

# Greenroyd Residential Home Limited

## Greenfield House

### Inspection report

White Lund Road  
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Tel: 01524425184

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13 December 2016

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced inspection took place on 12 and 13 December 2016.

Greenfield House is situated in Morecambe and is registered to provide care and accommodation for up to 33 people living with dementia. All accommodation is offered on a single room basis. The home has a variety of communal areas for people to use. There are passenger and stair lifts for ease of access between floors. There were twenty people residing at the home at the time of the inspection visit.

There was a registered manager in place. 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.

Greenfield House was last inspected on 03 and 04 March 2016. This was the first inspection of the service. At this inspection visit we identified several breaches to the Health and Social Care Act (2008) Regulated Activities 2014. We found people were not always safe. Risks were not consistently identified, monitored and managed in a proactive way. People's healthcare needs were not consistently monitored and referrals were not always made to health professionals in a timely manner. Care planning documentation was not always accurate. Deployment of staff did not always meet people's needs. The service did not have an active training and development plan to support staff with their training needs. Processes for reporting safeguarding concerns were not effective and safeguarding concerns were not consistently reported as required. Following the inspection visit we took enforcement action against the registered provider and registered manager and the service was placed in special measures by the Care Quality Commission, (CQC.)

We carried out this comprehensive inspection carried out in December 2016 to ensure action had been taken to ensure all fundamental standards were now being met. We also used this inspection to review the rating of the service.

During this inspection visit carried out in December 2016, we found improvements to meet the fundamental standards had been made. As a result the service has been taken out of special measures. The service will be expected to sustain the improvements and this will be considered in the future inspections.

We found improvements had been made to ensure people who lived at the home were safe. Suitable arrangements had been implemented to protect people from the risk of abuse. Processes were in place to ensure safeguarding alerts were identified, reported and responded to appropriately. Staff understood their responsibilities and how to report safeguarding alerts.

The registered manager had addressed staffing concerns at the home and had recruited a number of staff to meet the needs of the people who lived at the home. We observed staff carrying out their duties and noted staff were not rushing and had time to respond to people's needs. Relatives told us staff turnover had

decreased and people were now being supported by staff who knew them.

The registered manager had fully implemented a new care planning system for all people who lived at the home. Staff had received training on how to complete care plans and care plans were being audited to ensure care records were accurate and completed in a timely manner. Care plans and risk assessments were reviewed and updated when people's health care needs changed or when new risks were identified.

People's healthcare needs were monitored. Information was sought from appropriate professionals as and when required. We saw evidence of multi-disciplinary working that showed positive outcomes for people who lived at the home.

We looked at how weight management was monitored within the service. We noted people at risk of malnutrition were monitored and health needs were reviewed on a frequent basis.

We looked at how falls were managed by the service. We noted the registered manager had implemented a monthly audit of all falls. We noted when people were at risk of falls, risk strategies were put in place and staff consistently followed all instructions to minimise the risks of people falling.

People were protected from the risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns. The registered manager reviewed all critical incidents and was aware of their reporting obligations. We noted from our internal system the registered manager routinely raised safeguarding concerns when people were at risk of harm.

Training had been provided for staff to enable them to carry out their tasks proficiently. The registered provider had worked proactively to identify staff training needs. The service had developed a training matrix and a training development plan to ensure staff received the appropriate training for their role. The registered provider had addressed staff performance when staff had not been proactive in attending training. Training for staff was on-going.

The registered manager had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. We saw evidence of audits being carried out on a monthly basis by the registered manager and noted action had been taken when concerns were identified

Improvements had been made to ensure all staff employed within the service had the suitable checks in place. A record of all DBS certificates had been collated for staff that had been recruited through the previous owner of the home. Systems were in place that ensured all new staff were suitably checked before being employed by the service.

We looked at how medicines were managed by the service. Medicines were stored safely and securely when not in use. Whilst observing medicines being administered we noted good practice guidelines were not consistently followed and medicines administration records were unclear and inaccurate. This was a breach of Regulation 12 of the Health and Social Care Act (2008) Regulated Activities 2014.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work. Capacity had been routinely assessed and good practice guidelines were referred to when a person lacked capacity. The registered manager ensured appropriate action was taken when a person lacked capacity and was being deprived of their liberty.

For people who could verbally communicate their wishes and needs, the registered manager had

introduced residents meetings for people to discuss their concerns and have a say in how the home was managed. Relative input had also been encouraged when people did not have a voice.

Staff praised the registered manager and their way of working. Staff said the registered manager was approachable and they were confident they had the required skills to provide effective leadership at the home.

Staff described a home where there was an on-going change of culture which promoted effective and responsive care. They described a positive working environment with a focus on team work.

During the course of the inspection visit we were made aware of concerns relating to the registered providers indemnity cover from a third party. The registered provider had not however reported this formally to the Care Quality Commission. This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009.

Relatives told us they were aware of the complaints procedure and their rights to complain.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was safe.

People who lived at the home and relatives told us people were safe.

Arrangements were in place for management of all medicines; however they were not consistently applied.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had suitable recruitment procedures to assess the suitability of staff.

The registered manager ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who lived at the home.

### Is the service effective?

**Requires Improvement** ●

The service was effective.

People's health needs were monitored and advice was sought from other health professionals, where appropriate. People who lived at the home told us their nutritional and health needs were met.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

### Is the service caring?

**Good** ●

The service was caring.

Staff had an understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

We observed staff treating people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

### Is the service responsive?

**Good** ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The service had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

Improvements were underway to make care records more person centred as a means to increase person centred care.

There was a variety of activities offered to people who lived at the home.

### Is the service well-led?

**Requires Improvement** ●

The service was well led.

The registered manager had developed good working relationships with the staff.

Regular communication took place between management and staff as a means to promote continuity of care.

The registered manager had developed and implemented an audit system to ensure a safe, high quality service was delivered.

The registered manager fostered an open and transparent way of working in order to develop a positive working culture at the home.

# Greenfield 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 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 12 and 13 December 2016. The first day was unannounced. On the first day, the inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The adult social care inspector returned alone on the second day to complete the inspection visit.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. We spoke with the Local Authority contracts and safeguarding teams and Clinical Commissioning Groups responsible for commissioning care to check if they had any concerns. We were aware the service was currently working with one local authority to ensure improvements to the service delivery were being carried out. We also contacted the infection prevention and control lead, the local authority health and safety department and Healthwatch. We received no other information of concern.

We reviewed information held upon our database in regards to the service. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with seven members of staff. This included the registered manager, the cook, the maintenance person and four members of staff who provided direct care.

We spoke with four people who lived at the home to obtain their views on what it was like to live there. Not everyone who lived at the home was able to speak with us due to living with dementia. We observed interactions between staff and people using 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

spoke with three relatives and two friends to see if they were satisfied with the care provided. We also spoke with two health professionals who had links with the service.

To gather information, we looked at a variety of records. This included care plan files relating to four people who lived at the home. We viewed recruitment files belonging to five staff members, and other documentation which was relevant to the management of the service including health and safety certification, staff rotas, training records, team meeting minutes and findings from monthly audits.

We looked around the home in both communal and private areas to assess the environment to ensure it was conducive to meeting the needs of people who lived there.



# Is the service safe?

## Our findings

Relatives we spoke with told us people who lived at the home were made safe by the registered provider. One relative said, "[My relative] was unsafe when they lived at home. We needed to find them somewhere to live to keep them safe. As far as we are concerned they are now safe living at Greenfield house."

At the inspection visit carried out in March 2016, we identified a breach to Regulation 18, of the Health and Social Care Act 2008 (Regulated Activities) 2014. Deployment of staffing was not conducive to meet people's needs. Staff told us they did not have sufficient time to carry out all their required activities. People who required supervision did not always receive this in a timely manner and in accordance with their care plan. This placed people at risk of harm.

At this inspection visit carried out in December 2016, we found improvements had been made and the registered provider was meeting the required fundamental standard. On the first day of the inspection visit there were four members of staff on duty who were responsible for providing direct care to the twenty people who lived at the home. The registered manager said they could also be called upon for support during the day, if required. We looked at four weeks rotas and noted there was at least four members of staff on duty throughout the day.

Following the previous inspection visit in March 2016, the registered manager had temporarily closed two communal areas in the home. This allowed staff to have increased oversight of people who lived at the home and promoted effective deployment of staff. The registered provider had also reviewed staffing levels at the home and had matched people's required needs to staffing levels.

We observed staff going about their duties. We noted staff were not rushing and had time to respond to people in a timely manner. Two people who lived at the home required additional support over meal times. We noted staff were allocated to provide support to these individuals. Staff were not rushed and had time to appropriately support them.

We asked staff about staffing levels. All the staff we spoke with said staffing levels were sufficient to meet people's needs. One staff member said, "Staffing levels are alright. We work as a team." Another staff member told us they had sufficient time to carry out their duties and complete all paperwork required of them.

Relatives and professionals we spoke with told us they had no concerns about staffing levels. One relative told us, "There is always someone about we can talk to when we visit." A professional we spoke with told us staffing turnover had improved and this had impacted upon the quality of care provided.

We looked at accidents and incidents that had happened at the home. We noted there had been a marked decrease in the number of accidents and incidents that had occurred and were unwitnessed. This demonstrated there was improved oversight of people who lived at the home.

At the time of the inspection visit the local authority had placed a restriction on the number of people permitted to live at the home whilst improvements to the quality of the service were made. We spoke with the registered manager; they told us they had identified new members of staff to start work once the restriction was lifted. This would allow staffing levels to be responsive to people's needs and keep people safe.

At the inspection visit carried out in March 2016, we identified a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The registered provider had failed to take appropriate action to ensure risks to the health and safety of people who lived at the home were consistently addressed and managed. Audits of accidents and incidents and audits of people's weights had not been carried out. This meant the registered manager had failed to identify and manage risks to people who lived at the home.

At this inspection visit we found improvements had been made. The service had implemented new processes for assessing and managing risk. The registered manager said staff had received training as to how to accurately complete care records so they were reflective of people's needs. The registered manager had reviewed all care records and had implemented recording systems to manage risk. They told us they reviewed people's care records and all accidents and incidents on a monthly basis to ensure risk was being appropriately managed. They said they now completed a falls diary and cross referenced accidents and incidents to care records to ensure accurate records were maintained and appropriate action was taken to keep people safe. We looked at these records and noted this had occurred.

We looked at care records belonging to four people who lived at the home. We looked to see how the service managed and addressed risk. We noted when people were at risk of falls, there was a falls risk assessment in place, which had been reviewed at least monthly or after a significant event had taken place. Care records clearly detailed the person's needs and identified control measures to minimise any risk.

We observed staff on duty carrying out their tasks. We noted when a care plan documented the person required specialised mobility equipment to assist them with walking, staff were aware of this and ensured the equipment was readily accessible to the person. For people living with dementia, when they forgot to use the equipment staff responded in a timely manner and prompted them to use the equipment. This reduced the likelihood of the person falling.

When people were at risk of losing weight and being malnourished, we noted a malnutrition screening tool had been used to review the person's weight. This screening tool, monitored weight gave clear instruction as to what actions were required to manage the weight loss. We noted staff consistently assessed people's weights and took the required action. For example, we noted referrals were made to health professionals in a timely manner when made when people had lost a significant amount of weight. Records of fluid and food intake were consistently completed for people at risk of malnutrition. This allowed staff to monitor food intake and take action if they were concerned.

At the inspection visit carried out in March 2016, we identified a breach of Regulation 13 of the Health and Social Care Act (2008) Regulated Activities 2014 as the registered provider had failed to ensure suitable systems were in place to monitor report and respond to safeguarding concerns. We used this inspection process to ensure improvements had been made.

We looked at how safeguarding procedures were managed by the service and found the required improvements had been made. The registered manager told us they had implemented a new safeguarding policy to provide staff with direction as to how to report safeguarding concerns. We noted there was a copy

of the safeguarding policy on display in the staff room. This allowed staff quick access to the policy.

The registered manager said they had provided staff with safeguarding training. Staff we spoke with confirmed this was the case. Staff were able to describe different forms of abuse and were confident if they reported any concerns to management it would be dealt with immediately. One staff member said, "I have done safeguarding training since I started working here. If I had concerns I would go to the senior on duty. If they did nothing I would report it to my manager."

The registered manager had also introduced a process for sharing information and raising safeguarding awareness with relatives of people who lived at the home. They did this to highlight the importance of communicating any concerns. They said, "Families have been told about the importance of raising safeguarding concerns. As part of the pre-admission assessment we highlight the importance of raising safeguarding concerns with us and how we have zero tolerance within the home."

The registered manager had also started partnership working with the Local Authority and had identified themselves as a safeguarding champion for the home. This enabled the service to access to up to date safeguarding training and advice.

We noted that deployment of staffing had improved, so had the oversight of people in communal areas. This meant that naturally occurring risks could be more suitably managed and protected people from harm. For example, we observed an altercation taking place between two people who lived at the home. When staff heard raised voices they responded immediately and diffused the situation. This prevented the situation from escalating.

At the inspection in March 2016, we identified a breach to Regulation 19 of the Health and Social Care Act (2008) Regulated Activities 2014. The registered provider had not carried out sufficient checks on all staff. We issued a requirement notice and asked the registered manager to provide an action plan to demonstrate what improvements they intended to take and a date by which they intended to have made the improvements. We used this inspection process to check improvements had been made and to ensure people were supported by suitably qualified and experienced staff.

At this inspection visit, we found improvements had been made. The registered provider had updated all records to show each staff member had been checked by the disclosure and barring service (DBS). Staff had also been required to complete a disclaimer to confirm they had not acquired any criminal convictions following the DBS check being completed. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people.

We reviewed records relating to five staff who had recently been employed at the service. We found full employment checks had been carried out prior to staff starting work. The service kept records for each person employed. Two references were sought and stored on file prior to an individual commencing work. One of which was the last employer. When gaps in employment history were present on application forms, these had been discussed and been explored with each applicant. Staff we spoke with confirmed they had to complete the required checks before being starting employment.

The registered manager requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. This documentation was checked prior to confirming a person's employment.

As part of the inspection visit we looked at processes for managing the administration of medicines. We

found medicines were stored securely when not in use. Medicines were primarily administered from blister packs which had been dispensed from the pharmacy. Medicines which could not be blister packed were stored in their original boxes and were dated when opened. There was a fridge available within the treatment room for medicines that needed temperature specific storage. We saw temperatures had been monitored and recorded to ensure the medicines were suitably stored.

We observed medicines being administered and noted good practice guidelines were not consistently followed. We observed the member of staff on two occasions placing medicines in their hand before dispensing. This created an infection control risk.

We looked at medicines administration records (MAR's) completed by the service. Records related to medication were not completed accurately placing people at risk of medicine errors. For medicines with a choice of dose, the records did not consistently show how much medicine the person had been given at each dose. We also found when a non-administration code was used it was not always clear why the medicine had not been given. For example, one person's records showed the person had not received medicines because they were out of stock. We spoke with the registered manager about this. They told us staff had incorrectly recorded on the MAR's it was out of stock but the cream was not required as it had only been used as a trial. Another person's record stated a person had not been prescribed an ointment as it was out of stock. The registered manager said this had also been mis-signed for as it was an 'as and when required' ointment that alternated with another ointment. This however, was not clear.

This was a breach of Regulation 12 of the Health and Social Care Act (2008) as the registered manager failed to have appropriate systems for the safe management of medicines.

## Is the service effective?

### Our findings

At our inspection carried out in March 2016, we identified a breach to Regulation 12 of the Health and Social Care Act (2008) Regulated Activities 2014, as the registered provider had failed to ensure timely referrals were made to health professionals when people required additional support. We used this inspection process to ensure improvements had been made.

At this inspection visit we found the required improvements had been made. The registered manager told us since the last inspection visit they had strengthened relationships with health professionals and had a number of professionals they could go to for advice and guidance. The registered manager was now aware of the falls prevention team and the support they could provide.

Relatives we spoke with were happy with the way in which people's health needs were addressed and monitored. They praised the knowledge and competence of the staff team. Feedback included, "[My relative] hurt their leg. The staff were not happy with it so they got in touch with the doctor who sent her to hospital." And "People are looked after and well cared for here. We often see a doctor coming in and out (the home.)" Relative's told us they were always kept informed if their family member's health needs changed. One relative said, "I was involved in planning [my relatives] care. Things were explained thoroughly to me".

One visiting health professional remarked how well one person was looking since they had moved into the home. They told us they thought the person's health had significantly improved in a short period of time.

We looked at care planning records maintained by the registered manager. From the files we viewed we noted all care plans were complete for each person. Individual care records showed health care needs were monitored and action taken to ensure optimum health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were reviewed at least on a monthly basis or earlier if required. Changes in assessed needs were recorded within a person's care plan.

There was evidence of partnership working with other health professionals when people had additional health needs. For example, we were shown evidence of multi-disciplinary working with a mental health team for one person. We noted when health professionals made recommendations to improve the effectiveness of the service provided action had been taken by staff. For instance, one person had a behavioural monitoring chart in place to log any behaviour which challenged the service. We noted staff had completed this as required. This improved communication between staff and professionals as a means to understand the person's behaviours. It then contributed to the development of a more effective service.

We asked staff how they supported people to maintain good health. Staff told us they understood the importance of keeping accurate records for each person. One staff member said, "It is important we write about each person we have looked after and document any concerns. Everyone living here needs writing about, even those who are self-caring." Another staff member said if they had any concerns about a person's well-being they would ask the senior to contact the person's doctor.

At the inspection carried out in March 2016, we identified a breach to Regulation 18 of the Health and Social Care Act (2008) Regulated Activities 2014 as staff had not received suitable training to carry out their role proficiently. We used this inspection visit to ensure improvements had been made.

At this inspection we found the required improvements had been made. The registered manager said following the March inspection visit all staff had completed an appraisal with the registered provider. This allowed the registered provider to assess what training was required and by whom. They told us the registered provider had worked hard to change staff culture and to encourage staff to embrace training. They said staff that had transferred over from the previous registered provider had initially declined to attend training. The registered manager said staff were now more positive about training and were now willing to attend.

The registered provider had developed a training matrix to ensure all staff training needs were addressed and met. We noted some training had been implemented since the last inspection visit. We saw moving and handling, fire awareness, COSHH awareness and report writing training had been delivered. On the second day of the inspection we noted a health and safety training session was being delivered to staff. The registered provider had developed links with an external training provider. All new employees to the service had been enrolled upon a nationally recognised competency based training award to develop their skills as a social care worker.

Staff spoke positively about the training provided by the registered provider. Feedback included, "I have completed moving and handling training, COSHH training and Fire training and I am currently completing my QCF with the organisation. I really enjoy training." And, "The training has been good."

We asked the registered manager how they supported workers. They told us staff received supervision both formally and through hands on support from themselves. We looked at staff records and noted staff supervisions had been implemented since the last inspection visit. Supervisions are one to one meetings between a manager and the staff member to discuss any training needs, set goals and look at areas of improvement. We spoke with staff about supervision. They confirmed they received regular supervision. Staff said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions.

We spoke with staff that had recently been recruited to work at the home. They told us they were supported through a structured induction which included training and shadowing other staff. One member of staff described their induction process as 'brilliant.' They said, "My training and induction freshened up my skills. Staff were more than willing to help."

As part of the inspection visit we looked at how people's dietary needs were met by the registered provider. We asked people who lived at the home their thoughts on the food provided. We received mixed feedback. Feedback included, "It's alright." And, "It's very nice." And, "It was like slop." Relatives we spoke with told us they had no concerns with the food provided. Two relatives praised the standard of the food. One said, "It always looks okay."

On the first day of the inspection visit we observed lunch being served. We noted people were taken into the dining room on a staggered basis. For some people, this meant they were sitting in the dining room for twenty minutes before lunch was served. There was no music in the dining room or nothing to provide stimulation to people.

We noted at mealtimes there was always at least two choices of food available. On the first day of our

inspection visit people were offered meat and potato pie or sausage casserole. The food looked appetising when it was served. We looked at the four week menu and saw a hot meal was prepared at lunchtime with a lighter meal being offered in the evening. We noted people were routinely offered homemade cakes and biscuits during the day.

Deployment of staff over meal time was sometimes poor. This meant people sometimes received inconsistent care at mealtimes. We observed one person being provided with a hot meal. The staff member informed the person it may be hot and then walked away. The person put some soup into their mouth and realised it was hot. The person then poured their juice into the soup to cool it down. We spoke with the registered manager about this. They told us they had instructed staff about their responsibilities at meal times but staff had failed to follow direction. They advised they would look into this and take action.

For people who required additional one to one support at lunchtime we noted they had their needs suitably met. Staff spent time with people to encourage them to eat. We observed one person continually declining food. Staff patiently sat with the person offering them alternatives to try and encourage them to eat. We observed one staff member talking to the person gently. They said, "We are worried about you. You are wasting away. Please try to eat a little something."

People who required special diets had this detailed within the care plan. Records clearly documented people's likes and dislikes and preferred foods. One person had a health condition which required them to have a sugar controlled diet. This was noted in their care plan and staff recorded in the daily notes what the person had eaten.

We noted people who lived at the home were consulted with to ensure they were happy with the food provided. We noted the registered manager had recently addressed the quality of food at a recent residents meeting. Recorded feedback from the meeting said that people were happy with the food. One person was quoted as saying, "I like the food it is plentiful."

We spoke with the cook. They told us they were regularly communicated with so they were kept aware of people's dietary needs. When asked, the cook had a good understanding of people's specific needs. The cook advised menus were flexible and were amended according to the feedback they received from people. They said, "Staff are my eyes and ears, they come and tell me if people do not like or like foods. I respond to people's choices."

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.

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 looked at care records and found the service routinely assessed people's capacity. This meant staff acted lawfully when supporting people to make decisions.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. The registered manager said in the

next few months they were hoping to increase knowledge of the staff team. They told us they had developed links with a member of the local authority safeguarding team who had agreed to provide additional training. This showed us the registered manager was committed to improving standards within the service.

The registered manager said they were aware of advocacy groups and would support people to access advocacy groups if they had to make specific decisions and had no informal support. Advocacy groups defend and safeguard people's rights. They act in ways to ensure people have their views and wishes genuinely considered when decisions are being made about their lives.



## Is the service caring?

### Our findings

People who were able to speak with us were complimentary about staff providing care. Feedback included, "It is alright here." And, "I love it." And, "The staff here are nice."

Relatives we spoke with also confirmed staff were kind and caring. One relative said, "We are more than happy with the care and what the staff have done for [our relative.]" Another relative said, "[Relative] can't tell us if they are happy or not but we can tell from their demeanour they are happy with the care." And, "The staff here are lovely. They are very helpful. [My relative] has just told me how happy they are here and how everyone is their friend."

We observed interactions between staff and people who lived at the home. We did this to try and understand people's experiences based on their behaviour. We noted staff were kind and patient with people. For example, staff did not rush people when they were walking. Staff offered praise and encouragement to support the person as a means to encourage the person's independence. On another occasion one person was sat in a chair crying. Staff responded immediately and asked the person why they were upset. The person could not verbally respond so the staff member started singing. As soon as the staff member started singing the person relaxed and stopped crying. We observed staff offering people choices. People were not pressurised into making choices and care was flexible according to people's needs. For example, one person was asked if they wanted to go into the dining room for lunch. The person declined so staff brought the person their lunch in the lounge and supported them with their meal from there. The staff member said, "We just go with whatever [person] wants." This showed us that person centred care was provided.

We observed staff routinely enquiring about people's welfare. On one occasion a member of staff came into a room and thought it felt cool. The member of staff asked everyone in the room if they were warm enough and offered one person a blanket when they said they were cold. Another staff member asked a person if they were okay after they had assessed their body language and thought the person looked worried. Staff spent time with the person; they stroked the person's hair and placed their arm around the person. The person responded positively to this and started smiling.

Staff were aware of people's likes, dislikes and routines. We observed staff interacting with people and carrying out activities of their choosing. We were told one person liked singing Christmas carols. Staff put a Christmas carol music CD on and the person started singing. Another person displayed signs of anxiety as their partner had changed routines and had not spent time with them as they usually did. Staff took time out to reassure the person and tried to explain their partner would soon be visiting. Staff were patient and offered continual reassurance that everything was fine. This enabled the person to become calm and content.

Staff spoke fondly about people they supported and recognised the importance of maintaining people's individuality. One staff member said, "I like it working here. I like all the residents they all have their own characters." Another member of staff likened the home to being like an extended family to them. They said,

"It's really friendly here we are all like family to each other." Another member of staff spoke proudly of the care provided at the home, they said, "Staff genuinely care here. It's nice to see. They really care about people."

The registered manager told us a local church visited the home on a regular basis so people could practice their faith. We were told another person received regular visitors from a member of their congregation on a regular basis. This demonstrated that people were encouraged to celebrate their religion.

There was a light hearted feel within the home. People who lived at the home and staff looked comfortable in each other's company. We observed people laughing and joking with staff. One person was sat in a chair looking concerned. Staff responded by 'throwing the person kisses' the person immediately started chuckling and clapping their hands in excitement. Another person spoke fondly about a staff member. We overheard them telling the staff member, "I've missed you. I look for you when you are not here."

Dignity and respect was promoted throughout the service. One staff member said, "I treat people how I would expect to be treated myself. I try to make it as good I can for people who live here." Care plans highlighted the need to maintain a person's dignity and respect. Staff were issued with a code of good practice at the outset of their employment. This gave staff clear direction and set out the importance of respecting people as individuals. One person took ill during the inspection visit. Staff discreetly managed the situation offering the person reassurance whilst at the same time cleaned the person and their surroundings. This promoted the person's dignity and respect.

The registered manager told us they had recently encouraged one staff member to sign up to become a Dignity Champion. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. The registered manager said they were currently planning a dignity awareness day to raise the importance of promoting dignity. They hoped this day may encourage other staff members to also become Dignity Champions.

One person had no access to family so the registered manager had supported the person to access an independent advocate to support them with decisions in regards to end of life care. This showed us the registered manager was committed to ensuring people's voice was heard. The registered manager said they hoped to improve training and increase awareness of end of life care within the home as part of their next developments.

## Is the service responsive?

### Our findings

Relatives of people who lived at the home told us care provided was person centred and tailored to people's needs. Feedback included, "The staff here have been great. Most of the time they really understand what [person who lives at the home] wants and needs." Another relative said, "[My relative] loves living here and does not want to leave."

A health professional we spoke with praised the changes that had occurred recently at the home. They told us they had seen a marked improvement in the way in which staff responded to need. They noted staff attitudes had improved and this had resulted in more person centred care being delivered.

We looked at care records belonging to four people who lived at the home. Care records were personalised and contained detailed information surrounding people's likes, preferences and daily routines. Care plans highlighted key points of their likes, dislikes and important factors to consider when supporting them. Peoples consent had been sought throughout the care planning process.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, mobility, personal care, personal safety, and diet and nutrition needs. Care plans detailed people's own abilities as a means to promote independence, wherever possible. We saw evidence of relevant professional's and relatives being involved wherever appropriate, within the care plan.

The registered manager told us staff had been provided with additional training since the last inspection to equip them with the required skills to complete care planning documentation. Staff told us they had received report writing training so they now understood the importance of ensuring documentation was accurate.

We noted care plans were reviewed on a monthly basis. We saw evidence records were updated when people's needs changed. The registered manager said care plans were not fully up to their expected standard but they were working with staff on this. They told us they were hoping to change the format of the care plan in the new year as they wanted to make the care plans more person centred.

We noted some information regarding people's histories had been collected at the pre-assessment stage. We asked staff about people's individual needs, preferences and life histories. Whilst staff had an understanding of people's needs and preferences staff could not always tell us about people's histories. One member of staff told us they had not yet had time to look through all the information. Having knowledge of a person's life history can help staff have a greater insight into a person's likes and dislikes and assist in the delivery of person centred care.

We spoke with the activities coordinator about developing person centred care within the service. The activities coordinator said they were planning on developing some activities in the new year to promote person centred care. They said they were planning on developing memory boards with people. The memory boards will then be transferred to place mats to be used in the dining area. They said they hoped these mats

would help people reminisce and stimulate discussion.

During the course of the inspection visit, we noted staff encouraging people to be active. Staff routinely offered people the option to take part in activities. We observed two people who lived at the home being offered the opportunity to help in the kitchen. The staff member told us both people received great enjoyment from completing household chores. It gave them purpose and helped them keep part of their identity. They told us, "[Person] loves it; it keeps her happy and active."

We observed people playing bean bag games and taking part in singalong sessions. We overheard one staff member offering a person the opportunity to play dominoes. We saw art work on show around the home. Staff told us people had been busy making arts and crafts for Christmas.

Relatives told us an external entertainment company had visited the home the week previous and performed a pantomime for the people who lived at the home and relatives. The relative told us their family member had thoroughly enjoyed the production. We saw evidence a Christmas party was due to take place on the week of the inspection visit.

The activities coordinator had developed an activity plan for the full month. Planned activities included reminiscence sessions, chair aerobics; pamper sessions, musical instruments and dominoes. They told us they tried to spend individual time with each person who lived at the home on a daily basis. The registered manager told us a volunteer visited the home on a weekly basis to support people with arts and crafts.

Relatives we spoke with said they had no complaints about current service provision. One relative said, "I have had no complaints or concerns about the service. If I did I would not be afraid to raise them. I'm never made to feel like a nuisance if I do take things forward." Another relative said, "I have no complaints about the service. I ask [my relative] every time I visit if they are happy and they never have any complaints."

We asked the registered manager about complaints. They told us they had received one formal complaint in the past nine months. We noted the registered manager had taken action and investigated the complaint and had informed the relative of the outcome of the investigation.

Staff told us they were aware of the complaints procedure and would inform the registered manager if people complained. One staff said, "If a person had a general complaint I would take them through the complaints procedure."

## Is the service well-led?

### Our findings

At the inspection carried out in March 2016, we identified a breach to Regulation 17 of the Health and Social care Act (2008) Regulated Activities 2014. We found systems were not in place to ensure the service was compliant with the associated regulations. Staff described low morale and poor leadership within the home.

At this inspection visit we found improvements had been made. We received consistent positive feedback from everyone we spoke with regarding the leadership and culture of the home.

People who lived at the home, staff, relatives and visitors spoke affectionately of the registered manager. Feedback included, "[Registered Manager] is lovely. They are really good." And, "The home is well-run. [Registered Manager] is brilliant."

Relatives, visitors and health and social care professionals told us they had seen a notable improvement in the way in which the service was managed. One relative said, "The management are definitely getting it together. They have gone through a lot but things now appear more settled." And, "Changes are definitely occurring. I have been coming here for two and a half years. The staff are brilliant. I can see a difference. It's well-led."

Staff spoke highly of the way in which the service was managed and the improving culture within the home. They told us they were happy with the changes implemented and the way in which a positive workforce was developing. Feedback included, "I have seen lots of positive changes in the home, especially around care plans." And, "Things are getting better. When I started morale wasn't very good but now on the whole teamwork is good." Staff repeatedly described teamwork as good within the home.

Staff told us they had opportunity to talk with other staff and the management team at regular team meetings. We saw evidence of team meetings taking place every other month. Staff were encouraged to raise any issues for discussion prior to the meeting taking place. One staff member said, "We are encouraged to speak out." Staff described communication as good and said they were able to contribute ideas to improve service delivery. We saw evidence of staff raising a concern about quality within one area of the service. We noted the management team took notice and acted upon these concerns to make improvements. This showed us the registered manager was keen to foster an open and transparent service.

The registered manager said they were committed to continuous improvement and were working proactively to improve the quality of care provided. They told us they had now filled staff vacancies and this had allowed them to start concentrating on making further improvements within the service. The registered manager reflected upon their previous actions and said, "I think we tried to change too much, too soon."

The registered manager told us they were proud of the auditing system they had introduced following the last inspection. They acknowledged this was still work in progress but said it had assisted them in identifying concerns and areas for improvement in a timely manner. We noted the registered manager had routinely carried out audits of accidents and incidents and care records. Findings from audits fed back to staff

through supervisions. Actions had been set when there had been a need for improvement. The registered manager said, "There are still some concerns with records and care plans, but at least my audits now let me pick them up sooner."

During the inspection process we became aware the registered provider had been unable to secure any insurance and indemnity policy. This meant they had no cover for potential liabilities arising from death, injury or other financial risks. We were made aware from an external body this had expired three days previous to our inspection visit. We spoke with the registered manager about this; they told us they were not fully aware of the details as the registered provider was responsible for arranging this. The registered provider had not been fully transparent with us regarding this and had not communicated with us or the Local Authority this concern. We received written confirmation at a later date this had been resolved and insurance had been obtained. We did not however receive a statutory notification in the interim period to inform us of the event. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered provider had failed to notify us of an incident which threatened the provider's ability to carry on the regulated activity safely.

The registered manager said they had not yet sought any formal feedback from people who lived at the home or their relatives. They explained the registered provider carries this out annually after Christmas time. As the service had only just been registered for only twelve months this will take place after Christmas. The registered manager said they encouraged informal feedback to be provided at any opportunity. They said relatives and visitors were asked at every visit if they were happy.

We saw evidence of residents meetings taking place. People were encouraged to participate and give feedback of their experiences of care. Feedback we viewed was positive. People praised the food on offer and the quality of the care provided. We saw evidence of relatives being invited along to meetings to have a say about ways in which the home was managed. The registered manager said relative's attendance at meetings was low. They told us, "Relatives don't have to come along to meetings to talk to me. They can talk to me whenever they want. My door is always open if I am here."

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 Registration Regulations 2009 Notifications of other incidents  The registered manager failed to ensure statutory notifications were made to the Commission in a timely manner.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered manager failed to ensure appropriate systems were in place for the safe management of medicines. 12 (2) (g)