

Tamaris Healthcare (England) Limited

# Abigail Lodge Care Home - Consett

## Inspection report

Gloucester Road,  
Delves Lane,  
Consett,  
County Durham  
DH8 7LB  
Tel: 01207 502405  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

Date of inspection visit: 4, 6 and 24 August 2015  
Date of publication: 16/10/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 4, 6 and 24 August 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. On 21 and 24 November 2014 we completed an inspection and informed the provider they were in breach of a number of regulations including the assessment and delivery of care, learning from incidents, involving people in the planning of their care and consent to care and treatment.

Whilst completing this visit we reviewed the action the provider had taken to address the above breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that the provider had ensured some improvements were made in these areas and these had led the home to meeting some of the above regulations.

# Summary of findings

At the time of our inspection the home did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 deputy manager was acting as manager in the interim until a newly appointed manager took up their post in October 2015.

Abigail Lodge Care Home is a purpose built care home close to the town of Consett, County Durham. It has three separate units and provides accommodation and nursing care for up to 60 people. One unit provides specialist nursing care for older people with dementia type illnesses.

On the day of our inspection there were 50 people using the service.

People who used the service and their relatives were complimentary about the standard of care at Abigail Lodge Care Home.

There were not always sufficient numbers of staff on duty in order to meet the needs of people using the service however the provider was taking action and putting measures in place to address this.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Training records were up to date and staff received supervisions and appraisals.

There were appropriate security measures in place to ensure the safety of the people who used the service. The provider had procedures in place for managing the maintenance of the premises.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia type conditions.

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. 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 looked at records and discussed DoLS with the acting manager, who told us that there were DoLS in place and in the process of being applied for. We found the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We also saw staff had completed training in the Deprivation of Liberty Safeguards.

People were protected against the risks associated with the unsafe use and management of medicines.

We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

People had access to food and drink throughout the day and we saw staff supporting people in the dining room at meal times when required.

The home employed a personal activities leader and was developing a programme of activities for people who used the service.

All the care records we looked at showed people's needs were assessed however many of the assessments required updating. Care plans and risk assessments were not always reviewed on a regular basis. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff used a range of assessment tools and kept records about how care was to be delivered however these were not always accurately completed or up to date.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists.

The provider consulted people who used the service, their relatives, visitors and stakeholders about the quality of the service provided.

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

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were not always sufficient numbers of staff on duty in order to meet the needs of people using the service however the provider was taking action and putting measures in place to address this.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns.

The provider had procedures in place for managing the maintenance of the premises.

Good



### Is the service effective?

The service was effective.

Staff were supported to provide care to people who used the service through comprehensive induction and a range of mandatory and specialised training.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good



### Is the service caring?

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Bedrooms were individualised with people's own furniture and personal possessions.

Good



### Is the service responsive?

The service was not always responsive.

Care plans and risk assessments were in place but were not always reviewed on a regular basis. Assessments required updating.

The home employed a personal activities leader and were developing a programme of activities for people who used the service.

Requires improvement



# Summary of findings

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

People who used the service had access to healthcare services and received ongoing healthcare support.

## Is the service well-led?

The service was not always well-led.

The provider had a quality assurance system in place however this was not always effective in assessing, monitoring and mitigating risks related to the health, safety and welfare of people who used the service.

The provider gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

**Requires improvement**



# Abigail Lodge Care Home - Consett

## 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 4, 6 and 24 August 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in older people's services.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with twelve people who used the service and ten relatives. We also spoke with the acting manager, the regional manager, an agency nurse, the personal activities leader, eight care staff, the administrator, the cook and a domestic.

We looked at the personal care or treatment records of five people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

For this inspection, the provider was not asked 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. We spoke with the manager about what was good about their service and any improvements they intended to make.

# Is the service safe?

## Our findings

At our inspection in November 2014 we identified concerns that the provider did not have a process to learn from incidents and ensure information was analysed and was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

Abigail Lodge Care Home is a purpose built, two storey, detached care home close to the town of Consett, County Durham. It has three separate units and provides accommodation and nursing care for up to 60 people over two floors. One unit provides specialist nursing care for older people with dementia type illnesses. On the day of our inspection there were 50 people using the service.

People who used the service and their relatives told us, "Yes, I do feel safe in here" and "I like the home and the staff are very caring".

The home comprised of 60 single bedrooms, all of which were en-suite. We saw that the accommodation included several lounges, dining rooms and several communal bathrooms/shower rooms on each floor. All were clean, spacious and suitable for the people who used the service. There was also a garden with a patio area. We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. We saw the slings, hoists and passenger lift had been inspected in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) in June 2015 and July 2015. We saw windows fitted with restrictors to reduce the risk of falls and wardrobes in people's bedrooms were secured to walls. Maintenance checks had been carried out for window restrictors in July 2015. Call bells were placed near to people's beds or chairs and were responded to in a timely manner. The nurse call system had been serviced in April 2015.

We looked at the records for portable appliance testing, emergency lighting, periodic electrical certificate and gas

safety certificate. All of these were up to date. Accidents and incidents were recorded and the manager reviewed the information in order to establish if there were any trends.

Hot water temperature checks had been carried out in July 2015 and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

We saw a fire emergency plan on each floor which displayed the fire zones in the building. We saw regular fire drills were undertaken and a fire risk assessment was in place dated September 2014. Weekly fire alarm checks were completed and checks on fire extinguishers were up to date. We observed fire extinguishers on the upstairs units were stored in lockable cabinets for the safety of the people who used the service however keys were not readily accessible to all staff in the event of an emergency. We discussed this with the regional manager and the local fire safety officer. Measures were put in place at the time of our inspection to address this.

We saw a copy of the provider's emergency contingency plan dated July 2015. This provided emergency contact details, identified the care and support people who used the service would require in the event of an evacuation of the premises and contained information about alternative accommodation in the event people needed to be relocated. We looked at the provider's personal emergency evacuation plan (PEEP) policy. This described the emergency evacuation procedure for the home and for each person who used the service. This included the person's name, date of birth, room number and floor, number of staff required to assist them, any assistive equipment required and personalised evacuation procedure. This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We discussed staffing levels with the acting manager. She told us that the levels of staff provided were based on the dependency needs of residents established through the care home equation for safe staffing (CHESS) and any staff absences were covered by existing home staff and regular agency nurses. We saw there were ten members of staff on a day shift, which comprised of two nurses and eight care

## Is the service safe?

staff. The night shift comprised of two nurses and five care staff. The home also employed an administrator, a cook, a kitchen assistant, a personal activities leader, domestics and a maintenance man.

There were not always sufficient numbers of staff on duty in order to meet the needs of people using the service however the provider was taking action and putting measures in place to address this. Staff were visible in most areas of the home throughout the day. However people and their relatives told us, "The home is lovely but the staff are far too busy", "There is a shortage of staff", "I like the home but the staffing is not good" and "Without doubt there is a shortage of staff". Staff told us that they wanted the best care for the people who used the service however on occasions felt the home was short staffed. We also saw minutes of a residents and relatives meeting held in June 2015 which referred to concerns about staff levels and shortages.

On 4 August 2015 the acting manager told us the downstairs unit was operating without a nurse on duty. The unit provided care and support for older people, eight of which had nursing needs. The regional manager arranged for an additional senior carer to cover the day shift and for the nurse on the upstairs unit to meet the nursing needs of the people downstairs. On the 6 August the regional manager told us that a person's one to one support carer had not reported for duty so they had arranged for the personal activities leader to support the person. We discussed with the regional manager whether it was reasonable for the home not to provide activities in order to cover staff absence. The regional manager then sourced an additional member of care staff from one of the providers other homes to provide the one to one support.

We discussed our findings with the acting manager and the regional manager. The regional manager told us she would review the care home equation for safe staffing. On 11 August 2015 the regional manager told us that the corporate analysis which they used to determine resident dependency and appropriate staffing levels had identified that the home was currently staffed at one staff member over the indicated number. However, as a result of the concerns raised she would review the deployment of staff within the home and increase the staffing levels by a further member of care staff between 8am and 2pm for a trial period of two months and then review. On 24 August 2015 we observed that staffing levels had been increased.

We saw a copy of the provider's safeguarding adult's policy dated November 2014, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We looked at the selection and recruitment policy and the recruitment records for five members of staff. The acting manager told us that a recruitment programme was ongoing as the home had vacancies for nurses and care staff. She told us a new nurse was due to commence duty on the 5 August 2015. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passport, birth certificate, driving licence, marriage certificate and utility bill. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the provider's management of medicines policy dated December 2014. The policy covered all key aspects of medicines management. We observed and discussed the medicines procedure with the nurse on duty. We saw there were appropriate arrangements in place for the administration of medicines. We saw medicines were stored securely. Medicines requiring storage within a locked fridge were stored appropriately and the temperature of the fridge was monitored regularly.

A reconciliation audit of four controlled drugs was carried out in comparing the controlled drug record book with the medication held in the controlled drugs cupboard. The

## Is the service safe?

audit demonstrated full compliance in this area. Staff who administered medicines were trained. This meant that the provider stored, administered, managed and disposed of medicines safely.



# Is the service effective?

## Our findings

At our inspection in November 2014 we identified concerns that the provider had not taken proper steps to ensure the service met the expected standards of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) when caring for people with cognitive impairments and was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

People who lived at Abigail Lodge Care Home received care and support from trained and supported staff. All the residents and relatives we spoke with were confident the staff knew what they were doing when they were caring for them.

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. 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 looked at records and discussed DoLS with the manager, who told us that there were DoLS in place and in the process of being applied for. DoLS notifications had been submitted to CQC. We found the provider was following the requirements in the DoLS.

We found mental capacity assessments had been completed for four people and best interest decisions made for their care and treatment. From the staff records we looked at, we saw they had completed training in MCA and DoLS.

We looked at a copy of the provider's consent policy dated March 2015, which provided staff with guidance in understanding their obligations to obtain consent before providing care interventions or exchanging information. We saw that consent forms had been completed in the care records we looked at for care and treatment. We observed staff asking people for their permission before undertaking personal care tasks.

We looked at the training records for four members of staff and we saw that staff had received a thorough induction and we saw that mandatory training was up to date. Mandatory training included moving and handling practical

and theory, first aid awareness, fire safety, medicines, infection control, health and safety law, conflict resolution, deprivation of liberty, equality and diversity, information governance and control of substances hazardous to health (COSHH).

Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care. In addition staff had completed more specialised training; in for example, reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR), pressure ulcer prevention, dementia awareness, anaphylaxis and understanding end of life. We also saw evidence of planned training in challenging behaviour had been arranged with the care home liaison team at Shotley Bridge hospital in September and November 2015.

We looked at the records for the nursing staff and saw that all of them held a valid professional registration with the Nursing and Midwifery Council.

We saw staff received supervisions however annual appraisals were overdue and there was no matrix in place for future planning. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We saw evidence of group staff supervisions which addressed concerns, feedback and any learning the manager wanted to share in a group forum. This meant that staff were properly supported to provide care to people who used the service.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. People were supported to eat in their own bedrooms if they preferred. We saw menus displayed in the dining rooms which detailed the meals and snacks available throughout the day. The acting manager told us that pictorial menus had been ordered. We observed staff giving residents a choice of food and drink. The atmosphere was not rushed. We looked at records and spoke with the cook who told us about people's special dietary needs and preferences, for example, she told us, "[Name] won't eat ham or pork" and "[Name] is a vegetarian". From the staff records we looked at, we saw they had completed a range of training in food

## Is the service effective?

hygiene, nutrition and malnutrition in older people, focus on food and allergen awareness in care. People who used the service told us, “The staff are good and the food is good” and “The quality of the food fluctuates”.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia.

# Is the service caring?

## Our findings

At our inspection in November 2014 we identified concerns that the provider did not respect and involve people who used services and was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

Most people who used the service and their relatives were complimentary about the standard of care at Abigail Lodge Care Home. People told us, “All the staff are very kind and caring, if you want matching carpets and curtains then don’t come here. If you want kindness then do”, “He has everything he needs here. The staff are very good”, “Staff are really nice and helpful but they are so busy you do not like to bother them”, “Care staff are excellent” and “I have no issues whatsoever and the laundry is fine”.

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example encouraging them to engage in conversation or asking people if they wanted help when they passed them in the lounges or in their bedrooms. We observed staff giving people plenty of time to respond when explaining tasks they were about to undertake.

People were relaxed. Staff were attentive to their needs and responsive to their requests. We observed staff talking with people in a caring manner and supporting people to maintain their independence for example asking them if they needed to go to the toilet, what they would like to eat and where they would prefer to sit. We saw staff knocking before entering people’s rooms and closing bedroom doors before delivering personal care. People who used the service and their relatives told us, “We are treated with dignity and respect”.

Staff demonstrated they understood what care people needed to keep them safe and comfortable. We saw one

person get a little agitated and staff responded quickly to support and assure them by talking to them and trying diversionary activity. During lunch we saw another person was anxious and shouting at other people. Staff immediately responded to the person and took them to a more quiet area, providing reassurance to the person. We spoke with a relative who told us, “The care in this home is great. Carers will cuddle mum if she gets agitated and will talk to her. I have never had cause for concern”.

We saw the bedrooms were individualised with people’s own furniture and personal possessions. Visitors were made welcome and the service provided a small “quiet” lounge on each floor of the premises where visitors and relatives could meet with people who used the service in private.

Staff focussed on the resident’s needs. We saw staff asking people for permission to carry out a care task and when explaining something to people they gave the person plenty of time to respond. Staff we spoke with told us, “I love caring for the residents” and “I want the residents to be comfortable and happy”.

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. People told us they talked to staff about the care given and that staff involved them in their care.

We saw information for residents and their relatives prominently displayed on notice boards throughout the home including, for example, dignity in care, safeguarding, person centred care, Alzheimer’s, food allergens, hairdressing services and the provider’s newsletter “Heart Beat”. We also saw a copy of the providers ‘service user guide’ in people’s bedrooms which provided information on the philosophy of care, meals and meal times, health and safety, fire procedures, security arrangements, protection of personal possessions and valuables, care planning, activities, safeguarding, compliments and complaints, staffing and involving family/friends.

# Is the service responsive?

## Our findings

At our inspection in November 2014 we identified concerns that people's needs were not always assessed and care and treatment was not always planned and delivered to meet the needs of people who use the service and was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

People who used the service and their relatives had conflicting views about whether their health needs were being met. They told us, "The family are happy with the care in the home", "He has everything he needs here, the staff are very good", "There is a shortage of staff and sometimes bathing is not done and I have to ask. If someone is incontinent they should be bathed daily. It is not the fault of the staff as they do anything you ask but they are run off their feet" and "I do not think my husband gets his teeth cleaned at night. I know because I leave the toothbrush in a certain position and it is never moved. I have left notes for staff but nothing changes".

We looked at care records for five people who used the service. The home used a standardised framework for care planning. This was evidenced across a range of areas of need including consent and capacity, skin integrity/tissue viability, nutrition and hydration, continence, safety, dignity, psychological and emotional need, personal hygiene, communication, sleep, de-escalation, mobility, medicines management including covert administration, spirituality and sexuality, behaviour, infection and cognition. In a significant number of instances, we found care plans were not sufficiently detailed or person-centred. We discussed this with the registered manager and the regional manager who told us the provider was in the process of reviewing and revising its care plan documentation to promote a more person-centred approach.

All the people had their needs assessed although many of the assessments required updating. For example, one person's needs assessment was dated 7 November 2013. Care plan evaluations were not always recorded monthly, for example, a care plan relating to 'skin integrity' had not

been recorded for five months. Evaluation records were repetitive and reinforced the need for re-assessment. The acting manager had acknowledged this in advance of the care plans being examined.

Each care plan had a risk assessment in place, for example for falls, choking, bed rails, moving and handling, equipment use, malnutrition and skin integrity. Risk assessments contained control measures and recommendations from professionals however were not always evaluated on a regular basis. For example one person's 'falls risk assessment' and 'choking risk assessment' had not been evaluated since June 2015.

All of the care plans we looked at recorded the person's allergy status and contained the person's photograph however there was no evidence that consent to take their photograph had been obtained. We examined nutritional and fluid monitoring documents which demonstrated compliance. We saw body maps were used where they had been deemed necessary to record physical injury and pressure related damage however they did not always record the progress of the injury or wound. We saw a positional chart which demonstrated compliance to the person being repositioned to mitigate the risk of pressure damage.

We saw records of specialist assessment and monitoring tools being used in care records however these were not always up to date. For example, a person's malnutrition universal screening tool (MUST), which is a five-step screening tool to identify if adults were malnourished or at risk of malnutrition, had not been completed since 22 June 2015 and another person's waterlow, which assessed the risk of the person developing a pressure ulcer, had not been completed since 6 June 2015. Some records contained an Abbey Pain Scale, which is a tool used to measure pain in people with dementia who cannot verbalise however these were not evaluated regularly.

We saw a person's care file contained a completed Cornell Scale for depression in dementia dated 23 June 2015. The scale recorded a score of twenty. A score of eight or more suggests significant depressive symptoms. There was no reference to the assessment in the care plan evaluation dated 23 June 2015. Another person's care file contained a University of Bradford well-being profile completed on 4 August 2015. The profile recorded a score of twenty-two. There was no information on the care file to advise staff about the score and there was no reference to the

## Is the service responsive?

assessment in the care plan review dated 4 August 2015. The acting manager and the regional manager could not explain the relevance of completing the assessments or the benefits to the people.

Weight monitoring was inconsistent. In one nutritional care plan, relating to a person with pressure damage, there was a requirement to weigh weekly. The records started on the 30 April 2015 however the next date recorded was 12 July 2015.

There was limited and inconsistent recording to support whether resident's personal hygiene needs were being addressed. We found entries recorded in people's progress sheets, 'my journal' and staff handover sheets. The acting manager and the regional manager told us staff should record this information in the personal hygiene section of the resident's progress sheets.

Care files contained evidence of records that were not dated or signed by staff and started but not completed. For example, a person's needs assessment was not dated or signed. An initial needs assessment for a person was incomplete. The personal emergency evacuation plans for two people were not dated or signed. The diet notification forms for two people were not signed. The infection control and specialist intervention care plans for one person were blank. 'Connecting with the Community' documents were included in all care plans however none of these had been completed. Records of people's belongings were not always reviewed on a regular basis.

These records were not an accurate, complete and contemporaneous record in respect of each person who used the service and did not include a record of the care and treatment provided to the person or decisions taken in relation to the care and treatment provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including tissue viability nurse, dentist, district nurse, acute medical care and optician. This meant the service ensured people's wider healthcare needs were being met through partnership working.

The service employed a personal activities leader. We saw the activities programme displayed on the notice board however they did not correspond with the activities we observed. People who used the service and their relatives had conflicting views about the activities within the home. People told us "I am bored, nothing happens", "The activities worker is excellent", "I go out now and again in the bus" "I enjoy the coffee morning at Maple Court" and "I liked going to Orchard Cottage at Beamish". We observed people listening to music and watching television in the lounges and in their bedrooms. We saw one person using a therapy doll and another person out in the garden.

The personal activities leader told us about the trips she had organised and was in the process of planning. She described the links she was making with the local community and how the provider was arranging training for her with their Lead for PEARLS (program to encourage active, rewarding lives), which is an externally accredited treatment program designed to reduce depressive symptoms and improve the quality of life in older adults and adults with epilepsy. This meant that the provider was putting measures in place to enable people to have access to activities that were important and relevant to them. People were also encouraged and supported to maintain their relationships with their friends and relatives. This meant people were protected from social isolation.

We saw a copy of the complaints policy on display in the reception area. The people and the relatives we spoke with were aware of the complaints process. They told us, "If I had a complaint about anything I was concerned about, then I would make a complaint to the manager" and "if there is a smell, I tell them and they sort it out straight away". We saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. For example, a relative had complained in July 2015 about there being no tea trolley one afternoon. There was evidence of action taken with staff in supervisions to address the complaint and an apology provided to the complainant. This meant that comments and complaints were listened to and acted on effectively.

# Is the service well-led?

## Our findings

At the time of our inspection the home did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The home had not had a registered manager in place since August 2014.

We discussed the management arrangements with the acting manager and the regional manager. The deputy manager told us she had been acting as manager from 1 July 2015 and that a new manager had been appointed to commence 5 October 2015. She told us, "I have a good team, one you can trust". We found the arrangements to be satisfactory and supportive of the acting manager.

We looked at what the acting manager did to seek people's views about the service. We saw the home had implemented a "quality of life programme". We spoke with the regional manager who told us how the programme was designed to improve the experience of residents through a variety of electronic tools, including iPad, which collected feedback from a range of sources including staff, customer and professional feedback. The feedback was communicated directly to the provider and the manager to enable them to address any issues immediately, for example, if they had experienced issues with the laundry service in the home or they were unhappy with the meals. The regional manager provided us with an online demonstration of the system and the responses we saw were positive.

We saw residents' meetings were held regularly. We saw records of a resident and relatives meeting held on the 19 June 2015. Twenty one people attended and discussion items included staffing levels, care plans, activities, laundry and food quality. Staff meetings were held regularly. We saw a record of a staff meeting dated 7 July 2015. Fifteen staff attended and discussion items included safeguarding, infection control and complaints.

We saw a 'Questionnaires, Suggestions and Comments Feedback' displayed on a notice board near the entrance to the home. The notice board demonstrated the provider had recently sought views and comments from people who used the service and their relatives about the home. The responses received included that people were concerned about the lack of activities. The board displayed the

actions taken by the provider. For example the provider had employed a personal activities leader who had arranged trips, events and developed links with the local community.

This meant that the provider gathered information about the quality of the service from a variety of sources.

Staff we spoke with were clear about their role and responsibility. They told us they felt supported in their role although staffing levels could be improved. They felt able to approach the manager or to report concerns. Staff told us, "I enjoy working here", "We work well as a team", "We could do with more staff" and "Staff morale could be better".

We looked at what the acting manager did to check the quality of the service. We saw the acting manager carried out a daily walk around of the home, including checks of the communal areas and the well-being of people who used the service. We saw a range of audits were undertaken for example, incidents, complaints, health and safety, bed rail checks, mattress checks, visual wheelchair checks and medicines. All of these were up to date and included action plans for any identified issues.

We saw that the home completed regular quality dining audits and had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 22 April 2015.

We saw care plans and risk assessments were not always reviewed and amended to reflect people's changing needs and this had been identified at our previous inspections in August and November 2014. Care plan audits were not made available on request. A member of staff told us "I enjoy working here as the staff care about every resident, although it can be a challenge particularly around continuity of care. You don't have enough regular nurses so you can't update care plans as often as you would like". A visiting professional told us that the care plan documentation and assessment tools were not always up to date and that the home had too much documentation which was continuously changing.

Most policies were up to date however the equality and diversity was dated 2006. The regional manager told us this was the most up to date policy available. Weekly audits for infection control were not up to date.



## Is the service well-led?

Generic risk assessments were not up to date and there was no evidence they had been discussed with staff. For example, the heatwave contingency planning risk assessment was dated August 2014, the moving and handling general activities risk assessment was dated March 2012 and the providing first aid to injured persons in the work place risk assessment was dated March 2012. There were no risk assessments in place for activities undertaken outside of the home.

These records did not enable the provider to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br><b>How the regulation was not being met:</b><br><br>Accurate, complete and contemporaneous records in respect of each service user were not being maintained. Regulation 17(2)(c).<br><br>The provider did not effectively assess, monitor and mitigate the risks related to the health, safety and welfare of people who used the service. Regulation 17(2)(b). |