

## Coate Water Care Company (Church View Nursing Home) Limited

# Church View Nursing Home

### Inspection report

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### Ratings

Overall rating for this service	Inadequate	
Is the service safe?	Inadequate	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Requires Improvement	
Is the service well-led?	Inadequate	

# Summary of findings

## Overall summary

We carried out this inspection over two days on the 10 and 17 March 2016. The first day of the inspection was unannounced.

At the last comprehensive inspection in May 2015, we identified the service was not meeting a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care was not consistently delivered in a safe and effective way. In addition, there were not always enough staff to effectively meet people's needs and quality auditing systems were not identifying shortfalls in the service. We issued four warning notices to the provider as a result of the concerns we identified and the service was rated, as inadequate. The service was placed into special measures. Special measures provides a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made. The provider placed a voluntary embargo on admissions to the home, whilst they made the required improvements.

We completed a focussed inspection in October 2015 to ensure improvements had been made. We found the provider had taken the immediate action necessary to improve the service. During this inspection in March 2016, we found the provider had sustained some improvements but not all. Due to this, there was not enough evidence to enable the service to be removed from special measures. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Church View Nursing Home provides accommodation to people who require nursing and personal care. The home is registered to accommodate up to 43 people. If the twin rooms were used for single occupancy, 36 people could be accommodated. On the day of our inspection, there were 28 people living at the home. Church View Nursing Home has bedrooms on the ground and first floor. All rooms have en-suite facilities. A passenger lift is available for people with mobility difficulties. There is a communal lounge and dining area on each floor with a central kitchen and laundry room.

The registered manager has worked at the home since November 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present throughout the inspection.

There were not enough staff to effectively meet people's needs at all times. On the first floor, the atmosphere felt rushed. Some people received little stimulation and others needed to wait for their requests to be fulfilled. Staff told us staffing levels were often insufficient and at times, negatively impacted on the care they could give. There were occasions due to staff sickness at short notice, when staffing levels fell below the recommended level, as set by the provider. The registered manager and operations manager did not agree that staffing levels were insufficient to meet people's needs. They had however planned to deploy

an additional member of care staff each day, to meet the increased number of new people being admitted to the service.

Improvements had been made to the support people received to minimise their risk of pressure ulceration. Assessments identifying the risk of ulceration were in place although these were not all reviewed at the recommended frequency. Care plans generally identified the support people needed yet not all wounds had clear treatment plans in place. Records generally showed people were repositioned within the recommended timescales although there were some variations. Records did not show people had been sufficiently supported with their continence care and symptoms were not being addressed. Not all pressure relieving mattresses were on the correct settings according to people's weight.

Some improvements in relation to maintaining people's nutrition and hydration needs had been sustained but this was not apparent for all. Staff had completed food charts more consistently to monitor people's food intake, although snacks and supplement drinks were not always documented. Fluid charts gave greater detail about the person's recommended daily fluid intake and the information was monitored by staff, on a regular basis. However, the records did not show additional fluids were promoted, when required. Not all people on the first floor were sufficiently supported to drink.

Assessments had been undertaken to minimise potential risks such as moving people safely. However, the information did not always inform staff how to minimise the risk effectively. People told us they felt safe and were comfortable in the vicinity of staff. Staff had or were in the process of undertaking training in relation to keeping people safe. Focus had been given to staff training as a whole, so improvements had been made in this area. Staff were generally up to date with those courses, which the provider classed as mandatory. Other training was in the process of being arranged. Individual meetings with staff were taking place to discuss their practice and any concerns they might have. Staff felt well supported within the team although there were some issues with low morale and staff not feeling properly valued by the management team.

Improvements had been made to the safety of people's medicines although some shortfalls were identified. The medicine administration records were more accurately completed although records did not always show people's topical creams were applied, as prescribed. One medicine was not appropriately stored and a trolley storing medicines was not always kept securely. Information had been developed to inform staff of the prescription of "as required" medicines but staff did not have access to up to date medicine reference guides.

The registered manager had completed monthly management reports, which showed an up to date portrayal of the home. Accidents were being analysed to show possible triggers and trends to minimise further occurrences. Additional quality audits had been introduced and were identifying some issues. However, the audits had not identified or satisfactorily addressed shortfalls, which were found during this inspection. This particularly applied to the system of serving drinks to people, which was clearly not working and not listening to staff and recognising the impact of insufficient staffing. The registered manager told us staff had worked hard to make improvements to the service. They believed the home was now in a "much better place" than it was previously although recognised there were day to day issues, which needed on-going attention. The registered manager confirmed that developing the home and maintaining the improvements made so far, were an important area, which would be given key focus.

People told us they enjoyed the food and those who required assistance to eat were supported in an attentive manner. There were positive interactions between staff and people who used the service, which was an improvement from the last inspection. Staff spoke to people in a caring, friendly and respectful manner. They promoted people's privacy and dignity and spoke about individuals with fondness. Staff were

aware of people's needs and were committed to providing a good standard of care. People felt safe in the vicinity of staff and were aware of how to make a complaint. Systems were in place to enable people and their families to give feedback about the service they received.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and of the Care Quality Commission (Registration) Regulations 2009. We are taking further action in relation to this provider and will report on this when it is completed.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

There were not enough staff available to meet people's needs effectively. Whilst call bells were answered in a timely manner, people had to wait for their requests to be fulfilled.

Improvements had been made to the management of medicines but staff were not consistently following relevant guidance or storing some medicines securely.

People told us they felt safe and assessments identified potential risks. However, not all risks identified were appropriately addressed.

Recruitment procedures were in place, which ensured people were supported by staff with the appropriate experience and character.

Inadequate 

### Is the service effective?

The service was not always effective.

Improvements had been made to the completion of records, which showed people's food and fluid intake. However, some records did not show additional fluids had been promoted when needed and not all people were sufficiently supported to drink.

Focus had been given to ensuring staff had the required training to do their job effectively. More training to address any shortfalls had been scheduled.

Staff gained support from each other and had received regular meetings with their manager to discuss their performance and any concerns they might have. Not all staff felt supported and valued by management.

Requires Improvement 

### Is the service caring?

The service was caring.

Staff spoke about people fondly and in a caring manner. They

Good 

were friendly and respectful in their approach.

There were positive interactions between people and staff. However, when feeling rushed with tasks to achieve, some interactions could have been improved upon.

Staff offered people choice and promoted their privacy and dignity.

### **Is the service responsive?**

The service was not always responsive.

Improvements had been made to the support people received to minimise their risk of pressure ulceration. However, people were not effectively supported with their continence care.

Care and treatment plans had been developed although further work was required to ensure a consistent standard throughout.

Some people received limited interaction other than receiving personal care. Other people were happy with the choice of social activity available to them.

People told us they would tell a member of staff or the registered manager if they were not happy with service they received. A record of formal complaints was maintained, which showed issues were dealt with appropriately.

### **Requires Improvement**

### **Is the service well-led?**

### **Inadequate**

The service was not well led.

Systems were more organised and a programme of audits had enabled certain shortfalls to be identified and addressed. However, not all improvements made, had been sustained. Shortfalls found during the inspection had not been identified by the management team.

Monthly management reports were now being completed. These gave a regular overview of the service, so issues could be monitored and potential trends identified.

People and their relatives were given the opportunity to give their views about the service. Action plans were in place to address any issues raised.

# Church View Nursing 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 was unannounced on the 10 March 2016 and continued on 17 March 2016. The inspection was carried out by two inspectors and a specialist advisor, who was a tissue viability specialised nurse.

We spoke with 12 people living at Church View Nursing home and one visitor about their views on the quality of the care and support being provided. We spoke with the registered manager, the operations manager, two registered nurses and six care staff. We looked at people's care records and documentation in relation to the management of the home. This included staff training and recruitment records and quality auditing processes. We looked around the premises and observed interactions between staff and people who used the service.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

# Is the service safe?

## Our findings

At the last comprehensive inspection in May 2015 we identified the service was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not enough staff to meet people's needs effectively. Following the inspection, we issued a warning notice to ensure the provider made improvements. We completed a focussed inspection in October 2015 and found immediate action had been taken to improve the deployment of staff. However, during this inspection, further concerns were raised about the number of staff available to support people effectively.

There were enough staff on the ground floor to meet people's needs. People told us "as a rule, staff are there when you need them. They're usually ok at answering call bells" and "I rarely use the buzzer, but they always check I've got it close by". The atmosphere was calm, staff were relaxed and they interacted with people, as they went about their work. However, on the first floor during the first day of the inspection, staff appeared rushed and spent time repeatedly going from one person to another, providing personal care. People received minimal interaction from staff other than care intervention. Whilst staff answered people's call bells without delay, some people were told they needed to wait for assistance. This included one person who wanted to have a lie down and another person who wanted to move to another part of the lounge. The person told us "staff said they'd help me when they can, after lunch". Another person asked if they could have a cup of tea. A member of staff told them "as soon as we can get you a cup of tea, we will".

On the first floor, three people told us they "sometimes" had to wait for staff assistance. Other people did not raise any concerns in this area. Comments included "I get on with them but it's the waiting" and "they get here when they can, we take our turn". One person told us they were uncomfortable with their position and were waiting for staff to help them. With the person's consent, we rang their call bell, so they could gain staff assistance. Staff responded quickly and said "we'll make you comfortable. You're due a turn anyway". This assistance was given in a timely manner.

Staff told us the home was repeatedly short staffed. One member of staff told us "it's getting better. They're trying to recruit, so it is better". Staff told us they were aware of the need to prioritise their work but felt staffing levels, often impacted on the care they could give. One member of staff told us some people had a wash in the morning, rather than a shower due to time constraints. Another member of staff told us at times, it was difficult to ensure people were repositioned within the required timescales to minimise their risk of pressure ulceration. Other staff told us it was difficult to ensure people were given sufficient time to eat, as they were conscious of the need to get to the next person. At 1.20pm on the first day of the inspection on the first floor, three people had not been assisted to have their lunch. Staff told us this was "usually the case" due to the high number of people who needed staff assistance. One member of staff told us "it's really difficult, as people take time to eat and there's lots of persuasion and prompting. However, it's always on our mind to get to the next person. You don't want to rush people but it's difficult".

Staff told us out of 15 people on the first floor, all except one, required the assistance of two members of staff to help them with their personal care or to move safely. Staffing levels were maintained at three care staff on the first floor, with a registered nurse and the deputy manager, who was also a registered nurse,

providing support to people on both floors. Staff told us these staffing levels did not always enable people on the first floor to be supported effectively. They said, as the majority of people needed the assistance of two staff, the third member of staff was limited in what they could do. On the ground floor there were two care staff with 13 people with a registered nurse and the deputy manager supporting, as required. Staff told us, due to people's needs being less complex, two members of care staff were usually enough to undertake all care interventions required. Records showed staff had raised their concerns about inadequate staffing levels with the registered manager and in staff meetings.

On the first day of our inspection, on the first floor at 11.50am, 13 out of 15 people were in bed. Staff told us the majority of people were usually nursed in bed, although they felt with more staff, more people could be assisted to get up. This was evident on the second day of the inspection when 12 people were in the lounge, interacting with staff. People were animated, involved in general conservations and participated within a church service. The atmosphere was totally different than on the first day of our inspection. Staff told us they felt this was due to an extra member of care staff being deployed and the registered nurse only being designated to the first floor. They said people really benefitted greatly from the extra member of staff. In addition, staff said they were able to do additional tasks such as cleaning mattresses, which did not get done, as often as they wanted them to. The registered manager told us the additional member of staff on the second day of our inspection, was extra to the usual staffing numbers and had been an error on the staffing roster. They said a decision was made to retain the member of staff on shift for the morning, to ensure staff were not placed under additional pressure due to the inspection. Staff did not understand the reasons why the staff member did not complete their whole shift, as they felt the additional support had been invaluable.

The staffing roster confirmed there was generally a registered nurse, five care staff and/or a senior carer and the clinical lead on duty each day. The clinical lead was supernumerary and worked where ever they were needed, between both floors. However, since January 2016, the staffing allocation showed there were four occasions when staffing levels reduced to four care staff and a registered nurse. The registered manager told us they did not believe this was accurate, as the staffing allocation records were not always correct. Staff told us whilst management worked hard to cover staff sickness, if unsuccessful in doing so, they found it difficult to meet people's needs safely. The registered manager and operations manager confirmed staff sickness was occasionally a challenge but they did not feel this was necessarily different, than in other care settings. They said they would both undertake shifts, if required to maintain sufficient cover. Both managers told us staffing levels were satisfactory. They said the numbers of staff required were calculated using a dependency tool, which was reviewed monthly or as people's needs changed. Some staff felt the dependency tool did not give an accurate portrayal of people's needs. One member of staff told us "it might look right on paper but in practice, there's not enough staff". The registered manager and the operations manager disagreed with this but said with occupancy increasing, they had identified staffing levels needed to be increased. They said staffing levels were in the process of being increased by one member of care staff each day.

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

People told us they felt safe. One person told us this was because there were always people around to help them. Another person said they felt safe, as they had everything they needed. A relative confirmed they had no concerns about their family member's safety. They said they always left the home after visiting, without any worries. Assessments had been undertaken to identify risks associated with areas such as tissue viability, nutrition and maintaining a safe environment. Whilst these were up to date, the information did not always inform staff how to minimise the risk effectively. In one person's care plan it was stated "ensure staff are aware of manual handling profile" but no further detail was given. In the mobility section of the

plan, it was documented "ensure the sling used is the correct size for (person's name)" but it did not specify which size sling, was required. This did not give staff clear information about the correct equipment to use to ensure the person's safety. Within a lounge, there was a pressure reducing foam cushion, which was used to minimise a person's potential pressure ulceration. This was checked for "bottoming out" but failed the test. This indicated the cushion was not fit for purpose.

On the first day of the inspection, one person began coughing whilst eating at the dining room table and found it difficult to get their breath. Staff responded quickly to the emergency bell but by which time, the person had recovered. They explained the person was prone to choking due to eating too quickly. The person's care plan identified the risk of choking and stated supervision whilst eating was needed. This was not consistently given over the lunch time period.

This was a breach of Regulation 12(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last comprehensive inspection in May 2015 we identified the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not appropriately signing the medicine administration records when they had given people their medicines. In addition, there were no protocols to ensure people received their 'as required' medicines, as prescribed. Following the inspection, we issued a warning notice to ensure the provider made improvements. We completed a focussed inspection in October 2015 and found immediate action had been taken to improve the safe management of medicines. During this inspection, these improvements had been sustained but some shortfalls were identified in other areas.

Information in relation to medicines to be taken "as required" was in place. This enabled staff to have the required information, to administer these medicines as prescribed, to ensure maximum effectiveness. Other than one record on the first day of our inspection, staff had appropriately signed the medicine administration records (MAR). This demonstrated people had been given their oral medicines appropriately. When it was pointed out to them, staff quickly rectified the error identified.

Whilst people were administered their medicines in a person centred way, relevant guidance was not always followed. Staff told us and records showed, four people received their medicines covertly. This is when medicines are disguised in food or drink without the person's consent. Whilst there was documentation in place regarding the covert medicines, it was not standardised, always completed in full and regularly reviewed. One record stated the way in which the medicine should be given was documented on the medicine administration record. This was not so. Another record did not give details of the medicines to be given covertly. There was no information within people's care plans about their covert medicines. One member of staff told us a person was having some of their medicines crushed. Information did not show whether a pharmacist had been consulted about this. This was important as crushing some medicines, affected their effectiveness. On the second day of the inspection, the registered manager showed us a fully completed covert medicine record. They said they were in the process of ensuring all forms were consistently completed.

Whilst the majority of medicines were stored securely, the trolley on the ground floor was kept in the hairdressing salon. Out of three staff, only one told us the medicines were kept securely, in the clinic room when people were having their hair done. One staff member said the trolley was placed in the lounge where staff could "keep an eye on it". This inconsistency of practice did not ensure the medicines were kept securely at all times. Some medicines were kept appropriately in the refrigerator. Others were stored in an ordered manner in a locked room, designated to medicines. However, there was one medicine, which needed to be stored in a refrigerator and discarded after seven days of use. The medicine was stored in the

trolley and had not been dated when opened. This meant staff did not know when the seven days had elapsed. These factors, presented the risk of the medicine being ineffective or unsafe to use. The registered manager told us these areas were immediately addressed once noted. Staff were required to monitor the temperature of the refrigerator to ensure it was in good working order. Records showed this was not consistently being done on a daily basis. For example, during February 2016, there were eight occasions when the fridge temperature had not been recorded. There were medicine reference guides available to staff but the most recent was dated 2014. This did not ensure staff had the most current and accurate information available to them.

Records did not consistently show staff had applied people's prescribed topical creams. The charts did not always show where the creams were to be applied and their frequency. Some records used body maps to show this information. The majority of records stated the creams were to be applied after continence care. However, information generally showed only one or sometimes two applications, over a 24 hour period. One person had been newly prescribed a topical cream but records showed it had not been applied, until six days later. On the first day of application, it had been applied twice instead of once. Records showed the appropriate completion of "cream" charts and their importance had been addressed with staff during a staff meeting.

This was a repeated breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed 34 out of 42 staff had received training in keeping people safe. Staff who had not undertaken this training due to personal reasons, were scheduled to do so. This was documented within training records. Within discussion, the majority of staff knew what to do if they suspected abuse had taken place. This involved making sure the person was safe and then immediately informing the registered nurse or registered manager, of any concern. One member of staff told us if required, they would raise issues with senior managers. However, one member of staff, who had not undertaken training in safeguarding, was not sure of the procedures to follow, if they had concerns about potential harm or abuse. They told us they would ask a member of staff if they were not sure about anything. Another member of staff had not completed safeguarding training but had discussed the topic with their line manager. Records showed staff had been regularly asked during individual meetings and staff meetings, if there were any issues which concerned them. The registered manager told us all allegations were taken seriously and reported to the safeguarding team. A recent issue had been properly reported and appropriately managed using the home's disciplinary procedures.

The registered manager told us a recruitment drive had been undertaken, as some staff had recently left the home's employment. Appropriate recruitment procedures were in place. This ensured people were supported by staff with the appropriate experience and character. Records showed all applicants were required to complete an application form and were subject to a formal interview. In addition, their previous employers were contacted to provide details about their past performance and behaviour. Disclosure and Barring Service (DBS) checks were undertaken. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. All new staff were subject to a probationary period to ensure they were suitable for their role.

# Is the service effective?

## Our findings

At the last comprehensive inspection in May 2015 we identified the service was not meeting Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was no evidence of consent or people's capacity to make decisions within their records. Assessments did not demonstrate best interest decisions, which had been made. At this inspection, improvements had been made in this area, as consent forms were in place. However, they were not always fully completed or dated. Some consent forms had been signed on behalf of a person but the record did not state the signatory's relationship or whether they had the authorisation to make decisions on the person's behalf. There was no evidence of best interest decision meetings having taken place in relation to the administration of covert medicines or the use of bed rails. One person had been assessed as having capacity but there was no information to show how the decision had been reached to administer their medicines covertly. On the second day of the inspection, the registered manager showed they were addressing these issues. They told us all applications to restrict a person's liberty had been appropriately submitted to the local authority. A health care professional told us the registered manager had a "good grasp" of the Mental Capacity Act and were completing applications appropriately.

At the last comprehensive inspection in May 2015, we identified the service was not meeting Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all people's risk of malnutrition had been effectively addressed. In addition, appropriate measures were not in place to increase the frequency of foods or calorie intake to those people at risk of malnutrition. At the focussed inspection in October 2015, improvements had been made. However, during this inspection it was noted not all improvements had been consistently maintained.

Staff had assessed people's nutritional needs. Care plans showed how potential risks were to be addressed but these were not consistent in their detail. One person had lost 5.5kg over a period of four months. This had been identified in the registered manager's monthly auditing processes. However, there was minimal information about the weight loss or its management in the person's care plan. The nutritional care plan stated the person ate well and enjoyed all meals. This gave conflicting information. A dietary preference form was completed but it lacked detail and was located in the kitchen. This did not enable staff to effectively promote people's preferences, to enhance their intake. Another person's nutritional care plan, identified they had lost weight and needed to "maintain acceptable weight". The record did not clarify what this was. Their care plan stated they were to be offered small amounts of fortified foods and twice daily, supplement drinks. The supplement drinks were not consistently evidenced on the person's food and fluid chart. This had not been identified and the person's care plan had not been updated to reflect any changes needed to minimise further weight loss. There was an instruction in another person's bedroom, which indicated they needed to be supported to have supplement drinks, three times a day. Records did not show these had been given, as prescribed. Other food charts were completed more consistently. These showed people had eaten sufficient amounts at regular frequencies. Bread was being baked in the dining room on the first floor. This was undertaken to enable an aroma, which in turn would enhance people's appetites. In addition, people were able to eat the warm bread once baked.

On the first day of our inspection, those people, who required assistance to drink, were not sufficiently supported to maintain an adequate fluid intake. A member of the ancillary staff delivered drinks to people on the first floor. It was then the responsibility of care staff to assist people with the drinks. Four people were not given this assistance and the hot drinks of either tea or coffee, were left on over-bed tables to go cold. This did not promote each person's fluid intake.

The registered manager had implemented new fluid charts, to monitor the fluid intake of those people at risk of dehydration. The charts required staff to total and therefore monitor people's intake at the end of their shift. The registered manager told us any issues were shared at handover so staff on the next shift could promote further fluids. Whilst acknowledging this practice, records did not demonstrate it consistently occurred. On one day, a fluid chart stated the person had consumed 460mls, which was a minimal amount. The chart had been totalled and signed by staff but there was no information to indicate if the person's low fluid intake had been noted. Additional fluids were not documented. A record within the person's daily notes stated "has drunk well throughout the day". This was not accurate and gave conflicting information. The day before the inspection, records showed the person had consumed a low intake of 405mls. In response, a member of staff had appropriately recorded "encourage fluids". At 12.00, on the day of our inspection, the person's fluid chart showed they had only consumed 150mls. Staff had not followed the instruction to promote fluids. At 12.35 another record showed the person had a drink at 9am but nothing after. Some records identified the person's recommended daily fluid intake, which was required to ensure good hydration. Others did not contain this information so staff did not consistently have clear information to support people effectively.

This was a repeated breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they liked the food provided and said they had enough to eat. One person said "the food is lovely, always hot, and always good". Another person told us "the food is proper home cooked food, just as I would cook for myself". Another person told us "we eat well in here. We had mincemeat today". People were offered a choice of each main meal. They told us if they did not like what was on offer, they could have an alternative. Some people ate their lunch in the dining room, while others had their meal in their room. The main course looked and smelt appetising. However, the serving of the hot desserts, on the first floor was not person centred, as each had custard poured over the top of the pie. This may not have been each person's preference. As there was a delay in people receiving the desserts, by the time they were given out, the desserts were cold and the custard had gained a thick skin. This did not present the desserts as appetising. The registered manager and the operations manager said this should not have happened, as there was a hot trolley to store such items in. They said it had been brought to their attention that similarly, the porridge served at breakfast time was not holding its heat. Heated storage containers had been purchased as a result.

At the last comprehensive inspection in May 2015, we identified the service was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received training in topics associated with older age and registered nurses had not received up to date training in relation to their clinical skills. This included tissue viability and wound care, catheterisation, venepuncture (taking blood) and syringe drivers (used for pain management during end of life care).

The registered manager and operations manager told us staff training had been given significant focus. They said staff had undertaken various training courses and more were planned. This included end of life care and dementia awareness. All staff had completed training in the prevention of pressure ulceration. The registered manager told us some staff had completed training in wound care and they were cascading the

information they had learnt to the rest of the team. They said other training courses to update staff with their clinical skills had been scheduled but not yet attended. Such courses were being provided by a local hospice and the local authority. Records showed staff had completed training in all subjects, which the provider had deemed mandatory. This included fire safety, first aid and moving people safely. Any member of staff, who had missed the "odd course", was scheduled to do it on a forthcoming date. The registered manager told us they were trying if possible to make sure all newly appointed staff undertook their mandatory training before commencing employment. They said they were hoping this would enable new staff to be more confident and competent, at an earlier stage. Dates of all training courses for the whole year had been arranged and sent directly to the home from the organisation's head office. This enabled any member of staff who required the training to be put forward in advance.

Staff were generally positive about the training they received. One member of staff told us the training was very good and they had benefitted from the courses they had undertaken. Another member of staff said "that's one good thing about it here, the training is very good. I've done a lot of training since I started. It's been very useful". Another member of staff however, told us they had relied a lot on their training from previous roles and thought more in depth training in relation to people's specific needs, would be beneficial. They were positive about the mandatory training provided but said specific information about up to date practice would help the team further.

Staff told us there were regular handovers to ensure they were up to date with people's needs. They said these were very useful, especially if they had been off sick or on annual leave. They said they received meetings with their line manager to discuss their work performance, training needs and any concerns they had. The registered manager had a schedule of these sessions to ensure they took place, as required. In addition to formal supervision, staff told us they received informal support from each other. One member of staff told us "all of the staff have been really supportive to me". Another member of staff told us "we have a really good team. Everyone works together and we all work hard and get on together. It's good, we support each other". Whilst staff received support in their role, not all felt valued. Staff told us morale was at times low. Two members of staff told us they did not always feel they were listened to by management or that their concerns were always addressed. The registered manager told us they recognised there had been many changes and it had not been easy for staff. They said they were hoping the team would become more stable, when new staff had settled and were established in their role.

People were supported by a range of professionals to meet their health care needs. This included GPs, podiatrists and specialist personnel such as a stroke nurse specialist, clinical psychiatrist or tissue viability specialist. Records showed people had been referred to the speech and language therapist for advice in relation to swallowing difficulties. One relative told us staff were very good at keeping them informed if their family member was not well or if they had seen the GP. They said "if anything changes or the GP comes, the staff always let me know". They were confident their family member's health was appropriately monitored and addressed, as required. A health care professional confirmed this. They told us "the home seem really proactive and look for advice if required".

# Is the service caring?

## Our findings

At the last comprehensive inspection in May 2015, not all staff showed a caring approach and promoted people's dignity. At this inspection, improvements were noted and staff spoke fondly of people. They spoke to people in a friendly, caring and respectful manner. There were various positive interactions between staff and people who used the service. One person was coughing and appeared uncomfortable in bed. Staff responded in a gentle, reassuring way. They spoke quietly and offered the person help to become more comfortable. Once personal care was given, the person looked settled, and well cared for. Their hair had been combed and their bedding was carefully positioned around their shoulders. Later in the inspection, the member of staff sat with the person, helping them to eat. They were gently stroking the person's arm whilst encouraging further intake. They continued to speak quietly, in a caring manner. A member of staff was assisting another person to eat. They were talking to the person and going at their pace. The member of staff asked the person if they were enjoying their meal or whether they wanted anymore. They were focused on the person and quietly asked, "would you like to try one more spoonful". Staff assisted a person to sit forward, ready for their meal. They informed the person what was happening next and involved them in the intervention. Similarly, one member of staff assisted a person to sit in their chair. They gave clear instruction and encouraged the person to take their time. We overheard staff asking people if they wanted to get up by saying "would you like me to help you now or would rather sleep for a bit longer?"

Whilst there were many positive interactions, lunch time on the first floor appeared rushed and there was limited interaction. Staff placed meals in front of people without explaining the content. They did not ask if any assistance was needed or make conversation. A member of staff told us the lunch time period had been difficult, as at one point, they were the only one serving meals to people in the dining room and in their bedrooms. They said they were conscious of time and did not want people to receive their meal late because of this. This pressure had impacted on their interactions with people. On the ground floor, the lunch time period was more organised and relaxed. People were well supported. There was music playing in the background and staff gave pleasantries such as "enjoy your meal".

Staff supported people to maintain their privacy and dignity. Staff knocked on people's doors before entering and ensured all personal care was given in private. One member of staff said to a person "we're just going to give you a little wash. Is that ok?" The staff member was gentle in their approach. Staff adjusted a person's clothing to ensure they were fully covered, when being moved with a hoist. Staff informed the person of the process and gave reassurance, as the person was transferred to their chair. Staff consistently told us about the importance of person centred care and ensuring they did their best for people. One member of staff told us "they've lived through wars, had families and held important jobs so it's essential they get the best care possible". Another member of staff told us they enjoyed working with older people, as they had a wealth of experience. They said all staff tried their best and were committed to providing people with a good service. Staff told us they had established good relationships with people, which enabled a good rapport. One member of staff told us some people enjoyed affection and terms of endearment during interactions. Another member of staff told us some people enjoyed "banter" and a more light hearted approach. Whilst recognising these factors were important to some people, they were aware this might not be so, for everyone. Staff told us their approaches often differed from person to person. They said they

wished they had more time to spend with people just chatting, as they felt this was important to people.

There were positive comments about the staff, their approach and attitude. One person told us "they look after you nicely. They say I need to call for help more often, but I don't like to, as I like to be independent, if I can. They know what I'm like but it doesn't stop them reminding me they are there if I need them". The person told us it was reassuring knowing the help was available if they needed it. Another person told us "they're all very kind. They make sure I'm comfortable before they leave me. They're nice girls". Another person told us "it's lovely because I can maintain my independence, but I also know the staff will take care of me, if I need them". Other comments included "the staff treat you with dignity and respect", "they're all really kind. They make my cup of tea just how I like it" and "all the staff are very good". Further comments were "the nurses are very good at seeing to your ills" and "I cannot fault the staff, especially the ones at night. If I can't sleep, they pop their heads round the door to check I'm ok". One person put their thumb up and smiled in response to us asking them about the staff. Another person told us staff were gentle when undertaking any clinical procedure, they required. A relative told us "the staff are lovely. They are all very approachable and all very friendly. They go the extra mile here".

# Is the service responsive?

## Our findings

At the last comprehensive inspection in May 2015 we identified the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the planning and delivery of care was not always done in such a way to meet people's individual needs and ensure their safety and welfare. In addition, proper interventions were not in place to ensure each person's wound and skin pressure area care was managed effectively. Following the inspection, we issued a warning notice to ensure the provider made improvements. We completed a focussed inspection in October 2015 and found immediate action had been taken to improve these areas. However, during this inspection, whilst some areas of improvement had been maintained, other shortfalls were identified.

Improvements had been made to the prevention of pressure ulceration. People had been assessed in relation to their risk of damage to their skin. Care plans showed the support people required to minimise the risk. However, not all assessments were being reviewed at sufficient frequencies. One assessment showed the person was at very high risk of pressure ulceration but the review date of the assessment was nine months later. Another assessment showed a review date of four months. Due to people's frailty and their existing ulceration, these periods were too long and increased the risk of further skin deterioration.

The completion of "re-positioning" charts had improved. Repositioning is an important intervention to minimise the risk of pressure ulceration. The charts identified the recommended frequency the person needed assistance to be repositioned. This gave staff specific information about the support required, which minimised the risk of unsafe care. The majority of records showed people had been supported to change their position, at the recommended intervals. However, there were some variations. On the first day of the inspection, at 11.55 the only entry on one person's care chart was 05.45. This indicated the person's recommended reposition change had exceeded by over an hour. On the ground floor, repositioning charts had been consistently completed and showed the recommended frequencies had been adhered to.

People had equipment in place to minimise their risk of pressure ulceration. On the ground floor, daily checks had taken place to ensure equipment such as pressure relieving mattresses, were set at the correct level and were working correctly. However, on the first floor, there were three mattresses, which were not on the correct setting for the person's weight. Whilst these were adjusted accordingly, the inaccuracies had not been identified. Records stated the mattresses needed to be "checked" but the information did not indicate what this involved. Information showed not all mattresses were checked on a daily basis, as instructed.

During the inspection, some people on the first floor looked as if they had remained in the same position but records showed they had been repositioned. Staff were knowledgeable about people's needs. They said these people had been moved slightly through "tilts" rather than being completely turned from side to side. This meant the records and the person's care plan were not entirely accurate. The registered manager told us they would address this with staff to ensure an accurate portrayal of each person's care.

Some people had clear treatment plans in place to manage their wounds. The plans stated how often the dressings needed to be changed and how this was to be done. There were pictures of the wounds, with

measurements. This enabled staff to see if a wound was healing or deteriorating. The care plan showed the interventions required to minimise further skin damage.

The registered manager and staff told us those people, who had experienced pressure ulceration, were improving and their wounds were healing well. However, the healing process was not fully evidenced in one person's records. There was a photograph of the wound dated 15 October 2015 but there were no more up to date photographs. Another photograph, with a similar date showed a separate wound. Details of the wound's location were not stated. Both photographs were blurred so a clear description could not be seen. There was a treatment plan, which detailed what dressings to use and the required frequency. However, measures to promote healing, such as making sure the dressings were changed if soiled, were not stated. Another treatment plan in the wound section of the care plan gave conflicting information about the dressings to be used. This gave confusion and did not ensure the person received appropriate treatment. There was not a care plan in place, which related to the management of the person's pain relief whilst having the dressings changed. The person had a lesion, which had been seen by the GP. There was not a treatment plan to support staff in the lesion's management. Another person had a treatment plan, which was devised by the tissue viability specialist nurse. Treatment plans for the person's other wounds were not clear and difficult to follow. There was a strong odour in the person's room, which indicated possible infection or infrequent dressing changes. The registered manager was not aware of this although said they would investigate the odour and its cause.

Records showed another person had experienced a fall and sustained a number of skin tears. Information did not give a clear description of the wounds. The skin integrity plan stated a dressing had been applied and this was to be checked in five days. The next day an entry showed the person had returned from hospital and a new treatment plan was in place. It was recorded the dressing, which had been initially applied had been of harm to the person. The registered manager told us the reasons for this but these were not documented in the person's records. The ongoing treatment plan and monitoring of the wound was not clear. The written records did not demonstrate the severity of the wound, as shown in a photograph. An investigation into the fall had not been undertaken.

Records did not show people were being effectively supported with their continence care. A care chart showed one person had been supported to change their continence aid at 07.40. The next change was documented as 21.10. Other records showed similar durations. This included a care plan stating the person needed catheter care "at least twice per day" but supporting records had only been signed once per day, during a period of four days. Staff told us they supported people with their continence, every three to four hours or more if needed but sometimes records got missed due to time constraints. The registered manager told us they were not sure why records were not accurate, as this had been addressed during recent staff meetings and within training sessions. They did not feel time constraints were a reason for inaccurate recording.

Some people had bowel monitoring records in place. These had not been consistently completed. One chart showed the person had not opened their bowels for five days. Another record showed a period of seven days. There was no evidence to show the information had been used for monitoring purposes, to assess if further intervention was required. One record had been fully completed but the entries showed signs of constipation and overflow. The person's care records did not show this had been identified and addressed. Records did not show the person's usual frequency for opening their bowels. This did not equip staff with the required information to determine if any intervention was needed.

This was a repeated breach of Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other care and treatment plans were more detailed and gave staff clearer guidance on the support required. This included one person who had specific needs in relation to their breathing. The plan was informative and detailed the elements of the person's care they could manage independently and when they required support. Another care plan showed the support a person needed with their catheter. This included when the catheter was to be emptied and changed. Another plan showed good detail about a person's mobility. Information showed the number of staff and the equipment required to ensure the person was moved safely. Staff had documented the inconsistent nature of the person's mobility. Information stated they were to be mindful of these changes, before deciding how to support the person. They had previously fallen, which had affected their confidence. The care plan reflected this and reminded staff of the need to provide encouragement. Staff told us they had received recent training in moving people safely. This included the use of equipment such as the hoist. During the inspection, all manoeuvres to assist people with their mobility were undertaken safely, with the involvement of the person. Staff "talked through" the interventions and gave reassurance, as required.

Care plans generally contained information about people's preferences. There were details of when people preferred to get up and where they liked to spend their time. This included one record, which stated the person liked to sit looking out of their bedroom window. Some plans contained details of people's personal history and their lives before moving to the home but this was not available for all. Care plans had been regularly updated and reviewed. Staff had recorded details of the person, their general wellbeing and personal care tasks undertaken, within the daily records. These were related to the various parts of the person's care plan.

People told us they were happy with their care. One person told us staff were careful when moving them and always made sure they were comfortable, before they left. Another person told us "they help me with anything I need. They are all very nice". People looked well supported with clean clothing, clean finger nails and spectacles and brushed hair. Those people in bed looked comfortable, with fresh, clean bedding.

People told us there were usually a range of activities they could join in with. One person said "there are a range of activities we can do, I pick and choose what I go to". Another person said "we have bingo, quizzes, entertainers and there is a church service too". One person told us "if you want to join in, there's things you can do but I'm happy here, on my own. I like to watch the television. I'm quite happy". People told us their relatives and friends were able to visit at any time and were always welcomed. One person told us their relative could have lunch with them if this is what they wanted.

A member of staff was employed to provide a range of social activity provision. Staff were aware of those activities people liked to participate in. They said the newly introduced bread making had been successful and people particularly enjoyed external entertainers and the monthly church services. On the first day of the inspection, the activities organiser was not on duty. Those people in their rooms, particularly on the first floor received little stimulation or interaction. On the second day of the inspection, the atmosphere of the home was totally different. People enjoyed the church service and spent time talking with staff in the lounge. Staff told us they liked to see people "up and about" as they felt the social inclusion was of benefit to them.

People and their relatives told us they would speak to staff or the registered manager if they had a concern. One person told us "I've got nothing to complain about, but if I did, I would speak to the manager". Another person told us "I would tell them if I wasn't happy but I've never needed to". People were confident any issues would be addressed appropriately. A record of concerns and complaints was maintained. The information showed issues were taken seriously and addressed in a timely manner. There was evidence that once addressed, particular issues were monitored to minimise future occurrences. This included discussing practice with staff during their supervision sessions or staff meetings.

# Is the service well-led?

## Our findings

At the last comprehensive inspection in May 2015 we identified the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of auditing, which did not enable shortfalls to be identified and addressed. Following the inspection, we issued a warning notice to ensure the provider made improvements. We completed a focussed inspection in October 2015 and found immediate action had been taken to improve the monitoring of the service. During this inspection, these improvements had been maintained although other shortfalls had not been identified or fully addressed.

Records showed a range of audits, to monitor the quality of the service were taking place. These were undertaken at various frequencies depending on the area being monitored. Such topics included health and safety, medicine management and infection control. The audits undertaken were effective in part, as some shortfalls were being identified and addressed appropriately. However, not all issues noted at this inspection, had been identified or if noted, had not been fully addressed. For example, new charts had been introduced to record and monitor some people's fluid intake and staff had been instructed to complete and monitor the findings. This was an improvement yet the system had not been sufficiently audited to ensure it was effective and reducing the risk to people. Similarly, it had not been noted that the serving of people's drinks in the morning, was not working. As a result, some people were not being assisted to drink sufficient amounts to ensure their wellbeing.

The registered manager told us they did a daily "walk around" when they arrived on duty each day. During the "walk around", they spoke to people who used the service, relatives and staff. In addition, they said they checked on areas such as staffing levels and any potential hazards. The registered manager said the "walk around" enabled issues to be identified and addressed at an early stage. However, whilst acknowledging this, an awareness of issue such as staff views about insufficient staffing and low morale had not been identified and addressed. This did not demonstrate clear leadership.

The registered manager told us they used the electronic system, which housed people's records and staff personnel files, as an additional monitoring tool. They said any issues, which required immediate attention would be flagged in red, to easily identify anything that was out of date. There were no red markers on the system, which indicated no outstanding actions. This was a positive tool to see "at a glance", if any issues were outstanding. The information was however, reliant on accurate information being inputted onto the system. For example, the system would have highlighted to the registered manager that all tissue viability assessments were in date. It would not have identified, the timescales for review were inaccurate and not conducive to the frailty of the person.

There was a maintenance book where staff documented any issues with the environment or equipment, which required attention. The maintenance person confirmed there were no outstanding issues and all work was being undertaken on a usual, day to day basis. They told us there had been no changes to the systems in place to monitor the environment and any equipment used. This ensured any immediate hazards were identified and addressed. They told us staff had recently completed health and safety training and had

undertaken a session on bed rail safety. They said the content of the health and safety course had been reviewed to include effective record keeping. Scenarios were used to enable staff to better understand the concepts of the training and why accurate recording was important. Staff told us there had been a recent inspection of the kitchen. The rating of five stars had been given, which was an improvement on the previous inspection. Five stars was the highest rating which could be awarded.

The operations manager had completed monthly auditing visits and there were monthly management reports. The management reports were completed by the registered manager and sent to the operations manager, as a further auditing tool. The reports collated information such as staff vacancies and agency use, the number of people with infections and any safeguarding referrals, accidents or incidents. The reports gave a clear overview of the service and enabled information to be analysed. This ensured that issues were addressed appropriately and not missed. In addition, possible trends could be identified, to minimise further occurrences. The registered manager and operations manager told us management systems were now much better organised and working well. They explained any shortfall identified was given "a push" or a clear focus. This included staff supervision, as it had been noted the sessions were falling behind.

The registered manager told us the home was in a "much better place" than before and staff had worked hard to make the improvements required. They said better organisation of systems had attributed to the improvement of the service. The registered manager told us as with all care homes, there were always emerging issues, which required attention so improvement was on-going. They said maintaining the developments already implemented, was an important part of their on-going action plan. The registered manager told us the action plan was regularly reviewed and items were ticked off once completed. They told us they had received good support from the local authority's quality team, to improve the service provided. The team had given information, suggested alternative ways of working and had undertaken monitoring visits. The registered manager told us the most recent monitoring visit had been positive with only a number of recommendations made. They said these had already been addressed.

The registered manager told us new staff were adding to the development of the home. A successful recruitment drive had appointed a good calibre of new staff to join the team. They said these staff were being introduced to the way the home worked, rather than needing to change established practices. The registered manager said in addition, new staff were coming with fresh ideas and positive attitudes, which had enhanced the team. The registered manager told us the home had developed "strong foundations", which could now be built upon. They said they were committed to providing a good standard of care in a friendly, homely environment.

Staff told us they were aware of the home's ethos and wanted to provide people with a high standard of care. However, they felt there were some aspects, which restricted this in practice. They described staffing levels, as the main obstacle. One member of staff told us "I love it here and I love my job but if we had just one more member of staff on duty, it would make such a difference". Another member of staff told us "this place has huge potential but unfortunately, I'm not sure things are in place, to achieve it. It's a shame". Another member of staff told us "they don't make it shine like it should do. They don't put the money in the right places". Staff told us they had shared these views with management but did not always feel they were listened to. The registered manager told us they were hoping the employment of new staff and the increase in staffing levels would enhance staff morale.

The registered manager told us they were beginning to accept new admissions to the home. This was being undertaken on a planned and carefully considered basis to ensure added pressure was not being placed on the service. The registered manager told us they did not want to compromise the improvements, which had been made. They were concerned if people with very complex needs were admitted too quickly, this would

present unnecessary challenges, which could compromise the home's success. The operations manager agreed with this and confirmed all future placements would be carefully considered and at a staggered pace.

Surveys had been sent to people in order to gain feedback about the service. Relatives had been encouraged to support their family member to complete these, as appropriate. The findings had been displayed in a pictorial format and showed satisfaction in all areas. There were records of "resident and relative" meetings. People said they were invited to attend "resident" meetings. Minutes of the meetings were available for people to read on the notice board. People told us the meetings were "informative" and "useful". One person told us "we get asked for our opinion on different things". The registered manager told us they continued to have an "open door" policy. This enabled people, relatives or staff to share their views informally, as required. They told us they had recently placed a book in the entrance hall, as an alternative system to gain people's views. No comments had been added to date. People told us they could speak to the registered manager if they wanted to. One person told us "the manager is very approachable". Another person told us "I would be happy to raise any concerns with the manager".

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Staff did not consistently follow relevant guidance, store all medicines safely or consistently apply people's topical creams. Regulation 12(g).</p> <p>Not all risks to people's safety had been identified and adequately addressed. Regulation 12(2)(b).</p> <p>People were not always effectively supported with their continence care. Care plans did not consistently provide staff with sufficient information about wound management or specific aspects of people's care. Regulation 12(2)(g).</p>

### **The enforcement action we took:**

We imposed a condition to ensure the provider made improvements

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>Some people were not sufficiently supported to drink adequate amounts to maintain good health.</p>

### **The enforcement action we took:**

We imposed a condition to ensure the provider made improvements

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Audits, whilst identifying some issues were not addressing all shortfalls, as found during the inspection. Improvements were not being consistently maintained.
Treatment of disease, disorder or injury	

### **The enforcement action we took:**

We imposed a condition to ensure the provider made improvements

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

There were not enough staff to meet people's needs effectively.

**The enforcement action we took:**

We imposed a condition to ensure the provider made improvements