them, wash them and to bed."

Is the service responsive?

We found the provider had effective systems in place to record, respond to and investigate any complaints made about the service. We were told that there were no current complaints registered against the service.

Both people and relatives we spoke to were unable to tell us what arrangements existed to encourage them to provide feedback about issues and where improvements

could be made. We found there was no suggestion box readily available for people to provide feedback. We spoke to the clinical manager who showed us questionnaires that had been devised for families, professionals and staff, however these had yet to be circulated. We looked at minutes from a residents meeting that had taken place in April 2015, which had discussed food issues only.

Is the service well-led?

Our findings

Relatives we spoke with told us that they knew who management were and felt they could approach them with any problem they had. One person who used the service told us; “I think it’s well managed. I’ve never had a complaint but if I did I would speak to the manager of the deputy.” Another person said “The manager is here every day and she is very approachable. I’ve never had any complaint, if there was an issue I’d have every confidence it would be sorted out, as I speak to the manager every day.” One relative told us; “I know all the management by name. I’ve not been to meetings and I am invited when the doctor attends.”

Staff told us the management were approachable and supportive. One member of staff said “The management are approachable and do listen to us.” Another member of staff told us; “I have no concerns working here or the way it’s managed.” Other comments included; “Management are ok and approachable.”

At the time of our visit, there was a registered manager in place, though they were not present during the inspection. 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 the service undertook a limited number of audits including environmental, medication and food safety. A medication audit had also been undertaken by an external pharmacist. The service also monitored what activities people participated in. We were provided with no evidence of how the service monitored falls as a means of identifying

any trends and how the service learnt from complaints or concerns raised by people. We spoke to the clinical manager about the effectiveness of auditing by the service, especially in light of the concerns we identified in respect of medication, meal time experience, dementia friendly environments, activities and stimulation.

The service was also unable to demonstrate how they regularly sought the views of people who used the service and took regard of any complaints, comments and views made. Though questionnaires had been devised, these had not been circulated. The last residents’ meeting was in April 2015, with no other evidence available of other resident or family meetings. There was no suggestion box available for people to suggest improvements in the quality of the service.

Although people told us they would address concerns directly with management, the service could not demonstrate how they responded to such concerns and complaints.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service failed to assess and monitor the quality of service provision effectively.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures included; safeguarding, whistleblowing, consent and medication.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

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

We found that the registered person had not protected people against the risk of associated with the safe management of medication.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The provider had failed to provide person centred care that reflected personal preferences.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service had failed to assess and monitor the quality of service provision effectively.