

Mr & Mrs D Boulton

# Goodwood Orchard Residential Care Home

## Inspection report

304 Uppingham Road  
Leicester  
LE5 2BE  
Tel: 0116 276 6239

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 14 September 2015 and was unannounced. We returned on 15 September 2015 announced.

Goodwood Orchard Residential Care Home is a care home that provides residential care for up to 18 people and cares for older people and those living with dementia. The accommodation is over two floors, accessible by using the lift and stairs. At the time of our inspection there were 17 people in residence.

A registered manager was in post. 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.

# Summary of findings

People told us they felt safe at the service and with the staff that looked after them. Staff had a good understanding of safeguarding (protecting people from abuse) and knew how to keep people safe.

People's care needs were assessed including risks to their health and safety when they first started to use the service. Care plans were developed using the information from the assessments which included the measures to meet people's care needs and help to keep them safe. Not all the care plans had been changed to the new care plan format which had more information and guidance for staff to ensure people's care and support needs were met.

We found risks to people's health and wellbeing were not monitored or reviewed regularly. Records showed both the care plans and risk assessments had not been reviewed since May 2015 and were not reflective of people's current needs. That meant people may receive unsafe or inappropriate care. People were not always involved in the review of their care to ensure they continued to be satisfied with the care provided.

People received their medicines at the right time. Regular monitoring was needed to ensure safe temperatures were maintained for medicines that needed to be refrigerated. Further action was needed to ensure medicine policy and procedure that staff referred to was up to date.

People lived in an environment that was kept clean and equipment that was regularly serviced and maintained.

Staff were recruited in accordance with the provider's recruitment procedures, which helped to ensure suitable staff, were employed to look after people.

Staff received an induction when they commenced work and on-going training to support people safely. Staff found the dementia awareness training valuable because it had helped them to adapt their practices to ensure they supported people living with dementia appropriately. Staff used equipment correctly and safely. Staff were supported through meetings, supervisions and appraisals.

People were protected under the Mental Capacity Act and Deprivation of Liberty Safeguards. The registered manager and staff understood their role in supporting people to maintain control and make decisions which

affected their daily lives. Referrals, where appropriate, had been made to supervisory bodies where people did not have capacity to make decisions or restrictions were placed upon them.

People were provided with a choice of meals that met their dietary needs. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health.

The attitude of the management and staff showed they were caring, friendly and talked about their work and were well informed about those using the service. Staff were committed to providing the best possible care for all those who used the service.

There were limited planned activities which people could take part in. People were supported to observe their faith. People received visitors throughout the day and evenings and could have meals with them. Staff were knowledgeable of people's life history and things that were of interest to them. Staff organised activities on an ad hoc basis if people were interested. During our visit we saw staff spent time talking to people about topics that were of interest to them.

People were confident to raise any issues, concerns or to make complaints, which would be listened to and acted on appropriately.

The provider did not have a formal quality assurance or governance system in place that helped them to ensure a quality service was provided. There were limited audits carried out but those were not done consistently. There was no evidence to demonstrate how the provider reviewed or monitored the service to ensure any shortfalls identified had been addressed. The provider did not regularly seek the views from people who used the service or their family, about the service, the care and treatment provided and their involvement in how to develop the service. That showed the provider and the registered manager could not assure themselves, the people who used the service, their relatives and staff that the service was well managed and took steps to provide a quality service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People told us they felt safe. Staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risk people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely. Timely reviews of risks and management plans were needed ensure people's safety was maintained.

Safe staff recruitment procedures were followed and were available to support people.

People received their medicines at the right time. Regular checks were needed to ensure medicines were stored and managed safely.

**Requires improvement**



### Is the service effective?

The service was effective.

Staff were trained and supported to enable them to provide the support and guidance people required.

People's consent to care and treatment was sought. People were supported to make decisions which affected their day to day lives.

People's nutritional needs were met. People were referred to the relevant health care professionals to promote their health and wellbeing.

**Good**



### Is the service caring?

The service was caring.

People were treated with kindness, their privacy and dignity was respected.

People were involved in making day to day decisions about their care and support needs and staff respected their choices.

**Good**



### Is the service responsive?

The service was not consistently responsive.

People's needs were assessed when they first started to use the service. People were not always involved in the planning or review of their care nor were their family or health care professionals in order for people to receive personalised care.

People felt confident to make a complaint and the complaints process was clear.

**Requires improvement**



### Is the service well-led?

The service was not consistently well led.

**Requires improvement**



# Summary of findings

There was a registered manager in post.

There were limited opportunities for people who used the service, their relatives and staff to share their views about the service and involved in the development of the service.

The provider had no formal quality assurance and governance system in place. There were limited audits carried out to monitor and assess the quality of care provided. There were no analysis or action plans developed to ensure shortfalls were addressed in a timely manner.

# Goodwood Orchard Residential Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 14 September 2015 and was unannounced. We returned on 15 September 2015 announced.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and provide us with the contact details for health care professionals involved in people's care. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider sent us the contact details for health care professionals but the PIR was not returned.

We looked at the information we held about the service, which included information of concern received and 'notifications'. Notifications are changes, events or

incidents that the provider must tell us about. We also looked at other information sent to us from people who used the service, relatives of people who used the service and health and social care professionals.

We spoke with five people who used the service and three visiting relatives. We also spoke with a visiting health care professional.

We spoke with three staff involved in the care provided to people, the house-keeping staff and the cook. We spoke with the registered manager and the deputy manager.

We looked at the records of three people, which included their plans of care, risk assessments, care plans and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits, complaints and the minutes of meetings.

We contacted health care professionals and commissioners for health and social care, responsible for funding some of the people that live at the home and asked them for their views about the service.

We requested additional information from the deputy manager in relation to the statement of purpose and confirmation that procedures were in place for people who were prescribed medicines as and when required. We only received some of the information requested.

# Is the service safe?

## Our findings

People told us they felt safe. One person had lived at the service for many years said, “If I didn’t feel safe I wouldn’t have stayed here this long.” Another two people told us they had never felt unsafe and one said, “I’d snitch [tell on] if I’d seen anything of concern.”

Relatives spoken with felt their family member was safe and well cared for. One relative said, “[person’s name] can be difficult and they [staff] are so understanding and patient.” Another told us they would contact the Care Quality Commission (CQC) directly if they thought their family member was being harmed.

We looked at how the provider protected people and kept them safe. Staff told us they were aware of the provider’s safeguarding policy and knew what to do if they were concerned about the welfare of anyone who used the service. All staff had recently completed training update in how to protect people from harm and abuse. Staff were clear about their role and responsibilities and confident to use the provider’s whistle-blowing procedure to report concerns to the external agencies such as the Police and the Care Quality Commission. That showed people could be confident that their safety and wellbeing was protected.

Prior to our inspection visit we asked the local authority responsible for some people who used the service. They told us they had investigated a number of concerns and had worked with the provider to make improvements to prevent similar incidents happening again. As a result of the investigation staff received training in emergency first aid and knew what action to take including the need to seek medical attention.

Two people told us that they had been involved in assessment process that looked at possible risks to their health and safety. Their care plan was developed with them to ensure they were satisfied with arrangements proposed to help keep them safe. A relative also told us that they supported their family member to make sure staff understood their needs. They were happy with the care provided to their family member, which helped them to stay safe.

People’s care records included assessments of risks associated with their needs. Those included assessments of risks for people at risk of choking or swallowing difficulties, moving and handling for people with limited

mobility and where specialist equipment needed to be used to support people. We found that people had been referred to relevant health care professionals where a risk to their health and safety had been identified. Records we looked at showed a person at risk of choking and had a swallowing difficulty had been referred to the speech and language therapist (SALT). The daily monitoring records showed that the staff had followed the guidance provided to meet the person’s needs. When we looked at other people’s care records we found a mix of basic and detailed risk assessments. The deputy manager told us they were updating all the risk assessments and care plans following the support they had received from the local authority. Only five had been fully completed so far and the deputy manager assured us that the remainder would be completed by the end of September 2015.

We found risk assessments were not regularly reviewed to ensure people’s safety was maintained. For example, one person’s health had deteriorated in recent months but their risk assessments and care plan had not been reviewed or updated since May 2015. The deputy manager assured us they would action this immediately. On the second day of our inspection they showed us the updated risk assessment and care plan which provided staff with clear guidance to ensure risks to the person’s health were managed and needs met.

Staff we spoke with understood the needs of each person and the support they needed despite care records not being up to date. They told us how they supported people, which was consistent with what the person and their family member had told us. Staff were aware of people’s health conditions and would tell the senior or the deputy manager if they had any concerns about a person’s health.

Staff were aware of the reporting procedures for all accidents and incidents that affect the health and wellbeing of people. Records showed that staff documented the incident including any injury, signs of pain and the actions taken. Records confirmed that staff had sought medical advice where the person had a fall or expressed pain. We saw that staff continued to monitor people’s wellbeing following any such the incident or accident.

## Is the service safe?

There were systems in place for the maintenance of the building and equipment. Premises were clean and safe for people to move around. Records showed equipment needed to support people such as the hoist was maintained and regularly serviced.

People told us that staff were around to help them when needed. One said, “Whilst I don’t need them [staff] all the time, they are there to help me when I need it.” Relatives spoken with also told us that they had always found there were enough staff on duty along with the deputy manager or a senior.

The deputy manager told us that the staffing levels were decided by the registered manager. They were confident that the staffing could be increased if people’s needs changed. We asked them how the staffing numbers were determined. They told us that whilst no dependency tool was used they looked at the needs of people, the staff skills and numbers of staff needed to help them plan the number of staff required. The staff rota was reflective of the staff on duty. It showed that the staffing levels were maintained with three care staff in the day with the support of the senior or deputy manager and two care staff at nights with the management providing the on-call support. That meant people were helped to stay safe and supported with their daily needs.

People’s safety was supported by the provider’s recruitment practices. We looked at the staff recruitment records and found that relevant checks had been completed before staff worked unsupervised. A staff member told us their induction training included reading people’s care records, the provider’s policies, procedures and they worked alongside experienced staff to get to know the people who lived at Goodwood Orchard Residential Care Home.

People told us they received their medicines at the right time. One person told us if they had any pain then they would ask staff for their pain relief medicines and another said, “I know what tablets I have to take and when. Nothing to worry about there.”

A relative said, “Some staff know more about [person’s name] medicines than others, I guess it’s because they’re dealing with it every day. The one thing I know is she’s getting the care and her medicines on time.”

Prior to our inspection we contacted the pharmacy for their views about how the service managed people’s medicines. They shared the pharmacy inspection report from their visit in January 2015, which identified some minor improvements were needed.

We found medicines were managed and disposed of safely. We found medicines were stored securely including medicines such as controlled drugs, which have to be tightly controlled. The medicines that needed to be refrigerated were not always stored safely. We found no daily fridge temperatures had been recorded since 5 May 2015 which could alter the effectiveness of the medicines. Neither the deputy nor the registered manager could explain the reason for this, which also supported the pharmacy inspection report. They assured that daily fridge temperatures would be recorded and did this immediately.

We observed the deputy manager administer medicines, which they did individually and records were completed accurately. Staff checked with people to see if they needed any medicines for pain relief, which was given as and when required, otherwise known as ‘PRN’. We saw staff recorded the quantity of PRN medicines administered, which helped to ensure the person’s health continues to be monitored.

Care records did not list people’s current prescribed medicines and some did not have an up to date photograph on their medicine profile. That would help the staff administering medicines to make sure the right person receives it, along with any known allergies and specific instructions to support the person when taking medicines. We found there were no protocols for administering PRN medicines even though we had observed staff administer PRN medicines correctly in line with best practice. That meant staff had no guidance to refer to and what action they should take if they had any concerns about the person’s health. The deputy manager assured us they would address this immediately. Following our inspection visit they wrote to us and confirmed that the PRN protocols were in place and had updated people’s medical profiles to include a current photograph.



# Is the service effective?

## Our findings

People told us staff looked after them properly. People were happy with the staff that supported them and felt staff understood their needs and how they liked to be cared for. One person said, “The staff are very good. They know what to do but will always ask.”

A relative who regularly visited their family member told us they felt staff were trained and knowledgeable about how to care for people. Another relative told us that because their family member was reluctant to call for support staff regularly checked on them to ensure they were comfortable.

Staff spoken with confirmed that they had received induction training for their job role and on-going training to look after people. The training matrix showed staff had also received practical training in first aid, health and safety and moving and handling people safely which involved the use of equipment. Additional training was also completed by staff in topics related to the promotion of people’s health, safety and welfare including dementia awareness. Staff found the dementia awareness training useful and had put the learning into practice when supporting people living with dementia. We saw this to be the case when someone became anxious the member of staff asked the person to help them choose an outfit from a catalogue. The person’s mood visibly changed as they felt their opinion was valued.

Staff felt communication and support amongst the staff team was good. The daily handover meetings provided staff with information about people’s health and wellbeing. Staff felt supported through the regular staff meetings, supervisions and appraisals. Staff found meetings were informative and were used to review their practices.

Throughout our inspection we saw staff offered people choices and sought consent before they helped them. We saw staff used moving and handling equipment correctly whilst they kept the person informed as to what they were about to do, guided them and assured them until they were seated comfortably.

The deputy manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff spoken with had received training on the MCA and DoLS and the staff training records we looked at confirmed this.

Staff were knowledgeable about how they supported people to make daily choices and decisions on a day to day basis. A member of staff told us, “Everyone here has the capacity to make decisions. Sometimes we just need to help them a little bit more. Like, we show them what they can have to eat.” They told us that sometimes people have fluctuating capacity due to their mood or anxiety, in which case they would give the person some time before asking the question again. This showed staff understood the need to gain people’s consent and involve them in making day to day decisions.

The Care Quality Commission is required by law to monitor the operation of the MCA and DoLS and to report on what we find. MCA and DoLS exists to protect people who lack the mental capacity to make certain decisions about their own wellbeing or have restrictions place upon them. At the time of our visit no one was subject to an authorised DoLS. Records showed that applications had been made to the supervisory body where it was felt the person’s liberty had been deprived. The new care plans showed that people’s mental capacity had been assessed.

People told us they were happy with the meals provided. One person said, “Food is good, it’s hot and there’s plenty of it.” Another person felt the meal were ‘ok’ and said, “There’s room for improvement, like having different vegetables, soups and stew.” People told us their views about the menus were sought individually and at meetings held for everyone who used the service.

A relative told us that their family member enjoyed their meals and drinks provided. They told us that they were always asked whether they would like to have a meal with their family member and said, “I know [person’s name] eats well, she’s slow eating but definitely enjoys her meals.”

Throughout the day we saw staff offered people drinks and snacks including one person who preferred to go to the staff in the kitchen for biscuits and a drink whenever they felt hungry. The lunchtime meals were served individually and staff assisted those who needed help to eat. The meals served were presented well, looked nutritionally balanced with a selection of vegetables and condiments.

The cook told us that the menus were to be changed so that more traditional meals were provided. There was a picture menu to help people living with dementia choose what they wanted to eat. The cook prepared meals to suit people’s dietary meals and also fortified the meals by using



## Is the service effective?

double cream and full fat milk. They knew what people liked to eat and drink and ensured the menus reflected their choices, which included roast dinners at least twice a week. The menus were being changed to the winter menus, which would include homemade soups and stew.

Records showed that an assessment of people's dietary needs had been undertaken. People's weights were measured and where concerns about people's food or fluid intake had been identified, they were referred to their GP, speech and language therapist (SALT) and the dietician. Staff described how they supported the person which showed that they followed the advice recommended by SALT team. Staff did monitor how much a person with poor appetite ate and drank. Records showed how much the person should eat and drink as a minimum. The senior or the deputy manager monitored this daily and would seek medical advice if they had concerns about the person's health.

People told us their health and medical needs were met. They told us staff would call the GP if their health was of concern. People's care records showed that people received health care support from a range of health care professionals and attended routine medical appointments.

Relatives were satisfied that their family member's health needs were supported and where agreed, were kept informed about any health concerns. One relative told us that they continued to be involved in their family member's care and supported them to attend a hospital appointment.

Health care professionals spoken with during the visit told us they were providing health care support to one person. They told us that staff were knowledgeable about the care needs of the people they supported.

# Is the service caring?

## Our findings

People told us staff were kind and caring, and knew how they liked to be supported. One person said, “Staff are very good.” Another person who we saw teasing staff said, “The staff do care about us and we do have a laugh.”

Relatives spoken with felt staff had development positive relationships with their family member, which we had also observed to be the case. One relative said, “The staff really do care for everyone here not just my [person’s name] and another said, “They’re [staff] very caring and patient because [person’s name] can be rude.”

Throughout our inspection visit we observed staff were caring and showed compassion towards people. Staff were kind and attentive when they supported people. Staff spoke with people and prompted conversations on topics that were of interest to them. One staff member described knowing about a person’s life history, the work they did and family life had influenced how they supported this person. For instance, it was important for this person to be dressed well which made them feel good about themselves.

We saw staff reassure one person by gently stroking their hands. Staff took care when they supported people and knew how to support them to move around. The atmosphere at lunchtime was relaxed. Staff supported people to eat without rushing them. Staff were attentive and responded to requests when people wanted second helpings or assistance with cutting the dinner into smaller pieces.

Health care professionals we spoke with during the visit told us that they found staff to be caring, kind and knew the needs of people they looked after.

People told us they knew about their care and support arrangements and were aware of their care plans. One person told that the deputy manager went through how staff would help them and asked whether they were happy with the arrangement. A relative told us that they supported their family member in the process to develop their care plan, which took account of their wishes.

People told us that staff checked that they were comfortable on a day to day basis. Care records we looked at were a mix of old and new care plans. The new care plans showed that people had been involved in the development of their care. Individual choices, preferences

and the decisions made about their care and support needs were recorded. The daily records about the care and support people received showed that staff respected people’s decisions about how they were supported and their lifestyle choices. At the time of our inspection the deputy manager had updated five care plans to the new format and assured us that the remainder would be completed by the end of September.

The deputy manager told us that where people lacked the capacity to make decisions, the views about the care and treatment provided was sought from relatives and health care professionals. Although health care professionals were involved in people’s care, there was no record of any contact or discussions with their relatives. The deputy manager assured us a record would be maintained. Following our visit they wrote to us and sent us a new document where any contact with relatives and their views would be recorded.

Staff understood the importance of respecting and promoting people’s privacy and dignity. They took care when carrying out their duties. They gave examples of the steps taken to maintain a person’s dignity when they were supported to maintain their personal hygiene and when using a hoist to transfer a person from a chair onto a wheelchair.

All the bedrooms had a wash hand basin and some had their own private toilet. Bathrooms and toilets were close to all the bedrooms, which helped to maintain and promote people’s privacy and dignity. Staff told us that people were offered a bath or shower and that staff respected their wishes and the care records we looked at confirm this to be the case.

There were four shared rooms in use. There were only two privacy screens, which were shared amongst the four bedrooms to help maintain people’s privacy and dignity. The deputy manager assured us that additional privacy screens would be provided if they felt people’s dignity was being compromised.

The service looked after a person whose health had deteriorated. Staff worked with the GP and specialist nurses to ensure the person was comfortable and their dignity was maintained at all times. That showed the staff worked with health care professionals, following instructions in order to help look after people when they were unwell.

## Is the service caring?

We found that up to date records were kept where people had made advance decisions about their care with regards to resuscitation. Staff we spoke with were aware of where those records were kept should it be required in a medical emergency.

# Is the service responsive?

## Our findings

People told us that they had been involved in their assessments of needs when they first started to use the service. We asked people what steps had been taken by the staff to ensure the care provided was tailored to their needs. No one we spoke with had been asked to be involved in the review of people's care needs and care plans. That meant whilst people's care needs at the point they moved to the service were met; there was a potential risk of any new or changing needs not being met because people were not involved. Relatives we spoke with also confirmed that they were not involved especially where their family member who was living with dementia may not be able to express their views or make complex decisions.

Staff told us that they no longer recorded the care that they provided to people. The daily records were only completed by the deputy manager or the senior carer after staff had confirmed what care and support had been provided. The daily records detailed the care and support provided and in some instances any concern about the person's health.

Care records showed people's needs had been assessed when they first started to use the service. There were a mix of old and new care plans and risk assessments. We looked at one of the five new care plans and found it was sufficiently detailed as to the needs of people and also contained information about the people's interests and hobbies. The care plans were signed by a member of the management team but not signed by the person or their family member to confirm they agreed with it.

We also found care plans and risk assessments had not been reviewed since May 2015. There was no formal record of the review, who took part in the review and what if any changes were agreed. We found one person's health had deteriorated to a degree that they were nursed in bed. Although the deputy manager immediately reviewed and updated the care plans and risk assessments for that person, it was not the case for everyone else. That meant people were at risk of receiving inconsistent care or not receiving the care and support they needed.

This was a breach of Regulation 9 (1) (3) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

One person told us that staff respected their choice of lifestyle as they liked to read the daily paper in the privacy

of their room and we saw this to be the case. Relatives spoken with told us that it was their family member's decision to use the service including one person who after a short stay decided it was the right place for them to stay permanently.

Staff showed a good understanding of the needs of people and how they liked to spend their time. Because there was a stable staff group, they had the opportunity to develop relationships and had got to know people's interests. We saw this to be the case when a staff member saw someone becoming upset and started a conversation about fashion which they knew the person was interested in.

People told us that they spent time watching television or talking to their friends, staff and visitors. People were fond of the family cat that mainly stayed near the office. People who used the service and relatives spoken with told us that staff did activities occasionally such as hoop throwing or skittles which they enjoyed. One relative told us that they often had a meal with their family member, which helped to maintain their family relationship.

On the first day of our visit we found there was little opportunity for people to take part in activities. However, on the second day, the atmosphere was positively different, as most people took part in the chair aerobics, music and singing. The deputy manager told us that a monthly church service took place and they organised seasonal entertainers. The deputy manager assured us that they would contact local support services and volunteer groups, which may give people the opportunity to pursue interests in history and arts and crafts.

The service provided people with opportunities to share their views about the service individually, through the residents meetings. Records showed the last meeting took place in December 2014. The deputy manager assured us that they would plan a meeting soon but no date was confirmed.

The provider's carried out an annual survey in October 2014 and the results showed people were satisfied with the quality of service provided. The deputy manager told us that surveys were due to be sent out in October 2015 to people who used the service, relatives and health care professionals. They assured us that any issues raised from the survey would be addressed.

People told us they felt confident to raise concerns about any aspect of their care and support. They told us that

## Is the service responsive?

whilst they had no complaints there were confident to speak with the deputy manager. Relatives also told us they should they have any concerns they were confident it would be dealt with professionally and promptly. A relative said, "I know I can complain to [deputy manager] but have never needed to."

We saw the provider ensured people had access to the complaints policy and procedure if required. Although the contact details for an independent advocacy service were not detailed within the complaints procedure information leaflets were available at the service.

There was a system in place to record and investigate complaints. Records showed the service had not received any complaints in the last 12 months. We found that there was no system in place whereby any verbal concerns raised by people, relatives or health care professionals were not recorded. The deputy manager assured us that a log would be started for all written and verbal complaints and concerns.

We saw the provider had received a number of positive testimonials from people who used the service and relatives. These were about the care and the way staff had cared for them.

# Is the service well-led?

## Our findings

We found the provider did not have a formal system for governance and quality assurance in place. There was no information as to what areas would be checked, the frequency or who would be responsible to address any shortfalls.

We found audits were incomplete. There was no evidence to show what action was taken by the registered manager and the provider in relation to the incomplete audits. For example, the medicine audit only looked at people's medicines and the medication administration record. There were no checks carried out to ensure medicines were stored correctly and information about people's medicines was up to date. If those checks had been done then the registered manager or the provider would have had the opportunity to address the issue of the daily medicine fridge temperatures not being recorded since 5 May 2015. There were no audits carried out to people's care records to ensure those were up to date as to the care and support they needed. A falls log was found for July 2015 only. There was no record of any analysis carried out after July 2015 including any steps taken to minimise the risk of people having further falls. Because the incident logs along with the falls logs were not completed for each month neither the provider or the registered manager were unable to identify any trends or patterns to ensure people's safety could be maintained in the future.

We looked at the provider's policies and procedures. Although those had been reviewed this year, the content did not reflect the current best practice or the changes in the law that governs health and social care services. We found the provider and the registered manager had not kept their knowledge up to date or accessed information from experts and other agencies about best practice and changes in regulations. For instance, the provider had not updated their policies and procedures in relation to administration of medicines disguised in food or drink and how to support people prescribed medicines as and when required. Some policies and procedures still had the names of the management staff that were no longer employed by the provider.

We found that the service did not put into practice the provider's expectations with regards to person centred care, involvement of people who use the service, their family, staff and health care professionals. People's care

records were not up to date or reviewed regularly with their involvement. Accurate records were not kept by the staff providing the care and support to people because those were completed by the deputy manager or senior who did not always provide the personal care and support. That meant they could not be assured that the agreed care was provided and was appropriate. The lack of accurate records being kept highlighted that in the event of any incident it would be difficult to confirm the staff member that actually provided the support.

The last meeting held for people who used the service took place in December 2014 even though the policy stated those should take place every three months. That meant because people's views about the service and the quality of care provided was not sought formally, the provider missed the opportunity to address any concerns or act on any suggestions to develop the service.

Staff told us the staff meetings were informative and mainly focussed on the management of the service. Those meeting did not always provide staff with updates on any issues raised at the previous meeting. The meeting minutes held on 9 September 2015 were still incomplete and therefore staff that were unable to attend the meeting were not aware of what had been discussed. There was no standard agenda for those meetings even the provider had agreed with the local authority to do so.

We found that for the meetings held for staff and people who used the service there was no facility to review actions from the previous meetings and what actions were taken in relation to any suggestions made to develop the service.

We concluded that the service was not consistently well managed because the registered manager did not consistently adhere to the provider's policies and procedures, follow-up issues raised or produce any plan of action to address any shortfall or effectively review and monitor the improvements required.

This was a breach Regulation 17(2) (a) (b) (c) (e) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There was a registered manager in post. At present the management team is made up of the registered manager and a deputy manager. The deputy manager was being supported by the registered manager to take on more management responsibilities as part of their development.

## Is the service well-led?

The provider's vision and values were clearly set out in the information pack people. The management team and staff had a consistent view of providing quality care. Staff told us that they were supported by the deputy manager mainly with regards to day to day support and supervisions. Staff found the deputy manager was approachable and helped to address any concerns that they may have about people's health.

Health care professionals we spoke with on the day told us that the deputy manager and staff were knowledgeable about the people they looked after.

Prior to our inspection visit we contacted the health care professionals involved with the people who used the service. The local authority responsible for the service they commissioned on behalf of some people who lived at Goodwood Orchard Residential Care Home and asked for their views about the service. They told us that they had worked with the provider, offered support, staff training and advice on the development of the care plans and risk assessments. They found the provider was responsive to their recommendations to make the required improvements and plan to carry out further monitoring visits to ensure the service has made the improvements in order to provide a quality care service.



## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 (1) (3) HSCA 2008 (Regulated Activities) Regulations Regulation 2014.</p> <p>Person Centred Care</p> <p>People who use services did not always receive care that was person centred and appropriate. People and where appropriate their family were not always involved in the review of their care and treatment or provided with the opportunity to manage their care and treatment.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17(2)(a) (b)(e) HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>Good Governance</p> <p>Assess, monitor and improve the quality and safety of the services provide in the carrying out of the regulated activity (including the quality of experiences of service users in receiving those services).</p> <p>Records maintained were not contemporaneous in respect of each service user in relation the care and treatment provided and decisions made.</p> <p>There was no formal governance system to assess and monitor to quality of service provided.</p> <p>Seek and act on feedback from relevant persons and other persons in the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p>

This section is primarily information for the provider

## Action we have told the provider to take

Communication systems were in place to seek views from people who used the service, relatives, staff and other stakeholders but these were not carried out consistently, no analysis or actions not taken in bringing about identified improvements.