

Rex Develop Limited

Valley View 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?

Inadequate



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We carried out this inspection on 08 December 2014 and it was unannounced.

During our last inspection at the home which took place on 28 January 2014, we found the service was meeting the requirements of the regulations we inspected at that time.

Valley View is a purpose built residential care home. The accommodation comprises of single rooms with en-suite toilet and shower facilities for up to 59 people. There are four units, Rose, Poppy, and Bluebell that provide accommodation for between 16 to 18 people and Orchid unit for eight people. Poppy unit is dedicated to caring for people living with dementia.

Summary of findings

It is a condition of registration with the Care Quality Commission (CQC) that the home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. However, at the time of our inspection, the registered manager was not the person who was managing the service. We spoke with the manager about this, who told us they had submitted an application to become the 'registered manager' and were awaiting a response from CQC.

We found the service ensured people were protected from abuse and followed adequate and effective safeguarding procedures. However, we found some issues in some areas including; people's freedom being unlawfully restricted, risk assessments not always being followed by staff, daily notes for people living at the home not being personalised, trend analysis not being carried out on safeguarding concerns, staff members reporting feeling stretched in respect of staffing levels, staff training where updates or refreshers were required and inadequate written, individual staff supervision.

We found issues around staff training and a lack of awareness of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

We found care records were regularly reviewed and monitored with the involvement of people who lived at the home and/or their relatives. We also found evidence that people's views were actively sought and any issues or concerns identified were addressed by the manager.

We found there was an inclusive and open culture at the service, although we did find some issues as formal staff meetings and individual staff supervisions did not take place.

We found breaches in Regulation 10 Dignity and respect; Regulation 11 Need for consent and Regulation 18(2) Staff support and training.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some areas of the service were not safe.

We found people were protected from bullying, harassment, avoidable harm and abuse that may have breached their human rights.

We also found some issues where staff did not follow instructions as per a mobility risk assessment in a person's file and care notes made by staff were not always person-centred.

Staff reported that they felt frequently stretched in respect of staffing levels

We found care records included details of how to care for people and how to administer medicines. However, we found some staff were not up to date with medicines training.

Requires Improvement



Is the service effective?

Some areas of the service were not effective.

We found people were cared for and supported by staff who knew them well.

We found issues regarding staff training, supervisions and appraisals. This included a lack of training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

We saw there were key pads on doors of the dementia unit (Poppy Suite). People who lived at the home did not have access to the unlock codes, which means this would be considered as a form of restraint. However, in care files we looked at, we found no evidence of authorised DoLS assessments, approving this deprivation of liberty, meaning people were unlawfully restricted of their freedom.

We observed people were asked for their consent before any care or support was carried out. However, we found issues where people were not given choice and control over the food and drinks they consumed at mealtimes.

Inadequate



Is the service caring?

Some areas of the service were not caring

We found people were cared for and supported by kind and compassionate staff members, who listened to people and respected their views.

However, we observed one person eating their dinner from a tablecloth at lunchtime, which the staff member on duty did not attempt to intervene with.

We found staff members and people who lived at the home were not aware of advocacy services available to them. We also found staff were not all adequately trained in 'end of life' care.

Requires Improvement



Summary of findings

Is the service responsive?

The service was responsive.

We found people and their relatives were involved in the planning and reviews of their care and support.

People were supported to maintain relationships with people and avoid feeling socially isolated by activities carried out at the home. There were few activities on the day of our inspection but an activity list was present for people to choose what they would like to do.

We found the home asked for people's feedback and acted on any actions or suggestions and complaints and concerns were dealt with appropriately.

Good



Is the service well-led?

There were some areas of the service that were not well-led.

We found staff were able to make suggestions for service improvement via the manager. However, we also found no formal, recorded staff meetings took place at the home.

We found people were supported to access the local community.

We found the provider and manager carried out regular, monthly audits. However, we found some audits required to be undertaken by the manager had either not been completed or were overdue.

Requires Improvement



Valley View 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 08 December 2014 and was unannounced. The inspection team was made up of two inspectors, one bank inspector and a specialist advisor. We had received a Provider Information Return (PIR) from this service previous to our inspection. 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.

During our inspection, we spoke with three people who lived at the home, one relative of a person who lived at the home, the manager, the deputy manager, one senior care staff, one care staff, the activities coordinator and one volunteer. We observed staff interactions with people throughout the day and reviewed records kept by the service.

We looked at the care records of five people who lived at the home and the staff personnel records of three staff members. We were unable to find some evidence regarding Disclosure and Barring Service (DBS) checks so asked the manager to send us this information electronically. We received this information via email after our inspection had taken place.

Is the service safe?

Our findings

People we spoke with during our inspection told us they felt safe. One person told us; “[Care staff] help when they can but they’re always so busy. I usually get everything I need.” Another person told us; “[Staff] are lovely. They treat me good and talk to me nicely. I feel safe. I think [staff] make sure I’m safe.”

During our inspection, we spoke with six staff members about safeguarding at the home. All six members of staff were able to explain to us about different types of abuse, the signs to look for and what they would do if they had any safeguarding concerns. This demonstrated staff were knowledgeable about safeguarding and knew how to protect people from abuse and avoidable harm.

We looked at five care records of people who lived at the home. We found these care records contained risk assessments covering relevant areas to protect people from discrimination, including people’s age, disability, race and religion. For example, in one care record we looked at, we found a risk assessment for the persons religious beliefs which read; “[Person] is a Jehovah’s Witness and does not celebrate birthdays or Christmas.” This example demonstrated the service had taken account of this individual’s diversity.

We spoke with two staff members about the use of restraint at the home. One staff member told us; “There is no restraint policy, it’s never used, only distraction techniques.” The other staff member told us; “I know nothing about restraint. I have never seen it. We just diffuse situations.” We spoke with the manager about this, who confirmed that no restraint was used at the service and that distraction techniques were adopted instead.

We asked the manager if there was any information made available for people who lived at the home to support people in understanding what keeping safe meant and how people should raise concerns. The manager told us; “We have just compiled a safeguarding compilation log, which includes policies and guidance. There is one on each floor.” Staff we spoke with told us they were aware of the safeguarding compilation log. This example demonstrated that the service made information and resources available for people to assist them in understanding what keeping safe meant and how to report concerns.

We looked at the safeguarding log to see if safeguarding incidents and concerns were dealt with in an appropriate and timely manner. We found the safeguarding log was well maintained and all safeguarding incidents or concerns had been fully investigated. Information for each safeguarding incident or concern included; what the incident/concern was; what action was taken; what the outcome was; and any other professionals informed i.e. police, CQC, local authority. We also found a copy of the local authority safeguarding adult’s policy in the safeguarding log. This meant the service ensured safeguarding incidents and concerns were fully investigated and relevant professionals were involved.

We looked in care records to see how risks were managed appropriately and how people were involved in decisions about any risks they may take. We found relevant risk assessments were in place. For example, in one care record we looked at, we found a risk assessment for mobility. We saw this risk assessment had been completed with the involvement of the person’s family and a physiotherapist. We saw this risk assessment stated the person should mobilise with a walking stick due to the current mobilising method (a quadropod) being considered a falls risk. However, during our inspection, we observed this person still using the quadropod and not a walking stick. This meant that, although people and their relatives were involved in risk assessments, the home did not ensure risk assessments were always followed to manage risks appropriately.

We checked to see what arrangements were in place for sharing information about risks to people’s care, treatment and support. We found information was relayed through the use of daily records. For example, in one set of daily records we looked at, we found information relating to an unwitnessed fall a person had had and saw it documented that, following staff checking the person, there were “no injuries apparent”. This demonstrated formal methods were in place for information sharing.

We looked in care files to see if information was available for responding to emergencies. In one care record we looked at, we found a document titled ‘Information for emergency services’. This document detailed relevant information for staff and other healthcare professionals,

Is the service safe?

such as paramedics, of what to do in an emergency and any relevant healthcare information that may be required. This demonstrated the service made information available to be used when dealing with emergencies.

We checked to see if there were any arrangements in place for reviewing safeguarding concerns, accidents and incidents to identify any themes and action required. We found no evidence that the safeguarding log was reviewed and monitored. This meant the service did not identify themes around safeguarding concerns or areas that required action.

We spoke with the manager about staffing levels at the service. On the day of our inspection we found there were enough staff on shift, with the manager, the deputy manager, three senior care assistants, seven care assistants, three domestic staff, one handyman, one cook, one kitchen assistant, one housekeeper, one activities co-ordinator and one laundry person. Rotas demonstrated there were enough staff on shift to meet people's care needs. However, we spoke with staff about staffing levels, who told us they felt they were understaffed. One staff member we spoke with told us; "There are not enough staff. A lot of the time we work under pressure. A few more staff would be nice. We bring it up all the time but never seem to get more staff on [shift]". We asked one senior care worker if agency staff were used at the home. They told us agency staff were not used but that bank staff were. During our observations on the morning of our inspection, we noted a distinct lack of activities and interaction between people who lived at the home and staff due to pressures on staff capacity. We highlighted to the provider both the feedback we had received from staff and what we had observed about these capacity pressures and the need for close monitoring of this situation.

We asked one staff member how staff were deployed in the home to ensure staffing levels had the right mix of skills, competencies, experience and knowledge. The staff member told us permanent staff members moved around the three floors to enable them in getting to know people individually. This member of staff also told us this was important in order to effectively deploy a range of skills across all levels of the home.

We looked in three staff personnel files to ensure the service employed safe staff recruitment practices. In all staff personnel files we looked in, we found a record of interview notes, induction and reference checks. However,

we found two of the three staff personnel files contained no copies of the most recent Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We spoke with the manager about this, who told us these checks had been carried out but that records had not been updated with most recent copies. We asked the manager to send us copies of these DBS checks. Following our inspection, we received this information via email. This demonstrated the service ensured safe recruitment practices were followed.

We looked in staff files to ensure the service followed clear procedures when it had been identified that staff were responsible for unsafe practice. In one staff file we looked in, we found evidence of a disciplinary hearing taking place due to the staff member's failure to adhere to the home's medicine policies and procedures. We saw this contained details of the investigations that had taken place and details of the outcome of the hearing. This demonstrated the home ensured staff were subject to relevant disciplinary procedures, when required.

We checked seven Medication Administration Records (MAR) to see if people were administered their medicines as prescribed. We found there were no gaps in MAR charts and all medicines had been signed for when administered. This indicated that the service documented the administration of medicines to people as directed.

In care records we looked at, we found instructions for staff on how to administer medicines and how to apply topical medicines. For example, in one care record we looked at, we found the person had been prescribed an antimicrobial emollient cream for the management of dry and pruritic skin conditions. We read in this care record; "Use over body as a moisturiser. Apply thinly until absorbed, after washing and on dry skin." We also saw this file contained specific instructions of where to apply this cream. This demonstrated instructions were available for staff to ensure medicines were administered appropriately and safely.

We looked in the medicines storage room to check that medicines were stored safely. We found a thermometer in the medicines fridge and another thermometer in the medicines room. This enabled staff to record and monitor temperatures of stored medicine to ensure the

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temperature did not exceed the maximum and reduce the effectiveness of medicines. This demonstrated the home ensured medicines were stored within safe temperature parameters.

We carried out a stock check of seven different medicines from the medicine trolley. We found all the amounts listed on MAR charts tallied with the amount of medicine stored

in the medicine trolley. We also found that, as well as a stock take each time medicines were administered, a stock check was carried out at the home on a weekly basis by trained staff members.

We checked staff training to ensure relevant staff were trained and updated on the administration of medicines. We found not all staff were up to date with training around medicines. We spoke with the manager about this, who told us medicines training had been arranged and was to take place the following week.

Is the service effective?

Our findings

People we spoke with told us they were able to involve family and friends in their care record reviews. People told us they were asked for their consent each time a care task was carried out. One person told us; “[Care staff] ask me if they can do things. Like when it’s dinner time, they ask me if it’s ok to use the hoist to help me get up.”

We asked people about the food available at the home. One person we spoke with told us; “The food is nice enough. I don’t really know what we’re having [to eat] a lot of the time, I just wait and they bring it to me.” We asked this person if they were able to choose the food they ate. They told us; “I don’t really choose, I just have what they give me. I’m sure if I did ask for something different, they’d make it for me but I just never have [asked].”

We spoke with one person and asked if they had choice and control over the environment at the home. They told us; “We do have choice really. Like we can decorate our rooms and put our own things in them so it makes it feel more like home. There’s a nice little garden as well that some [people who used the service] have helped to do. It’s lovely in the summer.”

We looked at five care records of people who lived at the home and found people had their needs assessed, which included their preferences and choices. We spoke with staff and asked them how they ensured they supported people with their needs, taking into consideration these preferences and choices. One staff member we spoke with told us; “We ask [people using the service] what they want to do and how they want it doing. It’s mostly about choice. They usually tell you what they want and the way they want it.” Another staff member we spoke with told us; “We know people who live here pretty well so we know what they like and don’t like.” People we spoke with said they felt they were given choice and control over the way they received their care and support. This demonstrated staff had the knowledge to support people in a person-centred way.

We looked in three staff personnel files and at the staff training matrix. We found each staff member had completed an induction when they commenced their employment at the home. This meant the home ensured new members of staff went through an effective induction process.

We looked in staff personnel files to see how staff were supported and supervised, and if this occurred on a regular basis. We found in all staff personnel files a record of group staff supervision that took place on a regular basis. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. However, there was no record of individual staff supervision having taken place unless it was a ‘reactive supervision’, where an issue or concern had been raised with that staff member. For example, in one staff personnel file we looked in, we found no record of regular, individual supervision taking place but we did find there had been an issue with the staff member. This issue had been addressed and acted upon in a timely manner and recorded as a ‘supervision record’. We spoke with the manager about these issues, who told us they were aware individual supervisions were required at the home and were looking to arrange these supervisions for all staff members.

In staff personnel files we looked at, we found evidence of performance appraisals taking place. However, in one staff personnel file we looked at, we found the staff member was overdue their annual appraisal. We also found no evidence of actions and outcomes from appraisals being followed up on in any of the staff personnel files looked at. These actions and outcomes included personal development, training needs, competencies, feedback and performance.

We looked at the staff training matrix to ensure staff were up to date with training. However, we found there were several areas where staff had either not completed training or were overdue refresher training, in accordance to the provider’s own policies. Issues we found in this area included; 14 staff members were overdue refresher training in fire safety and two staff members had not completed the training; three staff members who had previously undertaken fire warden training were overdue refreshers; eight staff members were overdue refresher training in moving and handling and two staff members had not completed the training; three staff members who had previously undertaken first aider training were overdue refreshers; 15 staff members who had previously undertaken basic life support training were overdue refreshers; one staff member was overdue refresher training in the Control Of Substances Hazardous to Health (COSHH) and thirteen staff members had not completed the training; three staff members were overdue refresher

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training in infection control and seven had not completed the training; two staff members were overdue refresher training in safeguarding and one staff member had not completed the training; two staff members were overdue refresher training in health and safety and twenty-three staff members had not completed the training; and ten staff members were overdue refresher training in dementia awareness and fifteen staff members had not completed the training. We found other training courses, including 'pressure care' and 'continence awareness' had been undertaken by some staff but not all. We were unable to find a record of how often refresher training was required for these other training courses.

Our findings in relation to the deficits in staff training evidenced a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We checked the staff training matrix to see whether staff were trained and up to date with MCA and DoLS. We found 42 staff members had not completed training on the MCA and the remaining 26 staff members had received this training more than two years ago. We also found 41 staff members had not completed training in DoLS and 25 staff members had received this training more than two years ago. We spoke with staff and asked them what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We found staff had little understanding of this area. We asked one staff member what they understood about the MCA, who told us; "It tells you in their (people who used the service) files if they have capacity. It's decided in the pre-assessment." However, the staff member was unable to give any further information on the MCA. This lack of training and awareness relating to this legislation demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked in the five care files to see if appropriate and required mental capacity and best interest assessments were present. We found no assessments in any of the files looked at. We noted there were key pads in place on the unit for people living with dementia whereby people did not have access to the codes to unlock them. We spoke with the manager about this, explaining that this would be deemed a form of restraint as people's freedom was restricted. We asked the manager whether key pads had been agreed as part of any Deprivation of Liberty Safeguards assessments, and they confirmed this had not been agreed. This meant the home did not have appropriate arrangements in place to ensure restraint was not inappropriately used. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with staff about what they did when people who lived at the home presented with behaviours that challenged others. One staff member we spoke with told us; "We use distraction techniques. Try and get them thinking about something else and diffuse the situation." We looked at the staff training matrix and found 34 staff members had completed training within the last two years in 'intervention distraction'. We also found 22 staff members had completed training within the last three years in 'challenging behaviours'. This meant staff had received training in, were knowledgeable about and were equipped to deal with behaviours that challenged others.

We carried out observations of the interactions between staff and people who used the service to see how people were asked for their consent to care and treatment. We saw that staff sought consent from people throughout the day. For example, we observed one staff member ask a person who lived at the home if they could cut and file their nails. The person agreed and the staff member carried out the task. We also made observations throughout the day of staff knocking on people's bedroom doors and bathroom doors before entering. This demonstrated staff sought people's consent before entering rooms and carrying out tasks.

We wanted to see how people were supported to eat and drink. We spoke with the manager about food and drink at the home. They told us they had devised a picture menu, which included photographs of meals so that it was more

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user-friendly. We saw this menu and found it to be easy to read and understand. We spoke with one care worker about the picture menu, who told us they were not aware of it and had not seen it. We asked this care worker how they ensured people had choice about their meals and they told us; “I just tell them.” This comment demonstrated that people’s choices in relation to food and drink were not always respected. We spoke with one senior care worker who told us one person who lived at the home required pureed meals, which were served on a plate with individual food items separated as not to mix the different flavours together.

We carried out observations at lunchtime, where we saw eight people who lived at the home. We saw staff wore personal protective equipment (PPE), such as aprons. We also saw every person who lived at the home wore an apron, except one who chose not to, when offered PPE to protect their clothing. We observed one staff member sitting between two people who lived at the home, assisting each person to eat. We observed dessert was served by two staff members. However, we noted that people were not asked if they would like a dessert and this was just placed in front of them. We also saw two other staff members who stood overlooking the mealtime, with very little interaction between themselves and people who lived at the home. We also observed a menu board on the dementia unit of the home. This menu board contained details of meals that would be served that day. However, we saw for tea time, the board read “S&S”. We asked a staff member what this meant, who told us it meant “soup & sandwiches”. This was not suitable for purpose, particularly as it was situated on the unit for people with dementia. We spoke with people who lived at the home about mealtimes and food provided. One person we spoke with told us; “The food is nice, but they don’t ask me what I want, they just give it to me.” This meant people were not appropriately supported to have choice and control over their meals and understand the food options available to them. This

demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked in people’s care records to see how the service identified risks regarding people’s eating and drinking and how nutritional needs were identified, monitored and managed. We found people had appropriate eating and drinking risk assessments and care plans in place. We saw the service monitored people’s weight with regular entries on people’s weight charts. We also found in one care record details of food and fluid intake for one person who lived at the home where they were at risk of becoming nutritionally compromised. This included two-hourly checks being carried out for the person detailing the food and fluids consumed over the previous two hours. This meant the home ensured people’s eating and drinking needs were monitored and managed appropriately.

We looked in care records to see how people were supported to access other healthcare services. In one care record we looked at, we found a record titled “Professional visits chart”, which showed when the person had received a visit from a healthcare professional, such as a GP or district nurse. We also found people and their relatives had been involved in care planning and accessing these healthcare professionals. This demonstrated the service enabled people to access services provided by other healthcare professionals and ensured people were involved and understood their healthcare options and choices.

We found the service enabled people to be involved in reviews and monitoring of their health and, where required, additional support or intervention had been discussed. We also found that, where people’s needs had changed, the service enabled access to relevant healthcare services in a timely manner.

Is the service caring?

Our findings

People we spoke with told us staff treated them with kindness and compassion. One person told us; “[Care staff] are lovely. They treat me well and always speak nicely to me.” We asked people if they felt there were enough staff at the home to cater for people’s needs. Everyone we spoke with told us they felt there were not enough staff at the home. One person told us; “They’re always rushed off their feet. They are lovely when they talk to you but there’s always that sense that they’re rushing. We need more carers.” Another person told us; “[Care staff] just don’t have time to sit and chat. I wish they did. It would be nice just to talk about stuff with them instead of them having to rush off to do something else.”

During our inspection, we carried out observations of interactions between staff and people who lived at the home. We spoke with staff about how they ensured people’s needs were met and how they ensured people felt they were listened to. Staff we spoke with told us they always asked what people who lived at the home would like to do and used this information to meet people’s needs.

However, during our observations, particularly in the morning, we saw there was very little interaction between care staff and people who used the service. During our lunchtime observations, we saw one care staff member serving dessert and clearing plates away, referring to everyone who lived at the home as “love”. We saw this staff member appeared somewhat hurried and brusque in manner. We saw one person who lived at the home had removed their dessert from their bowl onto the plastic tablecloth. We then observed the care staff member remove the person’s bowl and left them to eat their dessert by hand from the plastic tablecloth. We spoke with the staff member about this, who told us; “Well, they won’t wear an apron, I’ll get them changed afterwards.” Our observations found the staff member to be very task-orientated with the exclusion of other considerations. This was a reflection of what we were previously told by another staff member, who said; “A lot of the time you are under pressure. There is not much time for interacting, only as you go along.” This demonstrated a breach of Regulation 17 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out observations after lunchtime, when afternoon tea was served. We saw one staff member engaging with people in a very proactive way. For example, we observed and heard the staff member speaking with people about their life events and people they knew. We also observed the staff member noticed one person who lived at the home was cold, so they closed the window. As people drank their tea, the staff member checked if they would like more and, in one instance where a person’s tea had gone cold, we saw the staff member replaced it. Our observations showed that, although there were times when staff members were proactive in their approach to interacting with people, these interactions were limited due to time and task restraints.

We asked staff if they knew people who lived at the home well. Staff told us they did. We asked how they ensured they were aware of people’s likes, dislikes and interests. All staff we spoke with told us they knew people through working with them for quite some time. Staff also told us there was information in care plans regarding the person’s past life and history. In care plans we looked at, we found this information to be present. One staff member we spoke with told us; “I feel I know all the people here and if not, I go and read up on it.” We asked this staff member how they encouraged people to be more independent. The staff member told us; “Through choice. We respect choice even if it’s not (what we would think is) the best choice. You know your residents. You would know that, if they were resisting getting up in the morning, whether to leave them and go back later or whether all they need is a bit of encouragement.” This meant people were cared for and supported by staff who knew them well and supported and encouraged people’s independence.

During our observations, we saw one staff member taking practical steps to relieve a person’s discomfort. We saw the person who lived at the home had cracked one of their fingernails. We saw the staff member immediately attended to this, smoothing the nail down as not to cause further injury to either the person, others who lived at the home or staff members.

We looked in care records to see if people were involved in making decisions and planning of their own care. We saw

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in care records that people and their relatives, where appropriate, had been involved in their care planning. These examples demonstrated that people were listened to and respected and had their views acted upon.

We noted that daily notes were not personalised and were very task-orientated. For example, the daily records stated; "Personal Care – assisted. Nails, fingers and toes – clean. Diet – good. Fluids – good". This meant that, although records were kept and information was shared, notes were not person-centred to assist in providing a more personalised service.

We asked people what they understood about advocacy services available at the home. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves. People we spoke with who lived at the home were not aware of the advocacy services available to them. We spoke with staff members about this, who were all unable to explain what this meant and when an advocate may have been appropriate to use. We looked in care records and found no evidence to show that people had been supported to access advocacy services.

We looked to see how people had their privacy maintained. We observed staff knocked on people's bedroom doors and asked permission to enter. We asked one staff member if we could look in a person's bedroom. The staff member said they could show us, as long as they had the

permission of the person whose bedroom it was. We saw the staff member asking the person before showing us their room. This meant staff ensured people had their privacy respected.

We spoke with one relative about the home, who told us; "It's absolutely fabulous. They always make time for you. I can visit when I want and I'm glad we decided on this home." We spoke with staff about visitors to the home, who all told us visitors were able to come and go as and when they pleased. This meant there were no unnecessary restrictions on people visiting the service.

We checked to see how the service had appropriate training and support for staff, when a person who lived at the home passed away. We looked at the staff training matrix and found that twelve staff members had undertaken training in end of life care and fifteen staff members had received training in 'palliative care', which includes death of people using services. Palliative care tries to make the end of a person's life as comfortable as possible. This is done by attempting to relieve pain and other distressing symptoms, while providing psychological, social and spiritual support. However, we found all staff that had undertaken the end of life training and eleven staff that had undertaken the 'palliative care' training had done so over two years ago. This meant that, although training was given to some staff in this area, additional training and refresher courses may have been required to ensure staff were up to date.

Is the service responsive?

Our findings

We looked at care records to see how people, or those acting on their behalf, contributed to the assessment and planning of their care and as much as they were able to. We found all care records we looked at contained personalised information that had been obtained from the person themselves or a relative or representative on their behalf. For example, in one care record we looked at, we read; “I have lots of hobbies and interests. I had an allotment and grew vegetables.” We spoke to this person and asked how they had been supported to meet these interests. The person told us they had helped with the gardening at the home. This included painting wellington boots and planting plant pots in the garden area. We spoke with the activities coordinator at the home, who explained that people had been involved in the gardening project, with each person’s individual preferences having been considered. In each care record we looked at, we found a document titled “This is me”, which included details of people’s likes, dislikes, hobbies and interests. We saw that people’s needs were regularly reviewed and any changes recorded. This demonstrated people were asked for their views that, at times, enabled the home to provide a person-centred approach, taking into account people’s personal histories and preferences.

We spoke with the activities coordinator about how they supported people to maintain relationships with others and avoid social isolation. The activities coordinator told us they hosted a monthly forum to discuss activities that would be happening at the home and any suggestions of future activities. People who lived at the home and their families and friends were invited to these forums.

We looked in the activities room, where it was evident that people were involved in art projects, decorating and crafts. We saw Christmas decorations that people who lived at the home had made with the support of the activities coordinator. We asked the activities coordinator how they obtained the views of people who lived at the home and their relatives, with regards to activities at the home. The activities coordinator told us they sent out an annual survey. We looked at these survey results and saw some comments on returned surveys included; “Very little activities”, “Some days nothing” and “Craft work might be nice”. We saw the manager had responded to this feedback

and was looking at more ways to use activity time more effectively. This demonstrated the manager recognised current good practice dementia guidance and were addressing the need to improve well-being.

We looked at the minutes from the latest ‘residents meeting’, where discussions were held about upcoming activities, including Christmas carol services, Christmas dinners and a Christmas party. We also saw these minutes contained information that stated if anyone who lived at the home wanted to do some gardening, this could be done inside the building as the cold weather made it unsuitable to sit in the garden area.

We looked at the latest quarterly newsletter for the home, which contained details of previous activities that had taken place and pictures of these activities. Events that had taken place included a singer visiting the home to entertain people, a church service being conducted at the home, bingo, quizzes, a ‘cake day’ and a monthly coffee morning that was held at the home by the Alzheimer’s Society. We also saw forthcoming events at the home included a pamper day, arts and crafts and ‘keep moving’ sessions, where people were able to take part in light armchair exercises. This demonstrated that, although interaction between people and care staff was limited, the service enabled people to be included in social activities and ensured social inclusion through meaningful daytime activities with the activities co-ordinator..

We looked to see if the home had appropriate and required equipment available at the home to meet people’s needs. We saw there were wheelchairs and slings available to assist people with their mobility needs. However, we saw one person who lived at the home was sat in a wheelchair that was in very poor condition, with tape around each of the chair arms. We also found that this wheelchair did not belong to the person who was sat in it. We spoke with the registered manager about this, who told us the person was awaiting a new wheelchair arriving but that the wheelchair currently being used was safe as a temporary measure. This demonstrated the home made equipment and resources available in response to people’s needs.

We wanted to see how people were supported to raise concerns and complaints and how these concerns and complaints were explored and responded to. We saw there was a copy of the complaints policy on the back of each person’s bedroom door, detailing how to complain and who to complain to. We saw evidence that, where

Is the service responsive?

complaints had been made previously, they had been investigated and responded to. We asked people if they knew how to complain, all of whom told us they did and that they would go to the manager. This demonstrated the service effectively dealt with concerns and complaints raised regarding the home.

We asked the manager if friends and relatives of people gave feedback to the home and if this was acted upon. They showed us where friends and relatives of people had

given feedback and suggestions. One of these suggestions included the implementation of a picture menu, which the manager had acknowledged by producing one. The manager told us they were also in the process of involving friends and relatives in the training process so they can give their views to staff. This demonstrated the service had arrangements in place to receive feedback from friends and relatives and acted upon it.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service have a registered manager in place at the home. At the time of our inspection, the registered manager was not the manager in place, running the service. We spoke with the manager about this, who told us they had recently joined the service four weeks ago and had sent in an application to CQC to become the 'registered manager'.

We asked staff if they were involved in developing the service and if they could make suggestions to the manager and provider that would be acted on. We also asked staff if they attended team meetings, where they could give these suggestions. All staff we spoke with told us there were no team meetings that took place at the home but they felt confident in giving suggestions to the manager. One staff member told us; "I would feel fine about going to the manager with any suggestions I had to improve [the home] but I don't know if they would be taken up or not". We asked the staff member why they were not confident that the suggestions would be listened to and acted upon. They told us; "I think they would be listened to but the manager is new so I don't know them really well yet. She seems good so far." We spoke with another staff member about changes being made at the home. They told us; "There have been a lot of changes made by the manager. Things are done differently now – it's better. [The changes] sit better with some staff rather than others." This demonstrated that staff felt able to give suggestions for change to develop the service, although there were no formal staff meetings taking place.

We asked about links with the local community. The manager and activities coordinator told us they held a monthly coffee morning facilitated by the Alzheimer's Society, a monthly church service where a local clergyman visited the home and a monthly event where members of the public were able to visit the home. For example, the home had recently held a 'cake day', where cakes were sold at the home to raise money for the resident's fund. This demonstrated the service made and maintained links with the local community.

We asked the manager how they ensured the day to day culture at the service was appropriate. The manager told us they carried out regular walks around of the home and viewed staff practice during these times. We asked the

manager if the culture and behaviours at the service were monitored through supervision. The manager told us there was currently no individual supervision held for staff unless an issue had been identified. They also told us they were aware this was an issue and had plans to address this.

We asked staff if they felt there was an open and transparent culture at the home. One staff member we spoke with told us; "It's very open now. I feel supported by the manager and if there was anything wrong at all I can go to [management]. Even if I just had a concern, the manager would be there." All staff we spoke with told us they felt supported by the manager, although some did not like the changes being made. One staff member we spoke with told us; "I don't like some of the changes [the manager] has made because it's different but I can see why they've done it. It's better for the residents." This meant the manager enabled open communication at the home and ensured staff were aware of the support they would receive from the manager.

We looked at records kept at the service regarding auditing and quality assurance. We found there were regular audits of; care files, dining experience at the home, continence, medicines management, activities and health & safety. We also saw evidence of regular, bi-annual fire drills carried out, a weekly fire service check that included checks of escape routes, fire equipment and emergency call points. Any actions identified had been addressed and resolved.

We looked at documents kept of visits and audits carried out at the home by the provider. We found the director visited the service on a monthly basis and identified areas for improvement. We also found, where issues had been identified as part of the directors audits, actions were put in place by the manager. For example, we found the provider had carried out a visit to the service in December 2014 and had identified an issue about medicines at the service. We saw evidence that actions had been put in place regarding this to resolve the issue. This evidence demonstrated quality assurance processes undertaken by the provider at the home were effective.

However, we found several audits that should have been undertaken by the registered manager that were overdue or had not been completed. For example, we saw a wheelchair maintenance audit had not been conducted since October 2014, a monthly bedrail check had not been

Is the service well-led?

completed since October 2014 and monthly showerhead disinfecting had never been recorded. This meant the service did not carry out all required audits at the required times.

We asked if the home sent out any surveys to obtain feedback from people and their relatives. We found an annual survey was sent out, the latest one being sent in February 2014. We saw 25 responses had been received from the last survey sent out, all which stated they felt the quality of the service, environment, care and meals were excellent. We saw comments made on returned surveys included; "Carers are brilliant and really care for my mum. I would like to pass on my thanks to them." We also read; "Good room size, comfortable, lovely bedrooms.

Sometimes the lounge could be a bit cleaner." We saw the manager had responded to this by implementing monitoring of the lounges and dining rooms for cleanliness throughout the day. We saw records of this monitoring being carried out.

We saw responses on the surveys regarding activities at the home included; "Very little activities, sometimes nothing" and "Craft work might be nice" and "Activities at the home are not really relevant to my relative." We saw the manager had responded to these comments and had looked at more ways to use activity time more effectively. We saw in the activity coordinator's activity file a list of different events and activities that were to take place at the home, which had been discussed with people who lived there.

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 did not take formal enforcement action at this stage. 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 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>10.-(1) Service users must be treated with dignity and respect.</p> <p>(2) Without limiting paragraph (1), the things which a registered person is required to do to comply with paragraph (1) include in particular -</p> <ul style="list-style-type: none">(a) ensuring the privacy of the service user;(b) supporting the autonomy, independence and involvement in the community of the service user;(c) having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>11.-(1) Care and treatment of service users must only be provided with the consent of the relevant person.</p> <p>(2) Paragraph (1) is subject to paragraphs (3) and (4).</p> <p>(3) If the service user is 16 and over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.</p> <p>(4) But if Part 4 or 4A of the 1983 Act applies to a service user, the registered person must act in accordance with the provisions of that Act.</p> <p>(5) Nothing in this regulation affects the operation of section 5 of the 2005 Act, as read with section 6 of that Act (acts in connection with care or treatment).</p>
Regulated activity	Regulation

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

18(2).-Persons employed by the service provider in the provision of a regulated activity must-

- (a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- (b) be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and
- (c) where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professionals standards which are a condition of their ability to practise or a requirement of their role.