

Carrington House Ltd

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Inspection report

Carrington House
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Tel: 01525853211

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20 October 2016

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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 18 and 20 October 2016, and was unannounced. At the last inspection in October 2015, we asked the provider to take action to make improvements to the deployment of staff across the service and the way in which staff appraisals were undertaken. We received a provider action plan which stated the service had addressed the issues and would meet the regulations on 16 May 2016.

Carrington House Limited provides accommodation, care and support for up to 60 people with a variety of care needs, including health conditions and physical disabilities. Many people may also be living with dementia. At the time of our inspection there were 56 people living at the service, one person having recently been admitted to hospital.

The service has 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.

The service was not always safe. An appropriate level of cleanliness was not maintained throughout the service. Communal areas had broken equipment stored within them and some items of furniture in use were damaged or showed signs of deterioration. This exposed people to the risk of acquired infection and injury from damaged equipment and furniture.

People told us they felt safe and there were sufficient numbers of staff on duty. However we observed delays in the serving, and provision of assistance to people, during the lunchtime meal. Staff were visibly under pressure during this time and were unable to provide support to people in an unhurried way.

Medicines were not managed safely and gaps were found within medicine records. Monitoring tools and audits of medicine stocks were completed regularly by a coordinator however it was not clear who was delegated their responsibilities during periods of absence.

People's capacity to make and understand the implication of decisions about their care were not consistently assessed or documented within their care records. There was no evidence that, where people lacked capacity to make or understand decisions, those made on their behalf had been made in accordance with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. However, people's consent was gained before any care was provided.

Training records for staff were incomplete and gaps were evident on the training matrix for staff. However, staff felt that they were trained and had the skills and knowledge to provide the care and support required by people. New members of staff received an induction.

There were mixed opinions with regards to the meals provided at the service. People were supported to

make choices in relation to their food and drink and a varied menu was offered.

People's needs had been assessed and care plans took account of their care needs but lacked detail with regards to their preferences, choices and individuality. Care plans and risk assessments had been regularly reviewed by senior staff to ensure that they were reflective of people's current needs. However it was not evident how people, and their relatives, had been involved in the process and their views included in the reviews of their care.

Quality assurance processes were ineffective. The registered manager completed quality monitoring audits however the audits completed had failed to identify the concerns found during our inspection and it was not clear how any identified actions to be taken were recorded. There was no evidence as to how audits were used to drive improvements in the service. The quality assurance survey, and resulting action plan, did not take into account the full views of the respondents and two negative responses were omitted.

The arrangements for the management and storage of personal correspondence for people living at the service and their documents was not robust.

Staff understood their responsibilities with regards to safeguarding people and they had received effective training. Referrals to the local authority safeguarding team had been made appropriately when concerns had been raised.

Safe recruitment processes were in place and had been followed to ensure that staff were suitable for the role they had been appointed to prior to commencing work.

People's health care needs were being met and they received support from health and medical professionals when required.

Staff were kind and respectful. People's privacy and dignity was promoted throughout their care. People were provided with information regarding the services available.

A range of activities was provided at the service. We observed staff engage people in social conversation and activities outside of times where there was a high demand for their assistance.

There was a complaints procedure and policy. People and staff knew who to raise concerns with and there was clear line of accountability amongst senior staff. There was an open culture and the management team were approachable.

During this inspection we found the service to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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?

The service was not always safe.

Consistent levels of staffing were maintained but there were delays in the serving, and provision of assistance, to people during the lunchtime meal.

Systems were in place for the safe management of medicines however gaps in medicine records were noted.

Appropriate standards of cleanliness were not maintained throughout the service. Broken equipment and damaged furniture was observed in communal areas.

There were systems in place to safeguard people from the risk of harm and staff had an understanding of how to use these processes.

Safe recruitment processes were followed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were not met.

Gaps in staff training records indicated that staff had not completed the training identified as being required by the service.

We received mixed opinions with regards to the meals provided at the service.

People were asked to give consent to the care and support they received.

People were supported to meet their health needs and had access to a range of health and medical professionals.

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service was not always caring.

People who required specific equipment or assistance to eat their meals were not provided with a pleasurable dining experience.

Staff spent time engaged with people in social conversation or activities when the demand for their support was not high.

People were supported by staff that were kind and respectful and their privacy and dignity were promoted by staff.

Staff knew people and were aware of their preferences in relation to their care needs.

Is the service responsive?

The service was not always responsive.

Care plans which reflected people's needs were in place and were consistently reviewed however they lacked personalisation. It was not clear how people and their relatives were involved in the review process.

There was a range of activities provided at the service.

There was an effective system to manage complaints. People, and their relatives, knew who to raise concerns with.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Quality assurance audits were ineffective in identifying issues in the service.

The satisfaction survey completed, and subsequent response and action plan, did not take into consideration the views of all respondents.

Arrangements for the storage of personal correspondence and documents were not robust.

There was a clear management structure and there was an open culture amongst the staff team.

Requires Improvement ●

Carrington House Limited

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 20 October 2016 and was unannounced. The inspection was undertaken by one inspector and an expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used for this inspection had experience of a family member using this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times, individual tasks and activities.

We spoke with seven people who lived at the service and six relatives to find out their views about the care provided. We also spoke to three care workers, one senior carer, two members of housekeeping staff and the cook. In addition to this we spoke with one activity coordinator, the medicines coordinator, the deputy manager and the registered manager. The director from the provider organisation was also present on the second day of our inspection.

We reviewed the care records and risk assessments of seven people who lived at the service, and also

checked medicines administration records to ensure these were reflective of people's current needs. We also looked at five staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

Is the service safe?

Our findings

When we inspected the service in October 2015, we found that staff were not effectively deployed across the building which led to a lack of a visible staff presence in some areas of the service. We asked the provider to take action to ensure that there was a visible presence of staff for everyone living at the service.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received a provider action plan which stated the service had met the regulation in May 2016. Some action to meet this breach had been completed however, there were still some concerns regarding the availability of staff at mealtimes.

We observed a high number of staff on duty during our inspection and saw that staff were available to meet the needs of people living in the service when required or requested. There were however some delays in the serving of the lunch time meal. When asked about the staffing levels in the service a member of staff told us, "There is enough of us on duty but I don't know why they try and serve lunch to everyone at the same time. We can't serve and help everyone at the same time." We observed a number of people had to wait 35 minutes for their meal to be served after being prompted to be seated at the dining table. There were 13 people sat at the table and not everyone was served their meal at the same time which lead to a number of comments from people including, "Where is mine?" and "I've been sat for ages." We also observed in another communal lounge a delay between food being served to people and a member of staff being available to assist them. This led to people's meals becoming cold and people commencing eating their meals when they required assistance as a member of staff was not available.

A formal staffing level assessment which considered the needs of people whilst taking into account the layout of the building was not in place. The registered manager explained to us that they used a dependency tool to assess the level of need of all the people living in the service and the support they required. Members of staff were then deployed across the communal lounges of the building according to where people spent most of their time. We reviewed past rotas and found there was consistently the required number of staff on duty that the registered manager told us had been determined by the dependency tool. It was clear from the observations of the lunchtime meal, however, that the number of staff on duty was not sufficient if it is determined by the service that people are all to receive their meal, and the level of assistance they required, at the same time.

People and their relatives told us there was enough staff to meet people's needs. One person told us, "There's always someone walking around or walking past. I like that." Another person told us, "I tend to spend time in my room. Someone always pops their head in to make sure I am ok." A relative told us, "I think there is enough. There are busy times but it seems ok."

When we inspected the service in October 2015, we found concerns in the environment regarding the cleanliness of some areas of the service. We spoke to the registered manager and were informed that improvements would be made. At the time of this inspection this was not deemed a breach of regulation.

During this inspection we noted a reduction in the cleanliness of the environment and found concerns with regards to equipment and storage.

People were not cared for in a clean and safe environment. We conducted a tour of the service and found numerous areas of the service where appropriate standards of cleanliness had not been maintained. Equipment had not been maintained to a sufficient standard to be effectively cleaned and presented a hazard to people living in the service. We observed on the first and second floor of the building that dirty crockery, refuse, food waste and items of bedlinen and clothing were left beside the lift area or placed on radiator covers around the service. We saw waste paper baskets overflowing with used personal protective equipment in communal areas and clinical waste bins full to capacity in communal bathrooms. There were unpleasant odours in the communal bathrooms and some sinks and toilets had not been cleaned effectively. There was heavy staining and discolouration of some floors in communal bathrooms and lime scale present on taps and surfaces. We also noted that some equipment present, such as shower chairs and toilet seats, were showing signs of deterioration and rust.

Communal lounges and conservatories were seen to be cluttered with equipment and furniture. We saw items of broken equipment, such as wheelchairs and walking frames, in communal areas and broken furniture in people's bedrooms. We observed a number people using damaged chairs in the lounges which had splits and tears to the fabric and others which showed significant signs of deterioration where the fabric was worn and disintegrating. This meant that people were using equipment and furniture that could not be cleaned effectively and were unfit for purpose.

Domestic staff were completing their duties during our inspection and we observed people's bedroom doors being propped open with numerous items including furniture, boxes and items of clothing. These doors were fire resistant doors and leaving them open rendered them ineffective should a fire occur in the service. We spoke to two domestic members of staff who told us that they had not received any training. One member of staff said, "Not really, I just followed another cleaner around for a week to see what they did." When asked if there was a cleaning schedule indicating what tasks they were to complete and the frequency of those tasks, staff confirmed there wasn't. We observed one member of staff completing their duties and for a number of tasks the methods they used and the cleaning products selected were not sufficient.

Appropriate standards of cleanliness were not maintained throughout the service. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were processes in place for the management and administration of people's medicines however these had not been consistently followed. The medicines coordinator was on annual leave during our inspection; however they came to the service to assist in the inspection process.

We reviewed seven records relating to how people's medicines were managed and found they had not all been completed properly. For one person, who had recently been admitted to the home, the Medication Administration Record (MAR) had been handwritten by a member of staff. There was no evidence, by way of signature, as to which member of staff had completed this record or that the transcribing of the medicine record from the prescription received had been checked. There were also gaps in the personal information for this person and no evidence of stock being signed as received into the service. For another person we found seven gaps on their MAR during a period of 10 days. There was no evidence that these gaps had been reported by staff, or that any action had been taken, to ensure that the medicine had been administered as prescribed. We completed a reconciliation of the person's medicines and found that the medicine had been administered however members of staff had failed to sign the records. This had not been reported by staff.

Medicine Administration Records (MAR) had not been completed fully following the admission of a person to the service and gaps were noted in Medicine Administration Records. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines. The medicines coordinator explained to us how they conducted regular audits of medicines were so that that all medicines were accounted for and the systems they had in place which aided the stock control of medicines in the home. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time. The errors that we found within medicine records had been made during their absence and it was not clear who had been delegated the responsibility of overseeing the medicines management within the service during this time. We observed one senior member of staff administering medicines and they demonstrated safe practices. There was a current medicines policy available for staff to refer to should the need arise.

People we spoke with confirmed they received their medicines as prescribed. One person told us, "I'm happy that I'm supported with my medication, that way I won't make a mistake." Another person told us, "My tablets are fine. All done for me."

People and relatives we spoke with said that they felt that they or their relative was safe and secure living at the service. One person said, "I like it here. I feel safe." Another person told us, "I definitely feel safe because the carers are always around." A relative told us, "I am reassured on leaving that [Name of person] is safe and cared for."

People were safeguarded from the risk of harm by staff who understood their responsibilities to report any concerns about possible safeguarding issues. The members of staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would raise with senior staff. They were also aware of reporting to the local authority or other agencies. One member of staff said, "I would speak up about anything I was concerned about or noticed that caused me to worry." Another member of staff said, "I know the concerns I need to look out for and to be aware. I'd speak to a senior member of staff or make a call to the council."

Staff we spoke with demonstrated a good understanding of safeguarding procedures and told us that they had undergone training in safeguarding people. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team was displayed in the entrance hallway and in the staff cloakroom. Records showed that appropriate referrals had been made to the local authority where required.

Risk assessments had been completed in relation to specific areas of care for each person who lived in the service. One person told us, "Staff seem to check on safety all the time. You always hear them explaining safety." Another person told us, "I know they try to keep me safe. Always checking." The registered manager told us that risk assessments were reviewed monthly to ensure that the level of risk to people was still appropriate for them, taking into account any changes in people's needs. Any actions that staff should take to reduce the risk of harm to people were included in the care plans and assessments were highlighted to staff via a colour coded system for high, medium and low risk assessments. The identified support included people's needs in relation to cognition, dietary needs, personal care, physical well-being, communication and medicines. For some people, these also identified specific support with regards to their mobility and the steps that staff should take and the equipment to use to keep people safe.

A computerised record of all incidents and accidents was held, with evidence that during the monthly risk

assessment review, a senior member of staff had viewed each report. On the reports that we viewed it was not always recorded what action had been taken to reduce the risk of recurrence however we saw that people's risk assessments were updated to reflect any changes to their care so they continued to have care that was appropriate for them.

The registered manager had carried out assessments to identify and address any risks posed to people by the environment. These included fire risk assessments, slips and falls, medicines, the presence of stairs in the building and the security of the building. People living at the service had Personal Emergency Evacuation Plans (PEEP's). Information and guidance was displayed in the entrance hallway to tell people, visitors and staff how they should evacuate the service if there was a fire.

Robust recruitment and selection procedures were in place and were followed consistently. We looked at five recruitment files for staff. Relevant pre-employment checks including obtaining references from previous employers, checking the applicants previous experience, and Disclosure and Barring Service (DBS) reports had been completed for all staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This meant that steps had been taken ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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.

People's capacity to make and understand the implication of decisions about their care were not consistently assessed or documented within their care records. The registered manager had recently completed mental capacity assessments for a number of people but these lacked robust information as to people's ability to make decisions and contained statements such as 'has diagnosis of dementia' and 'lacks capacity'. There was no evidence of the involvement of the person, their relatives or any other health professionals in the completion of these assessments. We spoke to the registered manager about the MCA and associated DoLS and they demonstrated a lack of knowledge and did not understand their role or responsibility. Some staff had received training on the requirements of the MCA and the associated DoLS but they were also unable to explain their understanding.

Where it had been assessed that people lacked capacity we saw that decisions had been made on their behalf however there was no evidence that this was following discussions or a meeting with relatives and health professionals. Decisions made for, and on behalf of people, were not consistently documented within care plans. Authorisations of deprivation of liberty were in place for people who lived at the service as they could not leave unaccompanied and were under continuous supervision. We saw that one person's authorisation had expired and no further application had been made to the supervisory body. For another two people, further applications had been made however this was after the expiry date of the initial authorisation.

People's capacity to make and understand the implication of decisions were not robustly assessed or documented. Decisions made on behalf of people were not consistent with the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us that staff sought their consent. One person told us, "They always call me by my name and then ask me, which is nice." Another person told us, "I say yes or no. I don't have to say yes to anything." A relative told us, "I'm here often and see staff ask residents for permission to help them or do something for them."

Members of staff told us that they always asked for people's permission before providing them with care.

One member of staff told us, "I always knock on the door and ask for permission." Our observations confirmed that staff obtained people's consent before assisting them with personal care or supporting them to transfer. Where people refused, we saw that their decisions were respected. Records confirmed that people, or their relatives where appropriate, had given their written consent to the care being provided upon admission to the service but it was not clear if this had been reviewed in light of any changes in need the person may have experienced or the care that they received.

Training records were inconsistent with the views expressed by staff regarding the training they received. Staff told us that, once inducted, there was an ongoing training programme in place which gave them the skills they required for their roles. One member of staff told us, "We do regular updates to keep us trained." Another member of staff told us, "I've worked here for a number of years now and have worked up to my NVQ 3. I've been encouraged to train further and have had courses provided for me." Staff discussed the variety of training courses they attended and spoke about how this supported them in their work and provided them with the knowledge they required; however they could not recall when they had undertaken training or tell us details of any recent training they had attended. When we checked the training records for staff there was no evidence that a large number of staff had attended training in a number of areas. The gaps identified included 29 members of staff in safeguarding, 28 in infection control, 22 in mental capacity and 36 in challenging behaviour. The training matrix provided by the registered manager during our inspection detailed the records for 45 members of staff. This meant that records showed people were supported by untrained members of staff.

Training records for staff were incomplete and gaps were evident on the training matrix for staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People and their relatives thought that staff had the skills required to provide the care needed. One person said, "I think staff are skilled enough to know what I want and need." Another person told us, "I'm no expert but the staff seem to know what they are doing." A relative told us, "The staff all appear to be skilled and trained in what they do."

Staff told us that there was an induction period for new members of staff. A member of staff who had recently started work at the service told us, "I'm working my way through my tick list now of the tasks I need to do." Another member of staff told us, "I completed mandatory training and some shadowing before going on to shift." The registered manager explained to us that the induction for all staff was a mixture of training, shadowing and then observation before a member of staff was deemed competent. Once inducted, members of staff were supported to complete a vocational qualification should they wish to.

Staff felt supported in their roles and received supervision on a regular basis. One member of staff told us, "I've had regular meetings with [Name of registered manager] or [Name of deputy manager] since starting here." Another member of staff, "We get regular supervision with [Name of deputy manager]. We've recently completed my performance review and spoke about my training." Staff we spoke with confirmed that they had received an appraisal. Records showed that staff received regular supervisions and that annual appraisals had taken place or were planned in line with the provider policy.

People were supported to have a varied diet but there were mixed views about the meals that were provided at the service. One person told us, "The food is ok, not brilliant." Another person told us, "I enjoy my meals. I never feel hungry." A third person told us, "Food is not terribly good. The other day it was casserole, so tough I couldn't eat it." A relative told us, "[Name of person] has put on some weight since moving here and has been encouraged with eating." Another relative told us, "The food is a bit on the poor side." The menu we viewed offered people a variety of meals, in line with their dietary preferences.

We observed that meal times were busy and staff experienced difficulties in serving people at the same time. In one of the communal lounges the meal time was quiet and relaxed with people chatting amongst themselves as they ate. However where a large group of people were sat in one of the conservatories together and in the lounge where people required more assistance, we observed people having to wait a considerable amount of time before their meal was served or a member of staff was available to assist them. This led to people's meals being cold before they received them and comments of dissatisfaction. We heard people comment that the meal they received was "not what I asked for" and "I didn't ask for this". Staff members serving the meal were unclear if an error had been made but were able to provide an alternative in these cases.

Where people required specific equipment or assistance to eat their meals we saw that for some people this was provided with little interaction and this did not enhanced the mealtime. We observed staff talking to each other across the room and not chatting with the person they were assisting. Other members of staff were observed calling out from across the room to people asking for their choices of dessert or openly discussing with colleagues the choices they were making on behalf of people. There was little encouragement provided to people who were eating independently and meals were removed from people with single comments from staff of "Finished?" Not all people had been given the opportunity to answer prior to their plate being taken.

People who required specific equipment or assistance to eat their meals were not provided with a pleasurable dining experience. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the cook who told us that the majority of food was prepared at the service and people were given at least two choices for each of the meals. People, and their relatives where required, had been asked for likes and dislikes in respect of food and drink prior to moving to the service and their preferences recorded. Members of kitchen staff were notified of people's dietary requirements and were informed of any changes verbally on a regular basis. Records held in the kitchen detailed specific dietary needs such as allergies and consistency requirements; for example, a soft or pureed diet. There was no-one living at the service at the time of our inspection that required a special diet for cultural or religious reasons but the cook confirmed that cultural diet choices could be catered for and had previously catered for people with specific medical conditions and allergies. Members of care staff were aware of people's dietary needs and this information was documented in the care plans and risk assessments.

People were supported to maintain their health and well-being and were assisted to access health care services, when needed. One person told us, "I don't have any health problems but I know the doctor would get called if I did." Another person told us, "I've never had to see a doctor myself up to now but I've seen him visit others." A relative told us, "[Name of person] has had a few health issues which have been responded to." One member of staff said, "The GP visits the home and we can always ring the surgery to request a visit." Records confirmed that people had been seen by a variety of healthcare professionals including the GP and district nurse. Referrals had also been made to other professionals, such as dietitians and mental health services.

Is the service caring?

Our findings

Staff knew people and understood their preferences with regards to their care needs. One member of staff told us, "We listen to people and talk to their families for information and get ideas about how to support people." They went on to explain how they used their knowledge to provide day to day support to people, engage people in conversations and provide comfort during periods of distress. Information in care plans provided guidance to staff and enabled them to care for people however they lacked information in relation to people's individuality such as hobbies and interests, past life events and occupations.

People we observed appeared at ease and relaxed in the company of staff. One member of staff told us, "It's important that people feel comfortable. Sometimes their condition makes them feel agitated or upset and it's our job to reassure them." Staff spent time engaged in conversation with people at periods throughout the day and took time to ask people questions and understand their needs however during the serving of the lunchtime meal we observed members staff were unable to continue with social interaction and exchanges with people were task focussed. Staff were visibly under pressure to serve meals to people and were unable to provide assistance in an unhurried way.

People told us that they were satisfied with the care they received and that staff were friendly and respectful. One person told us, "The girls are good. They help me." Another person said, "Staff are very friendly. I get good care." A third person told us, "They are always respectful to me. Very nice."

We observed interactions between staff and people that lived the service and found these to be kind and respectful. One person told us, "The carers are nice and are good company." One relative told us, "Everyone seems very helpful and have a friendly approach." Another relative told us, "From what I have seen the staff are all very nice." We observed members of staff using each person's name, responding to requests for assistance and enquiring about people's wellbeing as they completed their duties or passed people by in the corridors.

People's bedrooms were similar in furnishing and décor but had been personalised by people by bringing their pictures and decorations with them when they came to live at the service. One person told us, "It's my room; I can have and do what I like with it." A relative told us, "[Name of person] has got her own bits and photos in there and she can go in there or to bed when she likes. It's like her being at home."

People told us staff protected their dignity and treated them with respect. One person told us, "I'm ok to wash myself but they would help if I asked them. They are always respectful to me." A relative told us, "I have no concerns during my visits. There are many people like [Name of person] with advanced dementia and I see everyone being cared for with the same respect." Staff members were able to give examples in which people's privacy was protected and their dignity was preserved such as knocking on doors before entering, making sure they offered assistance with personal care to people in a discreet manner and ensuring that doors were closed when providing personal care in bathrooms or in people's bedrooms. Staff all clearly explained that information held about the people who lived at the service was confidential and would not be discussed outside of the service.

There were a number of information posters displayed within the entrance hallway which included information about the service and the provider organisation, safeguarding, the complaints procedure and fire safety notices. We also saw notices for forthcoming events and audits of the service were displayed however these were out of date. These were removed by the registered manager once brought to their attention.

Information from charitable organisations that provide services to older people and people living with dementia was also available in the entrance. This meant that people and their relatives received information on the services that were available to them.

Is the service responsive?

Our findings

People had detailed care plans in place however they lacked personalisation. The computerised care plans followed a standard template which included information on people's care needs and the risks associated with their care but lacked information on personal background, individual preferences along with their interests. We found that the care plans reflected people's current care needs and gave guidance to staff on how to support people. Care plans had been reviewed and updated regularly with changes as they occurred but it was not clear how people or their relatives where required, had been involved in this process from the records that we viewed.

People and their relatives told us that they felt involved in deciding what care they were to receive and how this was to be given prior to admission to the service. One person told us, "I don't need to do anything, my daughter sees to all my needs and decisions." A relative told us, "We all spoke initially about the care and what [Name of person] needs." Another relative told us, "I'm involved with [Name of person's] care plan." Records showed that pre-admission assessments were undertaken to establish whether the service could provide the care people needed.

People told us that they had the opportunity to take part in various activities. One person told us, "[Name of activities co-ordinator] is very nice. She always talks to me about my life before here and encourages me to join in." Another person told us, "I've been on a trip once but I can't remember where. There's usually something to do here."

Activities were provided by an activity co-ordinator, staff on duty and, on occasion, visiting entertainers. Members of staff we spoke with were able to describe some of the different activities that people enjoyed such as music groups, quizzes and knitting. One member of staff told us, "I try to engage people in conversations about what they like. It can be difficult when someone is living with dementia but we can talk to families about them." The activity co-ordinator spoke positively about their role and additional training that they had undertaken. We observed them interacting positively with people involved in the activities and encouraging them to participate.

An activity schedule was not available however people and their relatives knew the regular activities that were on offer. During the first day of our inspection we saw a quiz group in the morning and a musical exercise group in the afternoon.

People we spoke with were not aware of the formal complaints procedure but were able to say who they could raise concerns with, should they have any. One person we spoke to told us, "I have no concerns. I would tell my, family or one of the girls if I did." Another person told us, "I have no complaints. I'm happy here." A relative told us, "No concerns so I've had no reason to complain but I know who I can speak to."

There was an up to date complaints policy in place and a poster containing the complaints procedure displayed in the entrance hallway. We saw that no formal complaints had been recorded as having been received in the past year however there was a complaints system in place should any concerns be raised.

Is the service well-led?

Our findings

The registered manager at the service was also registered for another service within the provider organisation group. They explained how they were supported by a deputy manager at Carrington House and how they divided their time equally between the two services.

Quality assurance systems were ineffective. Audits completed by the registered manager covered a range of areas, including safeguarding, incidents and accidents, health and safety and daily records. The audits completed consisted of a check of records and they did not highlight the concerns we found upon inspection. We saw that the review of incidents and accidents consisted of a monthly record of all the incidents which had occurred. The process did not seek to identify any patterns or trends or ensure that action to prevent reoccurrence had been taken. We saw that the health and safety audit was an environmental check of the building but had failed to identify the concerns we found in relation to the cleanliness of the building or the presence of broken and damaged equipment. It was not clear how issues found in the audits were recorded and there were no records of any actions taken as a result. This meant that it was unclear as to how the registered manager used the audit process to identify and address any issues in the service or drive improvements.

A recent satisfaction survey had been completed. The registered manager showed us satisfaction survey forms that had been received from relatives of people who lived at the service. Many of the responses seen were positive however four concerns had been expressed. We saw that a response had been compiled and an action plan completed however this did not take into consideration, or address, two of the concerns that had been raised. This meant that all responses received had not been included and the response compiled failed to reflect all of the views expressed by relatives. This also meant that the action plan completed did not include any action to be taken in relation to the concerns that had been omitted from the findings.

Arrangements for the management and storage of data and documents were not robust. We found daily care records located outside of people's rooms and also found a number of files containing personal financial information for people living at the service located in a communal corridor. This was brought to the registered manager's attention and they ensured that they were moved to a secure area of the service.

We also found concerns with the arrangements for the delivery and management of the mail that was received for people living in the service. We observed a large amount of unsecured letters in the entrance hallway leaving them accessible to visitors to the service. A number of items had dates of delivery of three months prior to our inspection and it was unclear how people were to be supported to receive their mail or ensure their private correspondence was protected. We discussed our concerns with the registered manager who assured us that they would review the arrangements for the mail for people living at the service and ensure a more effective system was used in the future.

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

However, we saw that care records were stored securely within the computerised system with password

protection or within the registered manager's office. This meant that these confidential care records about people and members of staff could only be accessed by those authorised to do so.

People and the relatives we spoke with were not all aware of who the registered manager was but confirmed that they knew who senior staff were and found them approachable. A relative told us, "There is frequent contact from staff and the management. They share information with us or make contact following a change." Another relative told us, "Staff from the office will always approach me when I arrive if there are any concerns. It's regular contact." All of the relatives we spoke with said they would be comfortable about approaching a senior member of staff with any questions, concerns or issues they may have.

Staff told us that there was an open culture and felt they would be supported by the management. One member of staff told us, "I feel I can go to [Name of registered manager] or [Name of deputy manager] if I need to." Another member of staff told us, "I've spoken to [Name of registered manager] in the past and have been told that [they] will take action."

Staff were aware of their day to day roles and responsibilities and were clear on the lines of accountability within the staff structure, however they told us that they did not feel consulted with regarding the development of the service or decision making. One member of staff told us, "I'm not sure I can remember the last time we had a meeting all together." Another member of staff told us, "I have supervision but I'm not sure about team meetings." Members of staff we spoke with could not recall if they had attended previous meetings or their content. It was not clear how staff were notified of forthcoming meetings or how they could request topics for discussion. Records showed that two staff meetings had been held in the past 12 months. Agenda items discussed included staff uniform, pay, training and staff concerns.

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>People who required specific equipment or assistance to eat their meals were not provided with a pleasurable dining experience.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's capacity to make and understand the implication of decisions about their care were not consistently assessed or documented within their care records.</p> <p>There was no evidence that, where people lacked capacity to make or understand decisions, those made on their behalf had been made in accordance with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.</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>Medicine Administration Records (MAR) had not been completed fully following the admission of a person to the service.</p> <p>Gaps were noted in Medicine Administration Records.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 15 HSCA RA Regulations 2014
Premises and equipment

Appropriate standards of cleanliness were not maintained throughout the service.

Broken equipment was stored in communal areas and items of damaged furniture were in use.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Quality assurance systems were ineffective and failed to identify concerns found upon inspection.

The satisfaction survey completed, subsequent response and action plan completed did not reflect the views of all respondents.

Arrangements for the management and storage of personal correspondence and documents were not robust.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Training records for staff were incomplete and gaps were evident on the training matrix for staff.