

Worcester Garden (No.2) Limited

Garden House

Inspection report

24 Humberston Avenue
Humberston
Grimsby
South Humberside
DN36 4SP

Tel: 01472813256

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Garden House is registered to provide residential care for up to 40 older people some of whom may be living with dementia. Accommodation is provided over two floors with both stairs and lift access to the first floor. The home is situated in Humberston a suburb to the south of Grimsby.

There was no registered manager at the service, the registered manager had left their post three weeks before our inspection. The registered provider had appointed a new manager and they were due to start working at the service on the 6 June 2016, we were informed after the inspection the start date had been delayed. 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.

This inspection was unannounced and took place over two days on the 2 and 3 June 2016. The previous scheduled inspection of the service took place on 24 May 2013 and breaches in two regulations were identified. Further inspections took place in September and December 2013 when further breaches were identified. The follow up inspection in April 2014 found the service was compliant with the five regulations inspected. At this inspection there were 23 people residing at the service.

During this inspection we identified concerns about the management of the service. This had impacted on areas of care and support provided to people who used the service. The quality and safety of the service had not been monitored effectively and shortfalls had not been dealt with consistently or had not been identified. There was no annual maintenance and renewal programme in place.

Sufficient numbers of staff were not provided to ensure people's needs were safely met. People had to wait for support in relation to personal care, toileting and meals. Staff did not have time to monitor people who wandered around the service or monitor lounge areas effectively.

We found areas of the environment required attention to make sure they were hygienic and maintained. There were malodours present and we found equipment, carpets and furniture were not clean and some required repair.

The above areas breached regulations in staffing, cleanliness and infection control and monitoring the quality of the service and management of risk. 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.

Although some redecoration and refurbishment had taken place, we found items of worn or broken furniture/ fittings and areas which required redecoration. We have made a recommendation about providing environmental adaptations to meet the needs of people living with dementia.

We found staff knew how to safeguard people from the risk of abuse and had received training in how to recognise the signs and symptoms and how to pass on information of concern. At the time of the inspection the local safeguarding team were conducting an investigation into recent concerns raised and we will report upon this once it has concluded.

Staff supported people to make their own decisions and choices where possible about the care they received. When people were unable to make their own decisions staff generally followed the correct procedures and involved relatives and other professionals when important decisions about care had to be made.

People told us they liked the meals, they were supported to make choices about their meals and appropriate advice was sought when people were unable to maintain a healthy weight or eat and drink safely. Staff supported people to have drinks and snacks between meals.

Most people told us staff were caring and kind. We saw staff were very busy and this impacted on the attention they were able to devote to people. Staff told us they felt overwhelmed by their workloads and frustrated that they did not have time to spend with people other than when they were assisting them with personal care and meals. We observed some areas of staff practice that could be improved and the regional manager confirmed they would be addressing this with staff.

People who used the service were seen to engage in a number of activities both within the service and the local community, they were encouraged to pursue hobbies and social interests. Staff also supported people to maintain relationships with their families and friends.

People's physical health was monitored and we saw arrangements were in place to make sure people had access to health care professionals when required.

Staff had received regular formal supervision and an annual appraisal. Staff received training to be able to fulfil their roles and responsibilities.

New staff were generally recruited safely although some gaps in the recruitment records for established staff identified through audits had not been addressed.

People received their medicines as prescribed and they were held securely. We found some minor issues around storage, which we mentioned to the regional manager who informed us they would address this. Recent medicines audits had not identified an out of date medicine for one person and the regional manager confirmed they would action this straight away.

There were systems in place to manage complaints and people who used the service and their relatives told us they felt able to raise concerns and complaints. We noted from the records that some concerns had been raised by North East Lincolnshire Clinical Commissioning Group, Environmental Health Department and Humberside Fire and Rescue Service. Following the inspection we received confirmation from the registered provider that any outstanding work identified by those agencies would be completed within a short timescale.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- ☐ Ensure that providers found to be providing inadequate care significantly improve

- Provide 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.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Areas of the service were dirty, mal odorous and unhygienic. Systems to protect people from the risk of infection were not effective.

Although the staffing levels at night time had recently been increased we found the service did not have sufficient staff on duty during the day time to ensure people received timely and safe care. New staff were recruited safely although some gaps in the recruitment records for established staff identified through audits, had not been addressed.

Staff had completed safeguarding training and knew how to protect people from harm and how to raise concerns. Risk assessments were completed for people and the facilities although we saw some areas of risk had been overlooked.

People received their medicines as prescribed, but an out of date controlled medicine had not been identified on the medicines audit.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Areas of the service required redecoration and refurbishment. There were minimal environmental adaptations to promote the independence and orientation of people living with dementia.

Where people lacked capacity to consent to their care and treatment, most decisions were made in people's best interest and according to legal requirements.

People were supported to eat and drink enough to stay healthy and were able to access health care professionals when needed.

Staff had access to training, supervision and appraisal to enable them to feel confident and skilled in their role.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Whilst we observed some very positive staff interactions with people who used the service, we also observed there were some areas of staff practice that could potentially impact on people's dignity. This was being addressed with staff.

Staff promoted people's independence where possible.

Confidential information was held securely.

Is the service responsive?

The service was not always responsive.

People's needs were assessed and detailed personalised plans of care produced. Records to support assistance with or refusal of personal care such as bathing had not always been clearly maintained.

People had the opportunity to participate in meaningful activities.

The service had a complaints policy and procedure and people told us they felt able to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

There was a quality monitoring system in place, but this had not been used effectively. Audits were not in place to support some key areas, and management had not always picked up concerns or when shortfalls were highlighted they had not been actioned.

There was a lack of senior management oversight of the service. This meant the recently resigned registered manager had not received all the necessary support and direction to manage all areas of the service effectively.

The home's management did not demonstrate good leadership. There was no clear ethos for the service. Actions being taken to make improvements were generally in response to concerns identified by other agencies.

Inadequate ●

Garden House

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 registered 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 2 & 3 June 2016 and was unannounced. The inspection was led by an adult social care inspector who was accompanied on the first day by a second inspector and an expert by experience who had experience of supporting older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service.

We spoke with ten people who used the service and eight of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people during lunch. We spoke with four healthcare professionals and a safeguarding officer from Focus Adult Social Care who visited the service during the inspection.

We spoke with the area manager, deputy manager, the cook, kitchen assistant, activity coordinator, senior care worker, five care workers and the maintenance person.

We looked around all areas of the service and spent time observing care. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and 22 medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their

liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included six staff recruitment files, the training records, staff rotas, minutes of meetings with staff and people who used the service, quality assurance audits, safety checks and maintenance of equipment records.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at Garden House. One person said, "It's a friendly place, I feel safe here." Comments from relatives included, "The home is okay, mum is safe here" and "She hasn't had a fall since being here."

We received some mixed comments from people and their relatives about the cleanliness of the home and the staffing levels. Comments included, "There is always an odour, it's particularly bad in the lounge", "Very hit and miss with the cleaning and staffing", "There is sometimes an overpowering urine smell", "It's clean and tidy", "Always clean but with the odd odour", "Not enough staff, could definitely do with more, some people wait too long to go to the toilet", "Oh no, no way enough staff, most people require two staff to support them, it's the biggest issue here", "I'm concerned about some of the residents who continually walk around, they try to push past, they may knock my relative over, they do not seem to be monitored", "On a couple of occasions other residents have asked me to get staff as they needed the toilet, I've gone to the office to tell them but there have been delays", "Yes, there seems to be plenty of staff" and "Staffing seems okay when we have visited."

We completed a tour of the premises as part of our inspection. We identified numerous issues in regard to poor standards of cleaning and hygiene throughout the service. This included carpets which were stained and dirty, mal odours in the entrance area, lounge and three people's rooms, a stained and mal-odorous foam seat cushion and mattress cover.

We also found furniture and equipment which was damaged and could not be cleaned effectively, this included: paintwork on a hoist, toilet seat frames and a kitchen trolley which had worn off exposing the metal underneath, worn varnish on numerous items of furniture such as tables and chair legs and pressure relieving cushions with tears in the covers. Paintwork on walls in the laundry and staff toilet had worn exposing the plaster, which meant they could not be cleaned effectively.

In two bathrooms we found raised toilet seats with dried faeces on. In the ground floor bathroom open packs of disposable gloves, incontinence pads and clean towels were left on shelving which was a risk of cross contamination when the toilet was used. In other bathrooms and toilets we found an extractor fan did not work, a waste pipe was affixed to the back of the toilet with an inappropriate sealant and linoleum flooring was lifting. We found there was no hot water available at the hand basin in one toilet; the regional manager took this facility out of service as people could not wash their hands effectively.

A shower room contained a dismantled shower system; there were holes in the ceiling around the extractor fan and debris on top of the toilet cistern and seat from the ceiling. The maintenance person confirmed that the shower could not be used. There were also holes in the ceiling of the medicines room and a ground floor toilet, which meant debris, could drop through and those areas below could not be kept clean effectively.

There was visible pipework from the sink in servery to the conservatory; we found the carpet surrounding the pipework appeared damp and unclean. We saw a large number of ants on an internal wall in the

conservatory. When we informed the maintenance person they sprayed an aerosol to kill them less than 10 feet from a person who was eating their lunch.

These issues meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. People were not living in a clean and hygienic environment and systems to support effective infection prevention and control were not safe. We are considering our regulatory response and will report on it in due course.

Before the inspection we were informed by a contracts officer for North East Lincolnshire Clinical Commissioning Group that they had identified concerns with staffing levels on nights at their visits to the service on 26 May 2016. Following their visits they had written a letter to the registered provider detailing urgent concerns about this. The registered provider had then increased the staffing numbers on night duty from two to three staff. During our inspection we found concerns with the numbers of staff on duty during the day shifts. Staffing rotas showed levels of one senior care worker and three care workers were on duty during the day to support up to 23 people, some of whom were living with dementia and needed additional attention. However, we found these levels were not always maintained. There were separate staff for catering, domestic and maintenance tasks. There was one activity co-ordinator employed for 20 hours per week. A kitchen assistant spoken with told us they regularly assisted staff with caring tasks when required.

We found there were insufficient staff on duty in the day to meet people's individual care needs in a timely way and staff were overstretched. We observed people sitting in the lounge in the mornings unobserved by staff for long periods. On the first day of the inspection one person was disorientated and frequently called out which several of the other people in the lounge found to be disruptive and upsetting, they responded by shouting at the person. We observed some people wandered around the service. One person regularly wandered into other people's rooms or spent time moving furniture and clearing items away, which at times caused concern with other people who used the service. We saw staff provided support to reassure and orientate the people who wandered when they had time.

On both days of the inspection two people were brought in to the dining room between 11.20 and 30 to have their breakfast. We spoke with two of the people about the times they preferred to rise and they told us they usually preferred to get up earlier. Staff confirmed there had been delays in providing their personal care due to the amount of support each person now needed. We observed lunch time was chaotic on the first day, with staff struggling to support people to sit in the dining room, serve the meals and provide appropriate support in a timely way. On the second day, some reorganisation of the seating in the dining room helped staff, but some people still experienced delays. A member of staff told us, "It is difficult getting everyone ready for lunch and getting it served, a few more pairs of hands would help." We also observed some people experienced delays when they requested support with toileting.

The concerns raised through a recent local authority inspection regarding the call bell system persisted. From certain areas of the service the call bell system could not be heard. A member of staff told us, "It does make things difficult, if I need another member of staff and I use the call bell to get them, they can't always hear it so I have to leave the person and go find them" and "A lot of people need two staff to support them, with hoisting and other things so they often have to wait for us to find another member of staff."

Staff confirmed there were issues with the numbers of staff on duty. Comments from staff included, "The staffing levels are rubbish, they have a massive impact on the care, people always have to wait, we have problems with toileting and people have had accidents because they have to wait so long to go to the toilet. At the end of our 14 hour shifts we are exhausted", "It's difficult covering short notice sickness, we are tired from working our regular shifts, we don't always want to pick up more work" and "We definitely need more

staff during the day, some people's needs have changed in recent months and they now need more care and support."

Not having the right amount of staff available at all times to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The area manager told us staffing was to be increased straight away and they had been assured a budget for this from the registered provider.

We checked the recruitment records for three newly recruited members of staff and saw employment checks were carried out such as application forms, references, disclosure and barring (DBS) and proof of identity. In two files we checked we found all the appropriate checks were in place prior to the person starting work. The recruitment file for the third member of staff (who no longer worked at the service) contained a Curriculum Vitae and no application form and their character reference was from a person they were related to. The regional manager confirmed that this was not in line with the registered provider's recruitment policies which they would ensure were followed in future. We looked at the audits for staff personnel files, from January 2016, which showed some gaps in references for three established staff and a risk assessment for one member of staff, were not in place. When we checked the recruitment records for these members of staff we found the issues had not been addressed.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. Records showed all staff had received training on safeguarding adults from abuse. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice. The local authority safeguarding team told us they were currently investigating concerns about care delivery at the service; during the inspection we identified issues due staff workloads.

Staff completed assessments of risks to people in areas such as nutrition, falls, personal care, skin integrity, moving and handling and evacuating the service in emergencies. However, we found a small number of people had been provided with profile style beds with bed rails. There were no risk assessments in place to support the appropriate and safe use of this equipment. This was mentioned to the operations manager to address.

We found some risk assessments had been completed on areas of the environment and some new ones developed to support recent issues such as the failure of the call bell system. But, areas of risk such as the removal of the stair gate to the stairway to the second floor of the property had not been assessed and managed. The regional manager confirmed they would look into the decision to remove this equipment and look at the safety management of this area to protect people's safety.

A medication policy was in place at the time of our inspection that outlined how to order, store and administer medicines safely. All staff who administered medicines had received the training needed to ensure they knew how to do so safely, and had been assessed as competent to do so. We observed a medicines round and saw people received their medicines as prescribed; the member of staff demonstrated a very patient approach, they stayed with people whilst they took their medicines and only signed for administration when the medicines had been taken. The medication administration records we checked were completed accurately without omission. Protocols had been developed to ensure PRN [as required] medicines were used consistently and safely; we found staff completed records on the reverse of the MARs to provide an explanation for administration of the medicine, which was good practice.

The service had a dedicated medication room for the safe storage of medicines and further specific arrangements were in place for controlled drugs and medicines that required refrigeration. We found some of the fridge temperatures exceeded the manufacturer's guidance and the regional manager confirmed they would address this. The previous manager had completed regular audits of the medicines systems. Records showed that actions had been taken to address any issues that had been highlighted during audits. However, we found a liquid controlled medicine had been in use longer than the manufacturer recommended and should have been replaced. This had not been identified on the medicine audit. The regional manager confirmed they would address this straight away.

Is the service effective?

Our findings

People told us they were able to see their GP or nurse when they needed to and also saw opticians, dentists and chiropodists. Comments included, "Yes, they get the doctor if you need one" and "They sort out any hospital appointments and the nurses come in regularly". They also said they enjoyed the meals provided and had plenty to eat and drink. People told us, "I haven't got a big appetite and they give me small portions how I like", "Always coming round with drinks and snacks, very good like that", "I used to have porridge in the morning which was nice, but they've stopped doing it" and "The cook does the fish and chips which are nice here."

Relatives told us they were happy with how the staff supported people's health care needs. They said, "Whilst mum has been here, she's had a visit to hospital, the staff phoned the ambulance and kept us well informed", "Always arranged well and they let us know" and "Staff have always rung straight away, if ill, can't fault the care at all."

People told us they felt staff had the right skills to meet their needs. One person said, "They seem well trained, they all know their job." Another person said, "Yes they are very good and helpful." Discussions with one person's relatives identified a member of staff was less confident and competent with a specific aspect of care. We passed this on to the regional manager during the visit who confirmed the training session for staff had been requested, but there had been some delays which they would chase up.

We found the environment had not been adapted to suit everyone's needs. There was no signage to help people living with dementia or a sensory impairment to find their way round the home. One person had a photograph of themselves on their room door which aided recognition, but the remainder of doors to people's rooms had no pictorial or photographic reminders. A person who lived with dementia was observed walking about confused and entering other people's rooms. Corridors were bland and little effort had been made to provide colour coding on doors and door frames to assist with orientation, we found one toilet door on the first floor had been painted a contrasting colour. Themed facilities in the form of a cinema room and sweet shop had been provided, although the regional manager confirmed the design of the sweet shop had not worked and they were going to take this down. There were no pictorial menus in use and the calendar in the dining room had not been updated for 10 days. The majority of carpets throughout the communal areas of the home were patterned, which may cause people with dementia to confuse the pattern for objects and try and pick these up, providing an increased risk of falls.

We recommend that the service seek advice and guidance from a reputable source, about environmental adaptations to promote the independence, orientation and safety of people living with dementia.

We observed the lunchtime service and found this could be improved to ensure people's nutritional needs were met more effectively and the experience could be more positive. There was a lack of organisation, which meant not all people received the full support they required. We saw that some people were brought or encouraged to sit in the dining room before lunch was served and noted some people had waited for over 25 minutes before they received their lunch. Some people were engaged in conversations with other people

at their table whilst other people were sat in silence. We also noted that some people who had received their breakfast very late were encouraged to have their lunch at the set time, which meant they had only finished their first meal 30 minutes before. Their lunch time experience was not person centred and at times appeared rushed.

We found two choices were prepared for the main meal at lunchtime and people were consulted about their choice of meal and also shown meals when necessary. We saw people being offered drinks and snacks regularly during the day; staff took their time to offer people a choice of hot drinks and squash. Three people told us their hot drinks weren't hot enough on the first day of inspection.

The care files showed people had nutritional screening to check for any potential risks, a care plan which detailed the support they required and lists of their likes and dislikes. People were weighed regularly. The cook confirmed special diets, fortified meals, adapted cutlery and plate guards were available for those people who required them. We found a list of people who required fortified diets was posted in the kitchen but this had not been updated for eight months and some people were no longer a resident at the service. Similarly with information about diabetic diet provision, not all persons were listed and the cook on duty was not certain which people new to the service required this type of diet, which meant there was a risk their nutritional needs were not being met. The regional manager told us they would follow this up and they also confirmed they would reorganise the lunchtime staffing arrangements to better suit people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw assessments of capacity had taken place and best interest meetings held for specific people and particular issues, for example, a person who attempted to leave the building unescorted which placed them at risk of harm, a decision for a person to remain living at Garden House and day to day care decisions for another person. However, we found assessments of capacity and best interest decisions for areas such as the use of equipment that restricted people's movement, for example bedrails and sensor mats/ alarms, were not in place. The regional manager told us they would address this. In discussions with staff, they had an understanding of MCA and the need for people to consent to care provided. One staff said, "We always ask people about their care and give an explanation, how you approach people is very important."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered provider was working within the principles of the MCA on most occasions. There were five people subject to a DoLS at the time of our inspection and records showed the registered manager had submitted eleven applications before they had left their employment, which were awaiting assessment by the review body. We found some staff were occasionally using holding techniques to support one person during personal care tasks, as their behaviour could be challenging for staff at this time. A DoLS application had been authorised for this person and best interest meetings held with the person's family and the relevant agencies including the community mental health team who had agreed this level of care was appropriate, least restrictive and in the person's best interests. Their care plan provided staff with clear care directions focussing on distraction support. Staff had received training in challenging behaviour but the course had not included the use of physical intervention. The regional manager confirmed they would consult with the commissioning team to ensure the provision of safe care for the person and look into additional training for staff to ensure safe practice.

Staff told us they received regular supervision sessions with their line manager and checks on records generally confirmed this. The training record showed staff had completed a range of essential training and this included; moving and handling, health and safety, safeguarding vulnerable adults from abuse, fire, infection prevention and control, medicines management, dementia care, MCA 2005, food hygiene, dignity and prevention of pressure ulcers. We spoke with the regional manager about training for staff in conditions common to the elderly and clinical care such as catheter management, stoma care, stroke awareness, diabetes and Parkinson's disease. The regional manager confirmed some of those courses had been arranged and they were also looking to provide a resource file for staff reference to aid learning. Records showed new staff had completed an induction programme and worked through the Care Certificate, a national training course.

Records showed people saw a range of health care professionals as required such as GPs, district nurses, dieticians, emergency care practitioners, dentists, chiropodists and opticians. Staff completed monitoring charts for some people at risk of developing pressure ulcers and those at risk regarding their nutritional intake. Staff were clear about when they would contact health care professionals for advice and treatment and described the signs and symptoms that would alert them of deterioration in people's health. They were knowledgeable about how they would prevent pressure ulcers from occurring. Discussions with visiting health care professionals confirmed they were satisfied with the care their patients received and staff made appropriate referrals for support. They also confirmed they were satisfied with management of catheters and prevention of pressure damage.

Is the service caring?

Our findings

The majority of people who used the service told us the staff who supported them were caring. Comments included, "They look after you", "Staff are kind and helpful" and "Yes they are kind but they don't have time to spend with you, they have so much to do." One person told us they thought most staff were caring but some staff were not, they considered some staff had a different attitude which could be attributed to their work load pressures, but were not sure.

Relatives told us, "Staff are polite and courteous", "A couple of the staff are complete stars. They are very kind and this shines through in their work and how they talk to people", "They are caring, on the whole", "Some of the staff are very good", "Staff seem to be very helpful and go out of their way to answer any questions" and "They are very nice, cheerful and helpful." All of the relatives spoken with told us they could visit the home whenever they wished to and were made welcome. One person told us, "Staff are always friendly and welcoming." Some visitors told us they often had to wait to be let in and we observed this during the inspection, one person's visitors rang the doorbell on three occasions before staff responded.

A visiting health care professional said, "I've observed the staff respect people's privacy and dignity and demonstrate a caring approach, there are just not enough of them."

People were not rushed in what they needed to do when they were attended by staff, but this did mean that other people had to wait for support or assistance. Where staff attended people to provide personal care, this was carried out discreetly and in a way to respect people's privacy. We saw other instances where staff respected people's privacy. For example, knocking on people's bedroom doors before entering and speaking quietly to people.

We observed some positive interactions between staff and the people who used the service. For example, we saw a member of staff reassure a person when they were anxious and tearful, they sat with them, held their hand and provided gentle reassurance. On another occasion, we saw staff were very attentive to a person with significant hearing loss who thought they needed to go to the toilet and the member of staff supported the person discreetly in a very caring way. Another member of staff showed a very gentle and caring approach when supporting a person to sit in their wheelchair; the person experienced difficulty in moving their feet up onto the footrests and the member of staff was very kind and patient when they helped them to position themselves, reassuring the person throughout. When the person said their feet were cold, the member of staff went straight away to fetch an additional blanket. We also saw staff encouraged people to change their clothing if required after meals and snacks. Catering staff were observed giving out mid-morning drinks; they took time to help people choose what they wanted, served a selection of biscuits on plates and positioned tables to put drinks on. The interaction was pleasant and friendly.

However, we observed some incidents where staff practice could impact on privacy, dignity, choice and comfort. For example, on one afternoon staff had opened some people's bedroom windows which caused the room temperature to drop, we found two people were cold and required the provision of additional covers to ensure their comfort. We overheard staff refer to the task of supporting a person to the toilet in a

way that did not reflect good person-centred practice. We saw one person used a jar of face cream to bang on the table for assistance to go to the toilet as no-one could reach the 'staff call buzzer'. On another occasion we observed a member of staff interrupted a person eating their lunch to provide pressure relief, the member of staff advised the person to stand up and move about, when they sat down we noted the person didn't want to finish their meal. On another occasion a person had slipped down in their chair exposing their underwear and we requested support from staff to attend to the person. These points were raised with the regional manager during feedback so they could address them with staff.

We saw bedrooms were personalised to varying degrees. People were able to bring in photographs, ornaments and pictures to make their bedroom look homely.

Dignity champions had been appointed to act as role models and promote good practice with regard to respect, compassion and dignity within the service. There were dignity trees in the hall where people, visitors and staff were able to write about what dignity meant to them. The activity coordinator had held a dignity day in February 2016.

We found staff supported people to maintain their independence where possible. During mealtimes people were offered clothes protectors and some people had equipment such as plate guards to assist them. We also observed people were supported to walk and mobilise. A member of staff described how they would support people to maintain their independence, they told us, "I let them do what they can; even if it's just small things I encourage and prompt them. I help people make choices and try not to decide for them about things." The care plans we saw promoted and reiterated the need for staff to treat people as individuals, with dignity and respect and to enable people to maintain their independence. One person's relative described how staff supported their family member's independence, they said, "They get him to shave himself, he can do that with direction."

People's care files were kept in a lockable cupboard in the manager's office where they were accessible to staff but held securely. Medication administration records were secured in the treatment room. The deputy manager confirmed the computers held personal data and were password protected to aid security.

The regional manager confirmed they would support people where necessary to access independent advocacy services if they needed assistance in making decisions about their life choices. They confirmed an Independent Mental Capacity Advocate (IMCA) had been involved with decisions about community access for one person who used the service, although this was some time ago.

Is the service responsive?

Our findings

People told us they would feel able to complain and these would be listened to and investigated. They said, "I've mentioned a few things to the previous manager and she always sorted things out" and "I would speak with the deputy manager or the senior if I had any problems." Relatives spoken with said, "I have had no reason to complain", "Any problems seem to be addressed at the time" and "Issues about waiting for support with toileting are on-going. Overall the home is very good, but it's never going to be a five star hotel."

People who used the service and their relatives spoke highly of the activities co-ordinator and told us they enjoyed the activities provided. They said, "I went out shopping with her this morning, we go on a regular basis", "The activity person is lovely and provides a really good range of group and individual activities", "She asks us what we want to do and then sorts the sessions out, I like the games we do", "[Name of activity coordinator] has managed to persuade my relative to do some card making which she used to really enjoy doing at home, I'm really pleased", "She has some very good books to read" and "She arranges visits from pets and singers, they had a parrot here once." One person's relative told us they were advised at a 'decision meeting' that they would receive their relative's activity plan, but this was three months ago and they were still waiting.

People had assessments of their needs completed prior to admission. These contained a range of information, for example, how staff would need to support the person to maintain a safe environment, how the person communicated their needs, nutritional concerns, medication, mobility, continence, sleep pattern, personal hygiene and dressing. We found numerous care plans had been developed to meet people's individual needs and risk assessments had been developed which corresponded with the care plans and provided appropriate guidance to enable staff to support people effectively. We found behaviour management plans to support the administration of medicine, delivery of personal care and support with agitation were detailed and person centred. They gave clear directions for staff to provide support in the least restrictive way.

There was also information in some people's files about their life history, family relationship details, their interests and hobbies, likes and dislikes and what was important to them. The activity co-ordinator told us about the work she was doing to complete the My Life records for people new to the service, which set out those areas in a booklet.

Clear and contemporaneous notes had not been kept in relation to the personal care and support each person had received. Records indicated that some people who used the service had not bathed or showered for extended periods. One person told us they had not had a bath for nearly six weeks and they used to have one twice weekly. When we spoke to the staff they confirmed the staffing levels and workload had impacted on bathing support but acknowledged that they did not always record when they had supported people with baths or when people had declined this offer of support. Similarly, we found gaps in records to support staff assistance with shaving. The regional manager told us, "The staff were not always recording when they had given people bed baths so the records we had looked like people hadn't had certain care." The regional

manager confirmed they were introducing a new record in people's care files specifically for staff to record any support they had provided with personal care and where appropriate, any reasons this had been declined.

All the care files we looked at were reviewed on a regular basis, however the quality of the evaluation records was varied. There was also some inconsistent recording when there had been changes in people's care needs, for example one person's pressure damage risk assessment detailed they were at higher risk and now required to sit on a pressure relieving cushion, but their support plan for skin care had not been updated with this aspect of care support. This meant there was a risk that the person would not receive all the care they needed or the care may be inconsistent. The regional manager confirmed these issues would be addressed with senior staff.

We saw there was a range of activities for people to participate in if they chose to. There was an activity co-ordinator who usually worked four hours in the afternoons, Monday to Friday. The activity co-ordinator maintained computerised records which included a programme of weekly events, which was also posted in the hall. They also recorded people's participation in activities and outings in the individual daily records. We observed group activities and one-to-one sessions took place with people to ensure there was social stimulation and involvement. One person used doll therapy and we saw they gained comfort from this. We observed people participating in a baking activity, card making, manicures, ball games, film afternoon, reading and a reminiscence session.

One of the lounges had been decorated and refurbished in the style of a cinema room, the activity co-ordinator told us how this had been very popular in the colder months, but at present people preferred to watch films in the conservatory. We observed one person enjoyed sitting in the conservatory listening to Frank Sinatra songs and singing along to all of them. We also observed the activity coordinator looking at books about local areas with people and chatting about their childhood. One person told us how much he had enjoyed watching a documentary about WW2 on the television in the lounge.

There was a complaints procedure on display in the entrance hall. The complaints policy and procedure informed people of who to speak with if they had any concerns and timescales for investigating complaints and responding to people. Staff were aware of the complaints procedure. The complaints file showed there had been some concerns and complaints received in the last 12 months and the previous manager had generally investigated the issues and responded in line with the procedures. Records showed on some occasions the previous manager had combined the acknowledgement and response letters to complainants.

Is the service well-led?

Our findings

When we asked people if they thought the service was well-led we received mixed responses, some people were positive and their comments included, "There have been some minor improvements during my mother's stay", "We are invited to the resident's meetings and there's usually one of the managers around if we need to discuss anything" and "I'm happy with the home." Other people told us they thought the service could improve, "It's hit and miss. The building could benefit from some updating and maintenance is an issue with décor and the garden. It could be really nice" and "There are meetings we can go to and they do send out surveys, but there's not much evidence they take notice of what we say. The staffing situation really needs sorting out."

The previous registered manager left the service in May 2016 and the deputy manager and regional manager had day-to-day management responsibility until the new manager was due to start on 6 June 2016. The deputy manager also informed us she had handed in her resignation and was leaving the service in the near future. We were informed after the inspection the new manager's start date had been delayed. People who used the service and their relatives were aware the previous manager had left the service and they knew who was temporarily in charge until the new manager was in post.

The regional manager told us, "Over the last six months I have spent the majority of my time at our Rotherham service because the manager there had left, I have not been here as often as I would have liked and have not formally recorded any checks or audits that I have done." They went on to say, "The managerial oversight of this service has not been great but we have a new manager starting and will we will support them in any way they need." There were no records available to support any recent management oversight or involvement from the regional manager or the registered provider.

The regional manager told us they had identified a number of areas for improvement in recent weeks, however we found there was no action plan put in place to support any of the improvement work needed. They said that they had noticed a lack of management presence on the floor, staff were not managing their time as efficiently as they could, there were issues with staff communication [due to the size and layout of the building], care delivery was not always recorded and that a cleaning trolley was required so that the domestic staff did not have to run back and forth to the cleaning cupboard for equipment. They told us that certain action had already been taken such as the addition of more night staff and provision of a new trolley for the domestic staff.

We found the arrangements to assess, monitor and improve the quality of the service and identify and assess risks to people who used the service were not effective. There was evidence that actions being taken to make improvements were generally in response to concerns identified by other agencies.

On 23, 25 and 26 May 2016 a contracts officer from the North East Lincolnshire Clinical Commissioning Group (NELCCG) had carried out a quality monitoring visit. Following this they had written to the registered provider on 26 May 2016 with a number of urgent concerns in relation to staffing levels on night duty, staff working long shifts often without a formal break, bathing support for people and the call bell system not

working properly. The registered provider wrote to the NELCCG on 27 May 2016 confirming they had increased the staffing numbers on night duty and the action they were taking to make improvements in relation to the other concerns detailed.

When we visited on 2 and 3 June 2016 we found the night staffing levels had been increased, new personal care records had not yet been put in place and the call bell system had been serviced but improvements to the sound levels had not been made. Also the provision of 20 minute breaks for each seven hour shift a member of staff worked still had not been implemented.

An electrical installation condition report was provided by an external company on 28 November 2014. The report highlighted several concerns and rated them as, 'potentially dangerous – urgent remedial action required'. This concern had also been identified by an Environmental Health Officer (EHO) for the local authority who had visited the service on 4 March and 19 April 2016. The report of their visit dated 26 April 2016 detailed confirmation was required that this urgent work had been completed. We asked the regional manager if any of the actions remained outstanding, they told us, "I know some electrical work has been done, I'm not sure if it all has been completed. One of the issues we had was the registered provider fell out with the company we used because they were so unreliable." However, we were not provided with confirmation the outstanding work had been completed and there were no records of the work carried out to date.

The fire safety officer report of 10 February 2016 detailed the materials used on the walls of the cinema room should be fire resistant. During the inspection we found that the materials - black cloth with fairy lights underneath remained in place. The regional manager said the walls would be painted black and the cloth removed, but there was no date for the work to be scheduled. The increased fire risk due to the use of non-fire resistant materials was not detailed in the service's fire risk assessment, which had not been updated since 1 October 2014.

Staff told us the biomass boiler regularly broke down and they would have to switch over and use the back-up gas boiler. There were no procedures or guidance in place for staff to follow to ensure they completed this correctly to maintain adequate heating and hot water in the service. There were no consistent records of when the biomass boiler failed to work so this could be monitored effectively and action taken where necessary.

Records showed some internal auditing was carried out periodically but there was evidence to demonstrate consistent improvements had not always been made following their findings. For example, an audit was completed on staff personnel files in January 2016. The audit highlighted that two members of staff only had one reference in their file and one member of staff had no references. When we checked the staff files we saw that one person had disclosures on their DBS check, there was no risk assessment in place regarding the disclosures and their employment or a plan that had been developed to ensure the person was suitable to work with vulnerable people. There was no evidence to show that action had been taken to address the findings from the audit.

Action had been taken to improve staffing levels at night following the visit by the contracts officer from NELCCG. During the inspection we found evidence from observation, records and discussions with people who used the service, their relatives and staff that there were insufficient numbers of staff provided during the day to meet people's individual care needs in a timely way. Staff were overstretched in trying to meet the demands of their workload. The regional manager told us they used a staffing tool to calculate how many staff were required to meet the needs of people who used the service. This record was not available during the inspection. The regional manager told us, "I hadn't realised how much the dependency levels had

changed." This demonstrated the inadequacy of the quality monitoring systems to identify and ensure appropriate action was taken to review and adjust staffing levels in a timely way and to mitigate any risks to people's health, safety and welfare.

Records showed audits of infection prevention and control (IPC) were completed on at least a bi monthly basis. The audit in March 2016 highlighted a number of areas for improvement. The audit stated amongst other things that there were, 'dirty commodes in bedrooms', 'all bathrooms and toilets to be addressed and checked every day', 'cleaning logs were not being completed', 'two rooms had a strong odour of urine' and due to the concerns a domestic staff meeting was called. An external audit on IPC had been completed in April 2016 by the care home liaison team for North East Lincolnshire CCG which rated the service at, '67% - inadequate'. The audit identified hygiene issues with a number of toilets, that equipment such as foot pedal operated bins were not in place, extractor fans were dirty, that toilet chairs were unclean and there was debris in the sides of the chairs in the conservatory. An action plan was provided to direct the service on all the improvement action required. The internal audits failed to identify all of the IPC concerns within the service and were not used to ensure known risks were acted upon in a timely way. At this inspection we found little evidence of action taken to make all the necessary improvements and the inspection highlighted that the majority of issues remained.

Regular audits were completed on the medicines systems which showed improvements were needed with the recording of medicines administered and this was followed up and addressed with positive results. However, there was an issue that pain relief medicine had been in use for four months longer than the manufacturer recommended, this had not been identified in any of the recent medicine audits and replaced.

Care plans and associated risk assessment reviews were completed on a monthly basis to ensure they remained accurate and reflected people's current support needs. Care plan audits were carried out to assess the quality of the information in people's care plans and to ensure all of people's assessed needs were planned for. The audits had not identified that risk assessments to support the appropriate use of bed rails for some people had not been completed. Nor had they identified people's personal care support was not comprehensively or accurately recorded.

There was no effective system in place for renewal to ensure the premises were clean, safe and well maintained. We found audits of the environment were not completed and shortfalls were found throughout the service during the inspection. Although there was evidence that some bedrooms had been redecorated and new armchairs had been provided, we found many areas of the service required decorative improvement work and repairs. For example, skirting boards and door surrounds had areas of worn and chipped paint, paintwork on walls was scuffed, two radiator covers were broken, the carpet in one person's room was damaged, kitchen cupboards broken, the maintenance person's room had no lock and contained paint and other equipment, there was a hole in the medicine room ceiling and a bathroom ceiling, and the only shower facility on the first floor had been out of order for a number of years. Outside we found the lawn was overgrown and where trees and shrubs had been cut down at the front of the property not all the debris had been cleared away.

The service's food hygiene audit dated 30 March 2016 identified a range of issues in relation to cleaning, temperature monitoring and defrosting of freezers. It did not identify any concerns in relation to the poor condition of the décor in the food storage areas, the dirty flooring in the kitchen corridor, the unsafe wiring and the lack of mesh to the grill on the back door, for pest control. These were some of the issues identified by the EHO at the food safety inspection on 5 May 2016 when the service received a rating of 2 stars, which indicated improvements were required. At this inspection we found the work in relation to the food storage facilities identified in the EHO report had been completed which demonstrated how the registered provider

responded to concerns raised by external agencies rather than ensuring effective systems and processes were in place to identify where safety and quality were being compromised and to respond appropriately and without delay.

We saw people were asked for their views on the care and support they received. Quality assurance questionnaires were sent out on a periodical basis regarding specific areas such as care, entertainment, finances, meal times, surroundings, laundry and complaints. We found that appropriate action was not always taken regarding the findings of the questionnaires, for example a care questionnaire was completed in October 2015 and when people's responses were collated it was apparent they felt they had to wait for care and support, that staff did not have time to listen to their concerns and staff were not always around. Although people were spoken with at the time, to fully understand their concerns, there was no review of the staffing levels and another questionnaire was not distributed after a set time period to ensure people were now happy with the staffing levels and response times of staff.

The issues detailed above demonstrate the lack of effective quality monitoring systems and effective systems to identify and assess risks to the health and safety or welfare of the people who used the service which meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are considering our regulatory response and will report on it in due course.

Accidents and incidents were recorded and collated each month to see if any improvements could be made. We saw action had been taken when people had experienced falls such as a referral to the falls prevention team and the provision of a sensor alarm to alert staff. We found the prevalence and timings of accidents was recorded and considered but the location was not factored in to fully support the identification of any patterns or trends. The regional manager confirmed a new accident and incident audit record would be introduced to better support effective reviews.

We saw regular staff meetings had taken place for catering, domestic, care and senior care workers. There were minutes of a meeting held with relatives in April 2016, which was open and honest and discussed the registered manager leaving, activities, meals and the proposed purchase of some comfortable garden furniture.

Discussions with staff evidenced there were no staff incentives in place at the home. The service had undergone assessment by NELCCG in 2015 where quality standards were reviewed within the authority's Quality Framework Award. Overall, the service had met the criteria for a 'Bronze' rating, which indicated the service used best practice but could improve in a few areas. Further assessment visits had been completed in 2015 and 2016, and the findings from these assessments have not yet been published.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The home did not have sufficient staff on duty during the day to meet people's health, welfare and safety needs in a timely way.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not living in a clean and hygienic environment and systems to support effective infection prevention and control were not safe.

The enforcement action we took:

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Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of effective quality monitoring systems and effective systems to identify and assess risks to the health and safety or welfare of the people who used the service.

The enforcement action we took:

Warning Notice