

Hessle Properties (The Weir) Limited

The Weir Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 22 and 28 November 2017 and was unannounced.

We last carried out a comprehensive inspection of this service on 30 December 2015 and 5 February 2016. At the last inspection we rated the service overall Good with requires improvement for the key question "Is the service safe." We made a recommendation that the registered provider reviewed the staffing levels in the service to ensure that safe levels of staffing were maintained at all times.

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

The Weir is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides accommodation and personal care for a maximum of 31 older people, some of whom may be living with dementia. It is located in the town of Hessle, in the East Riding of Yorkshire and is close to local amenities. At the time of our inspection there were 24 people using the service.

The service 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.

Staff were described by people as being caring and we saw kindness shown to people by some staff. However, other staff did not always promote and respect people's dignity through the care they provided.

Risks to people had been identified but the written assessments did not always provide staff with enough guidance on how to recognise risk and what actions to take to mitigate identified risks.

People's needs were not regularly assessed to ensure the appropriate care and support was being delivered. People's needs had changed and care plan reviews had not captured this to make sure staff were given the most up to date information.

The staff we spoke with demonstrated different levels of knowledge and understanding of safeguarding. Staff told us they received adequate training. The training records we reviewed were disorganised and we were unable to identify what training staff were expected to complete according to their roles and the frequency of this training. We saw gaps in training staff had received in areas such as safeguarding, dementia, the mental capacity act and equality and diversity.

People were placed at potential risk of harm because the registered manager and provider had not taken action to identify and minimise certain environmental health and safety risks. We identified several potential safety hazards as we walked around the building. For example, some carpets and flooring needed to be replaced and several wheelchairs were found to be unsafe to use. The registered manager did take action when shortfalls were raised with them. However, these issues should have been identified earlier through the provider's own audit and management systems, to ensure people's health and safety was protected at all times.

The registered manager and provider had failed to consistently implement systems and processes to monitor and improve the quality of care that people received. They had not established clear oversight of the service and we identified several examples where areas had failed to be monitored to ensure the safety and care that most people received. These areas included care plans, risk assessments, staff training and infection control practice.

The design and layout of the building was not ideal for people living with dementia. There was nothing made available to engage people who were able to mobilise around the building. There was no evidence of the implementation of good practice in modern dementia care and signage to aid navigation in the building was limited. We have made a recommendation about this.

People did not always benefit from activities and stimulation which was appropriate to their needs or abilities. We have made a recommendation about this.

Overall people said they enjoyed their meals. Peoples weights were monitored (where required) and we saw professionals were contacted for advice if staff had any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. However, not all staff had completed training in line with company policy, and staff were not consistently aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards.

The management of medicines was safe and people received their medications as planned. We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Overall people believed the registered manager was approachable and they were comfortable in raising any concerns they had.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People told us they felt safe.

Risks of harm to people was not always assessed, managed and reduced through the effective use of risk assessments.

We identified some potential hazards during the inspection. Improvements were required to the environment to ensure that appropriate infection control practices were applied and followed.

The staff we spoke with demonstrated inconsistent knowledge and understanding of safeguarding.

People's needs were met by sufficient numbers of staff. Safe recruitment practices were followed to make sure that all staff were suitable for the role they performed.

Medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

There were inconsistencies in the documentary evidence to confirm that staff training had been completed and regularly updated. Staff were not consistently aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards.

The environment required improvements in order to meet the needs of some people living with dementia. We have made a recommendation about this.

People were supported to maintain their health and referred to external healthcare professionals where required.

People's nutritional needs were met.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People's dignity was not always respected and supported through the care they received. However, we observed some kind and caring interactions between staff and people who used the service.

Support for people's personal hygiene and appearance had not been managed well by staff in all cases.

Feedback about staff was positive and people described them as, "kind" and "caring."

Is the service responsive?

The service was not consistently responsive.

People's needs were not always assessed on a continuous basis and care plans were not updated to reflect changes.

Detailed information regarding people's treatment, care and support was not always recorded.

There were no planned individual activities and pastimes to ensure people were stimulated. We have made a recommendation about this.

A system for complaints was in place and displayed for people to access. People told us they knew how to complain if they needed to.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The provider had some audits and governance systems in place. They did not provide appropriate levels of information to identify aspects of the service requiring improvement. Action had not always been taken to address issues.

Notifications had not always been made to CQC.

People and relatives had mixed views about the service and the way in which it was managed.

Staff felt supported by the management team.

Requires Improvement ●

The Weir Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 22 and 28 November 2017 and was unannounced. Prior to the inspection we had received a concern from a whistle-blower which prompted our inspection to be brought forward. We shared these concerns with the local authority safeguarding and quality monitoring teams. Day one started at 6am. This out of hour's visit was in response to the concerns we had received. The inspection team on day one was made up of two inspectors from 6am, a third inspector who joined the inspection team later in the morning and an expert by experience with experience of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was completed by one adult social care inspector.

Prior to the inspection we reviewed notifications we had received from the provider. Statutory notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The provider had previously completed a Provider Information Return (PIR) in August 2015 and we had not requested an update. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had not asked for another PIR to be completed by the provider.

During the inspection we spoke with eight people who used the service, three relatives (one via telephone and in person), and one visiting healthcare professional, eight members of care staff, an activities worker and a cook. We also spoke with the registered manager and a visiting registered manager for another of the provider's services. We looked at records including five people's care plans including associated risk assessments, medicine administration records for ten people, three staff recruitment records, training

records, rotas and other documentation relating to the running of the service such as quality audits.

Following the inspection we contacted the social worker of a person who had raised concerns with us before and during this inspection.

Is the service safe?

Our findings

We asked people if they felt safe living at the service. Comments included, "I have no reason not to", "Yes – I feel safe on a night time as I seize up in bed – I press my bell and someone comes" and, "I feel safer than I did in my previous place."

The providers safeguarding policy was last reviewed in February 2015 and stated 'Staff will participate in training activities relating to abuse/harm.' The staff we spoke with demonstrated a mixed level of knowledge and understanding of safeguarding. Comments included, "Safeguarding is about protecting the residents", "I have done safeguarding training and I would report to my manager or ring CQC", "I don't massively know a lot (about safeguarding). It's about neglect and people not getting the cares they need. I would report this to the management" and, "I have done very basic safeguarding training." Training records supplied during the inspection showed that 15 of the 19 staff checked had no documented safeguarding training.

We saw that accidents and incidents were recorded. The registered manager generated a breakdown of accidents regularly which showed checks to monitor any patterns or trends emerging. We could see actions taken from accidents/incidents such as GP visits and diagnoses of chest and urine infections.

Prior to this inspection we received information from a whistle-blower and another person, with concerns about how people's care was managed at the service. In addition to this, during this inspection we received a further concern about the care of someone using this service. The information we received identified there may be issues in the following areas: unsafe wheelchairs, people being got out of bed early, threadbare and unsafe carpets, and poor personal hygiene and people's clothes looking unkempt. We looked at these issues during the inspection and found evidence to support some of these concerns and additional areas of concern around people's care and safety.

We looked at how the health and safety of the building was maintained. There were current maintenance certificates in place for the fire alarm system, portable electrical appliances, gas safety, the electrical installation and hoists. We saw that external fire safety checks had been conducted as planned.

The registered manager's audits checked aspects of the service which included housekeeping. We saw the last audit was completed in October 2017. From the records we reviewed we saw these checks had not identified infection control and maintenance issues we found. During our tour of the building on the first day, we noted several potential safety hazards. For example, we saw outside one bedroom door the carpet was worn away and badly frayed and in another area a piece of the carpet was missing and the edges were lifting. This posed a potential trip hazard. We found three wheelchairs were not safe to use. These were removed from use during the inspection. One bedroom door was held open by a cloth with an extension lead plugged in and running under the door to provide access to sockets. There was no signage to alert people that oxygen was stored in this room. We discussed this with the registered manager who assured us appropriate signage would be put in place to alert people about oxygen. The extension lead was removed.

Hallway carpets were stained in places, one bathroom had a dirty/stained floor, the floor of the bath was

cracked and worn and we saw an open bar of soap and a hairbrush. There was a toilet brush holder with black water in it. A shower room we looked at had broken skirting board, exposed pipes and the floor was stained and dirty. The shower chair was dirty underneath. Cleaning schedules we reviewed did not indicate which bedrooms, beds, toilets or sinks had been cleaned and bathrooms were not included on the schedules. The service employed domestic staff and we checked the cleaning schedules that had been completed for eight weeks prior to this inspection. We found that staff had not signed to confirm that any cleaning had been completed for three of those weeks. We did not see any infection control audits completed at the service.

The provider told us after the inspection that an external company were to supply the service and staff with a full training support pack which would cover all cleaning products, schedules and Control of Substances Hazardous to Health (COSHH).

Not all risks to people were managed effectively. Information about the risks to people was not always recorded to help staff understand people's support needs. We saw risk assessments were available within people's care files; however, care plans did not contain detailed information in order to provide safe care. For example, we saw one person's moving and handling care plan stated 'At risk of falls. Staff to encourage and prompt the use of my (walking aid).' This information was reflected throughout the person's plan of care and their falls risk assessment stated, 'Support when mobilising (walking aid) to be offered.' We checked this with the registered manager and they told us the person no longer used a walking aid.

One person's medicines care plan we reviewed stated '[Name of drug] is prescribed as I am becoming more agitated and upset.' When we checked the person's medicine administration record (MAR) we saw they were no longer prescribed this drug. Another person had a risk assessment in place for behaviour. The risk assessment did not detail how the person may present or how staff should work with the person to mitigate the risk. The person's choking risk assessment stated 'Ensure appropriate consistency of food.' There was no record of what this should be. This placed people at risk of harm as risk assessments failed to provide enough information for staff to adequately understand or mitigate risks posed to people they cared for.

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

At the last inspection we found that staffing levels occasionally fell below the level the provider had identified as a safe number to effectively meet the needs of the people living at the service. We made a recommendation that the registered provider reviewed the staffing levels to ensure that safe levels of staffing were maintained at all times.

We looked at staffing levels within the service. When we arrived on the first day we found two night staff on duty (one of those was an agency staff member). The registered manager and three members of staff arrived at approximately 6.40am. On the second day of the inspection which began at 9am, there was five staff on duty and the registered manager.

The registered manager told us five additional care staff had been recruited since the last inspection and they were currently waiting for appropriate clearance to come through for a member of night staff who had been recruited; during this time agency night staff were being deployed at the service. They told us the usual staff levels were between four and six staff (including one senior staff member) from 7am, four staff from 2pm and two staff from 9pm. In addition to this two domestic staff and an activity worker were employed at the service.

People were cared for by staff that the provider had deemed safe to work with them. Prior to their

employment starting, references had been secured as well as their suitability to work in the health and social care sector. This had been checked with the DBS.

We asked people who lived at the service about the staffing levels and overall received positive responses which included, "I think so, I think if you get too many they work less. They could do with reserves – one carer who was here yesterday afternoon had to work all night", "Yes, they seem to cope well" and, "I think so, quite adequate, you only have to press the room button." Another person told us, "On balance yes, at weekends if people ring in sick – happens most weekends - they don't get replaced'. The person went on to tell us this didn't impact on them. However, they said, "There are a number of residents with dementia and they wander around, I worry they might do some harm." A relative told us, "90% of the time I'd say yes there are enough staff, on a weekend they get temporary staff in sometimes." We asked if this affected their relatives care and they told us, "I don't think so."

We asked the staff if they thought there were enough people to meet everyone's needs. One member of staff said, "We are a bit short but there is no impact really as everyone (staff) does extras. We are waiting for DBS and this is mainly for night and kitchen staff. We have two new care staff and [Name of staff member]. We have four to five staff on in a morning and three or four in an evening." The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and helps prevent unsuitable people from working with adults at risk. Another told us, "We have been a bit short staffed in the past but we have new people now. We have enough staff." A third said, "There are some days when it is hectic. We have between four and five staff on throughout the day." Throughout the inspection staffing levels were judged to be appropriate.

People's medicines were being managed in a safe way. One person told us, "I take eight tablets a day." They went on to tell us, "Oh yes" when we asked if they received their medicines on time. There were no gaps in the medicine administration records (MARs) showing people had received their medicines as prescribed. Printed MARs contained a photo of the person; we noted that handwritten MARs did not. A medicine audit was completed regularly; however it was not made clear what had been checked.

There were records for 'when required' medicines (PRN). These are medicines that are prescribed to people and given when needed. A PRN protocol was also contained within the medicine folder and we saw that where PRN medicines had been administered, it was on an occasional basis. Medicines requiring refrigeration were stored in a fridge. The temperature of the fridge was monitored daily to ensure the safety of medicines by keeping them within recommended safe limits.

We also checked that the controlled drugs were being stored and administered correctly. Controlled drugs are medicines where strict legal controls are imposed to prevent them from being misused, obtained illegally or causing harm. We saw that access to controlled drugs was limited to senior staff only. We saw they were stored securely and that two staff members signed when controlled drugs were administered. This meant that controlled drugs were being administered safely.

Is the service effective?

Our findings

People we spoke with told us they felt staff were skilled to do their job. Comments included, "Oh yes, they (staff) are very good", "Yes, they seem to be fine" and, "Oh yes, definitely, they are exceptional to be honest with you." A relative told us, "I don't know what the right skills are but they seem to do a decent job."

The registered manager described the systems in place for staff training. They told us that every three to six months they looked through the records for staff training. They went on to tell us that most staff had completed training in the Mental Capacity Act (MCA) and safeguarding, and training was discussed with staff in their supervisions. Staff told us they received training. One said, "I did full training before I started a year ago, this included two medicine courses and hoist training." Another told us, "I am up to date on all my training." A third member of staff told us they hadn't completed any training since recently starting work at the service. We were unable to evidence any completed training for the member of staff from the records we looked at.

Training records for 19 members of staff were reviewed during the inspection. These showed that most staff had completed training in basic food hygiene, infection control, fire safety and Control of Substances Hazardous to Health (COSHH). Where appropriate, senior staff had completed medicines training. 15 staff members had no documented safeguarding training; two members of staff last received safeguarding training in 2015 and another two had completed training in 2017 and were awaiting certificates. Evidence of some training was kept in the form of certificates. In other cases, we saw various records that indicated that 16 staff had completed an update on moving and handling in February and March 2016, and 10 staff had completed hoist training in October 2016. We were unable to correlate this training with certificates of completion.

The training records were disorganised and unclear with regards to which staff had completed training, what training the staff were expected to do and the frequency. Training records showed inconsistencies in training staff received in areas such as the MCA and equality and diversity. Not all staff had received training around supporting people living with dementia. One member of staff told us, "I have had no proper dementia training. I probably need it."

The provider had a 'Consent to Care' policy in place which stated 'The home provides training in the MCA 2005 for all staff.' Not all staff had received training in MCA or Deprivation of Liberty Safeguards (DoLS). Staff knowledge of MCA and DoLS and how this affected their role was mixed. One staff member was unsure if they had completed training in MCA, however they were able to describe to us how they gained consent from people and who was subject to a DoLS. Another told us they had not completed training in MCA and did not have an awareness of the subject. A third staff member told us, "I don't remember doing this training (MCA) whilst here (the service). It's to do with the capacity of the residents and decision making." This lack of training affected staff knowledge and may have prevented staff from supporting people effectively.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that some mental capacity assessments had been undertaken where necessary and if applicable DoLS applications had been completed. These had been completed if a person was deemed to be at risk and it was in their best interests to restrict their liberty. Applications were submitted to the local authority that was responsible for arranging any best interests meetings or agreeing to any DoLS imposed. At the time of this inspection eight people had an authorised DoLS.

Staff spoken with confirmed they had the opportunity to attend team meetings periodically and had received regular supervision. One member of staff told us, "[Name of registered manager] does supervision often. They ask how we are getting on and if we have any work practice concerns. We have appraisal and team meetings often." Another said, "I have regular supervisions." A third told us, "Staff meetings are regular. We talk about things we would like to see and any changes that need to be made. For example, some paperwork was confusing and getting missed. This was changed to the senior completing this and it has improved."

The registered manager told us that approximately 10 of the 24 people at the service were living with dementia. Our observations showed us that the building environment was not particularly dementia friendly. The dining area flooring was large blue and white checks and there were slight changes in floor levels where stone flags met carpeted areas. This could disorientate people living with dementia as a change in colour may look like a change in level or height. Disorientation and bewilderment are a common experience for people with dementia. One member of staff told us, "The stone floor in the dining room is not dementia friendly. I have seen [Name of person using the service] try and step over the tiles in the dining area."

There was very little signage to promote people's independence in moving around the service. We observed some signage was used to indicate rooms that were toilets and the lounge. However, we noted that the lounge sign was quite small and placed in a small lobby between the entrance hall and lounge.

The personalisation of bedroom doors could have been improved. There were no customised signs to identify the person's room using names, photographs or personal objects. Some people's rooms had a notice on the door showing a number and name of the occupant but the majority of rooms had a small white sticky label which had been written on. In some cases this was on the door, and on others this was placed up at height on the door frame. The signs were difficult to read and this was not helpful for people in retaining independence in finding their own way to their room.

There was little in the way of games and activities to help keep people with dementia engaged and entertained. We saw no newspapers or magazines in the lounge which appeared stark and bare. There was a large TV in the window which was on all day. The positioning of the TV blocked out some of the light from the large front window and in part obstructed the view people had on the busy town outside.

We recommend the provider reviews how people's individual needs are met by the adaptation, design and decoration of premises at this service.

When we asked about the quality of the food we received mixed responses. One person told us, "It's edible, a different lady did the meals a fortnight ago, a carer standing in, and it was very good." They went on to say "No" when asked if there was a choice but said, "You can have sandwiches instead and yoghurt if you don't like the dessert." Another said, "It is excellent – I had sandwiches today as I wasn't very hungry. If there is something I'm not too keen on I can get a cheese or tuna sandwich. The steak pie today looked gorgeous but I wasn't hungry." A third told us, "The food isn't very good and it's not cooked very well. I have complained about it and it has improved a bit since I came. There isn't a lot to eat."

We spoke with two members of staff who were preparing lunch on day one of the inspection. They were able to show us the menus which were on a three week rotation. The staff were able to talk to us about people who required modified foods and one said, "[Name of registered manager] will speak to us about the specific details." We reviewed a file which contained pictures and information on various foods which was used to find out people's likes and dislikes in relation to food. No one currently living at the service had any cultural or religious food requirements.

We observed breakfast and lunch on day one of the inspection. On a table at the side of the dining room there were jugs of juices and glasses and cups. There were no drinks in the lounge for people to help themselves. In the rooms we visited we saw drinks were available.

People were able to choose whether to eat in the dining room, the lounge or their rooms. The tables in the dining room were set with checked cloths, plain table mats, paper napkins and cutlery. A menu was written on a small blackboard on top of the fireplace, which was high and difficult to see and read.

There were seven people in the main part of the dining room for lunch that came in independently. People in the dining room were able to eat and drink independently and did not require any adapted utensils. The meal was carried up covered from the kitchen (which is downstairs) and served. We observed a number of staff coming in and out of the dining area, either serving the meals, picking up plates to take to people eating elsewhere and in their rooms, and talking amongst themselves about where people were and if they had received their meal. There was no system in place for serving the food. The portions and food we saw looked adequate and appetising.

Staff had developed effective working relationships with a range of social care and health professionals to help ensure positive outcomes for people's health and well-being. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health.

Discussion with people using the service and care plan records viewed provided evidence that people using the service had accessed a range of health care professionals such as: GPs, podiatry and community nursing, subject to individual needs. One person said, "I have had to have a local one (GP), I see a physiotherapist privately and they wanted me to see a doctor about my foot. [Name of registered manager] did all that; got me a taxi and a carer went with me. A carer always goes with you. I lost my glasses when I first came in and they took me to an optician." This showed us that people were supported to maintain good health and to access other healthcare services.

Is the service caring?

Our findings

One person who used the service described staff as "Very nice, lovely, 10 out of 10, I know them all, they're all lovely – the one that's just left she was lovely." A second person said, "I think they are exceptionally good." A third told us, "Yes, they look after me when I need it but they know I mostly look after myself." One relative said, "I went to every care home in Hessle. When I knocked on this door a lovely care worker invited me in and made me a drink. It felt like a home. The care of my relative has been fine, [Name] has never smelled, has always had clean bed linen and their room kept clean. The staff are lovely." A visiting health care professional told us, "The staff are polite."

Staff demonstrated kindness, compassion and good humour to people and their relatives in some areas of the service. For example, we observed one member of staff engaging in meaningful conversation with two people about the history of the village they lived in and current affairs. We also observed the activity staff engaged with people in the dining room area chatting with them about a variety of topics. It was clear staff had a good rapport with people.

However, this level of compassion was not practiced throughout the service and people's privacy and dignity was not always respected. We observed two members of staff chatting in the dining room about a person's bowel habits that day. They discussed the person and named them in front of other people and staff. Another member of staff was observed on more than one occasion not knocking on people's doors before entering their rooms. This meant that people were not always treated with dignity or respect as staff were indiscreet when communicating amongst each other about individuals' personal care needs.

We noted that two people had a malodour about them during the inspection. One person was wearing clothes that looked unkempt and creased and another was wearing ill-fitting slippers. When we explored personal hygiene with people comments included, "I get help to get showered every second or third day. I can't complain about that", "Yes, they get you sat in the bath, they do my back, no problem with that at all" and, "Yes, I can wash myself but they'll do my back if I ask, they knock before they come in." A person's appearance is integral to their self-respect and older people need to receive suitable levels of support to retain the standards that they are used to.

A relative told us "I do have concerns that after 4.30 p.m. they (staff) won't take them (relative) to the toilet as they are getting tea ready. They say 'You'll have to wait till we get tea over,' I've seen it with other people as well over the years – it could be up to an hour, something like that they have to wait until tea's over. I've mentioned it to staff before but nothing's happened, it's been like it for the last few years." We raised this concern with the provider. After the inspection we received an update that a registered manager from another of the providers' services had made spot checks and had observed people being appropriately assisted with personal care needs at mealtimes.

When we initially arrived at 6am on day one of this inspection we saw that no one was up in the service. Shortly after our arrival we observed one person was supported to get out of bed. The person was not heard to be upset or distressed in their room prior to this. The member of agency staff went into the person's room

turned on the ceiling light immediately and started talking to the person. The person was supported to get up, washed and dressed in approximately six minutes and then supported to sit in a chair in the entrance hall. Neither member of staff on duty could tell us why the person was got out of bed. We observed the person to be very distressed and disorientated. They were also complaining of pain in their arm but unable to articulate why it was hurting. The person then began to fall back to sleep in the chair. We spoke to the registered manager about this and asked them to request a GP visit for the person. We were updated after the inspection with the outcome of this visit.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the provider gave us an update that a dignity training program had been introduced at the service. This consisted of course work, observations, role play and oral questions. The provider told us that following this training a dignity champion would be appointed at the service to ensure people's dignity was upheld.

Comments made about the staff during our conversations with people reflected that people were supported to be as independent as possible. One person told us, "Yes, definitely – in a morning they encourage you to see to yourself but help you if you need it – I rely on them to wash my toes as I can't reach them." Another said, "I do everything for myself."

People's care plans reflected their diversity and protected characteristics under the Equality Act. For example, people's sensory needs were included in their pre-assessment and care plans contained information on people's gender, sexuality and relationships. Some people had religious needs and the service had visits from local churches. We spoke with one person who told us, "I would love to go to my place of worship." However, the person conceded that this would not be possible as they "Would have to be among crowds and couldn't sit up." We saw the person was visited at the service by other members of their faith.

Is the service responsive?

Our findings

Care files contained information such as: pre assessment documentation, care plan records and associated risk assessments. Each person's needs and support required were outlined including supporting documentation such as life histories; health care notes and daily records of care.

We wanted to find out how people had been involved in planning their care so we looked at five people's care files and we spoke with people about the care planning process. Four of the five people we asked about their care plan told us they had not seen one. Comments included, "No, never seen one", "No, I don't think there is one" and "No." One person told us, "I think there is one here somewhere – think I read through it and signed it." One file we looked had been signed by the person to consent for the care plan to be originally developed and updated four weekly. We saw that the main care plans had been reviewed each month; however, there was no evidence of the person being involved in any monthly updates. This indicated that people had not always been involved in planning or personalising their care.

Care plans and risk assessments were not always person centred. We found that care files were not always up to date and did not always contain accurate relevant information. In one care plan we saw the review sheet recorded 'No changes' every month since the person had been admitted. We saw from the persons health care records that they had seen various health care professionals and had changes to their medicines. Another person's nutritional assessment review form stated 'No changes' from April 2016 to October 2017. When we looked at their record of professional visits we saw they had been referred to the speech and language therapist (SALT) after a GP visit in September 2017. However, their care plan did not contain any further information relating to the outcome of this referral or instructions on how the person was to be supported with this assessed need.

For people with a diagnosed mental health condition, there was no information in either their care plans or risk assessments that detailed how the person's mental health affected them. For example, one person's risk assessment for delusional thoughts stated 'Due to my diagnosis I can at times have delusional thoughts.' There was no indication on what these delusions were, what it meant for them, the last time they experienced mental ill health or how staff could work effectively to support the person with their mental health needs. Another person's records said they had been referred to the mental health team for older people. We were unable to locate any record of a visit or outcome from this referral. This poor level of detail would not be useful for a member of staff not familiar with the person.

We asked staff how they knew what people's care needs were. When we asked about the specific needs of one person a member of staff told us, "I am not sure on [Names] care plan as I don't do the ladies that much." This indicated that not all staff were using people's care plans as the basis for the care that they were providing.

This was a breach of Regulation 9 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Some people told us they were able to follow their own hobbies and interests. One person told us "'Yes, more or less, I get out, I go to the Working Men's club after dinner, every afternoon for a couple of hours if I've got the money; seven days a week if I've got the cash, otherwise I read or watch TV. I sleep a lot during the day as I read all night.'" Another person was doing a jigsaw, they told us, and "The table wasn't big enough so [Name of registered manager] got me this to put it on (a large picture still covered in plastic) I do a lot of knitting; I haven't been out that often. [Name of registered manager] took me out last Thursday as I wanted some new slippers. She took me have a look around and I bought some."

Other people told us, "Not a lot (of activities), a man comes and we have a sing song once a month on a Wednesday and there's TV but I'm not a TV person. [Name of registered manager] was going to play bingo the other day but they put a film on. [Name of activity co-ordinator] does our nails for us, she's lovely" , "Just sit and sit, there's nothing, need something, not just for your limbs but for your brain as well" , "Don't do any, I like to get out, there's something coming up for Christmas" and, "I've got my internet, Sky TV and books, I go down for breakfast but stay in my room the rest of the time – suits me, an ordered life, I like order. I know there's a party coming up. My next door neighbour comes in sometimes and we listen to Elvis. I call the lounge God's waiting room."

There was an activities co-ordinator employed at the service for 28 hours each week, Monday to Thursday. We saw them go to the shops for one person and take another two people into the local square in the morning and afternoon of the first day of inspection. On the second day of inspection we saw them playing cards with one person. There was no information displayed about activities other than a small notice advertising a Christmas party. Another notice stated 'Ask [Name of registered or assistant manager] for more details.'

We spoke to the activity co-ordinator who told us they did not organise a timetable of activities as they "Liked to see how it goes and liked as many people to join in as possible." We asked what activities had been introduced and were told bingo, jigsaws, going out, chatting, music and shopping. There were no planned trips out other than people going for walks and to the shops in the local square.

There were no activities that were meaningful to people living with dementia. We asked the activity co-ordinator if the service had any special equipment for those people living with dementia, such as twiddlemuffs. We were told not. A Twiddlemuff is a double thickness hand muff with bits and bobs attached inside and out. It is designed to provide a stimulation activity for restless hands for people living with dementia. There were two other seating areas within the service – a conservatory area and a balcony area. We saw some tables and chairs and a box containing jigsaws (some were half completed). In the balcony area there was a dresser with books on the shelves and two dolls. Use of these was not seen to be encouraged during the inspection. A reminiscence area had been created on some of the walls with lots of old photographs of the docks, fishing boats, Hull City and Hull Fair. These areas did not appear to be in general use and were being used, in part, for storage.

We recommend that the provider research a suitable programme of activities, based on people's interests and choices.

We saw in the past people had been supported to remain in the service where possible if they required end of life care. Two people living in the service were receiving end of life care at the time of inspection. We spoke to the relative of one who told us, "The staff are lovely. They are responsive with me. They have turned [Name of relative] over and looked after her skin. They have also still provided her with person centred care and given her what she likes such as a shandy and ice cream."

People knew how to raise concerns or complaints. They told us they would speak with a member of staff or the registered manager. One person said, "I would just talked things over with [Name of registered manager] when things have gone missing. (Manager) and my daughter get on like a house on fire." Another told us, "No, if I did I would try and do it diplomatically, nothing worse than bad relations with staff; I'm quite impressed with the place." A third person told us, "Not recently, only when I first came in, eventually I was happy with the way it was handled. If I wanted to complain I would and they would be no uncertainty I wasn't happy." The registered provider had developed a 'Complaints policy' to provide guidance to people using the service and/or their representatives on how to raise a concern or complaint. We saw this was available in the entrance hall of the service.

Is the service well-led?

Our findings

The registered manager demonstrated they could act responsively when required to make improvements. During our inspection they took on board our feedback and made improvements that immediately reduced some of the risks we found to people's safety and wellbeing. The registered provider responded promptly following our initial feedback to ensure people's safety and sent us an action plan to tell us what they would be doing to address some of the areas of improvement required.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. We found the registered manager of the service had informed the CQC of most significant events in a timely way. This meant we could check that appropriate action had been taken. However, during the inspection, we became aware of an injury which the registered manager and the registered provider were legally required to inform CQC about. We had not been notified of this injury. This was being rectified by the provider who assured us they would now be receiving copies of notifications and incidents for the service on a monthly basis, which would allow them to monitor this more closely. We will check this at our next inspection.

We asked about the checks and audits that the service undertook to ensure that a safe and high quality service was provided. We saw examples throughout our inspection where this had impacted upon people's safety and caused inconsistencies in the quality of people's care experiences. For example, care audits had not indicated the shortfalls in people's care plans and risk assessments. Housekeeping audits had not identified any of the potential safety hazards and infection control issues we found within the environment during this inspection. This meant that although there was a system in place to review various parts of the service this had not identified the gaps we identified during our inspection.

Records were not kept up to date. For example, people's records we reviewed were not always accurate and up to date. Care plans did not always reflect the care provided. We attempted to look at staff training but the documentation used by the service to record training people had undertaken was unclear and disorganised. We could not be sure that staff training was up to date. The training audits we reviewed for May and September 2017 had not highlighted any of these concerns.

The provider's statement of purpose (SOP) needed updating. For example, we saw this stated, 'There is a full activities programme in the home based upon the interests of the residents currently residing in the home. A programme is published and accessible to all resident's.' We were unable to see any scheduled plan of activities based on people's interests available at the service.

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

People and their relatives we spoke with gave us mixed responses when we asked them if they were happy with the way the service was run. People told us, "[Name of registered manager] is very helpful and there if you need them, I don't think they suffers fools gladly", "[Manager] is very nice, I like [Name], I get on with

them, they are straight", "I don't think [Name] has any people skills, very autocratic but I do get on with them, don't get me wrong, I can talk to them as an equal." A relative told us, "Good manager, keeps the place clean, have good meals as far as I know, think they are well looked after. I don't think anyone living in a home is happy quite honestly but, on the whole, I think it is a good home – wouldn't have kept [Name] here all these years otherwise."

There was some evidence that the provider sought people's views about the quality of the service. The SOP stated, 'Residents meetings are held regularly and the minutes recorded.' We asked people using the service if they had the opportunity to attend meetings to discuss their care and support. Comments included, "No, but [Name of registered manager] does ask you if everything is alright", "No, I think it would be a good idea – quite frankly I don't think the residents would be interested. A lot have dementia and I think we're all tarred with the same brush" and "Not that I've seen, I wish they would, I think the excuse would be given that a lot of residents couldn't participate." We saw residents meetings were held and we reviewed the minutes from May, July and September 2017 where food, GP services, activity and hairdressing were discussed.

We reviewed the last satisfaction questionnaires that were completed in May 2017 by three people using the service, eight relatives and two visitors. We noted there were some positive comments received which included, 'I enjoy coming here and you all welcome me' and, 'You are all brilliant. I don't know what I would do without you.'

Staff said managers were supportive when they needed them to be. Comments included, "Yes, [Name of registered manager] is approachable. I think the home is well led", "The managers are approachable, we get supervisions and they listen. [Manager] would address any problems as would [Name of providers other service] owners" and, "Personally I like working here. [Manager] does do quite a bit, even on a personal level with the residents. [Manager] will step in and help."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered manager and provider had failed to plan and review care and treatment to meet people's needs and preferences</p> <p>Regulation 9(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The registered manager and provider failed to ensure that people were consistently treated with dignity and respect.</p> <p>Regulation 10 (1) (2) (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risk of harm to people was not always assessed, managed and reduced through the effective use of risk assessments.</p> <p>Environment checks of the service required further development in order to promote people's safety at all times and improvements were required to ensure that appropriate infection control practices were applied and followed.</p> <p>Regulation 12 (1) (2) (a) (b) (d) (e)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers system of governance did not provide sufficient assessment and monitoring of risk to mitigate the risks to the health, safety and welfare of people who lived at the service and staff.</p> <p>Records relating to people's care did not always contain up to date and accurate information about people's care needs.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered manager and provider had failed to ensure staff received the training necessary to carry out their role.</p> <p>Regulation 18 (2) (a)</p>