

Girlington Nursing Home Limited Britannia Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected the service on 29 April 2015. The inspection was unannounced.

We previously inspected this service on 4 August 2014 and found legal requirements had been breached in relation to; records and assessing and monitoring the quality of service. We asked the provider to make improvements and they wrote to us to say they would take action to ensure they met legal requirements in these areas by the 31 October 2014. During this inspection we checked these areas and found there had

been some improvements and therefore the risk to people had been reduced. However, further improvements were still required to ensure legal requirements were fully met.

Britannia Care Home provides accommodation, personal care and support for a maximum of 35 people. On the day of our inspection 32 people used the service. Most people who use the service have enduring mental health needs. The service is situated in Girlington, Bradford close to

Summary of findings

local amenities. The bedroom accommodation is a mixture of single and shared rooms, many with en-suite facilities. Communal space includes a dining room and two lounges.

The service has two registered managers. 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. Feedback from people and staff about the registered managers was positive. However, we noted it was sometimes unclear which manager held responsibility for specific areas of the service. This was being addressed by the provider.

We found some improvements had been made in relation to the processes in place to assess and monitor the quality of the service. However, it was too early to be assured that these improvements could be sustained and to demonstrate that the processes were fully embedded, refined and robust. We also found additional systems were required to ensure the service could demonstrate when and how improvements to the service were made.

We found appropriate arrangements were not always in place to ensure the proper and safe management of medicines.

At the time of the inspection the home was undergoing renovation work. We found the provider had not taken appropriate action to ensure people's safety by ensuring the security of the areas being worked on. We also found other areas of building were not secure, properly maintained and suitable for the purpose for which they were intended to be used.

People told us they felt safe. Staff had a good awareness of the action they would take to keep people safe, such as in the event of an emergency or if they suspected someone was at risk of abuse. However, this was not always supported by functional and appropriate procedures and protocols.

We found improvements had been made to the organisation of records kept in relation to the running and management of the service. However, care records were not always complete, accurate and did not always provide appropriate guidance for staff to follow. We also found there was a lot of duplicated information in people's care records which made reviewing the person's current needs difficult.

Overall people told us the food was good. However, we saw that people's preferences were not consistently taken into account in relation to the food and drink on offer. We also found there was a lack of attention to detail to ensure mealtimes were a positive experience for people.

We found there were sufficient numbers of staff to meet the needs of the people who used the service. Staff were subject to a thorough recruitment process and received ongoing training to ensure they had the skills required to support people.

Staff demonstrated a good understanding of the people they cared for and what each individual liked and disliked. Staff treated people with respect and dignity and helped to support people's cultural and religious beliefs. We also found staff had a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 and understood their role in protecting the rights of people with limited mental capacity.

People were involved in six monthly reviews of their care and told us they felt involved in making decisions about the care and support they received. However people were not supported to pursue their interests, find new interests or develop their life skills. We found an absence of activities to ensure people were stimulated and there was no structured activities programme available.

We identified that three legal requirements had been breached. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

We found appropriate arrangements were not always in place to ensure the proper and safe management of medicines.

Potential risks to people relating to the premises were not being appropriately managed. Some areas of the building were not secure, properly maintained and suitable for the purpose for which they were intended to be used.

Staff had a good awareness of action they would take to keep people safe, such as in the event of an emergency or if they suspected someone was at risk of abuse. However, this was not always supported by functional and appropriate procedures.

There were sufficient numbers of staff to provide people with the care and support they required. Staff were subject to a thorough recruitment process to ensure they were suitable for the role.

Inadequate



Is the service effective?

The service was not always effective.

Overall people told us the food was good but people were not routinely offered choices and options of food and drink. Improvements were required to the overall mealtime experience. Care records assessed and identified if people were at risk of malnutrition. However, the information provided to manage this was not always accurate and complete.

Staff had a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 and their role in protecting the rights of people with limited mental capacity.

People were supported to access a range of health and social care professionals to assist with care, treatment and support where appropriate.

Requires Improvement



Is the service caring?

The service was caring.

People were involved in six monthly reviews of their care and told us they felt involved in making decisions about the care and support they received.

Staff demonstrated a good understanding of the people they cared for and what each individual liked and disliked. Staff treated people with respect and dignity and helped to support people's cultural and religious beliefs.

Good



Is the service responsive?

The service was not always responsive.

Requires Improvement



Summary of findings

Care records were not always complete, accurate and did not always provide appropriate information to ensure staff provided responsive care.

We also found there was a lot of duplicated information in people's care records which made reviewing the person's current needs difficult.

We found an absence of activities to ensure people were stimulated and there was no structured activities programme available.

A complaints process was in place but had not been tested as people had not made any complaints about the service.

Is the service well-led?

The service was not always well led.

We found some improvements had been made in relation to the processes in place to assess and monitor the quality of the service. However, it was too early to be assured that these improvements could be sustained and to demonstrate that the processes were fully embedded, refined and robust.

Additional audits and processes were still required to ensure the service could demonstrate when and how improvements to the service were made.

There were systems in place to seek people's views and there was evidence this feedback was acted upon.

There were two registered managers in post. Feedback from people and staff about both managers was positive; however the responsibilities of both managers were not clearly defined.

Requires Improvement



Britannia 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 29 April 2015 and was unannounced.

The inspection team consisted of three inspectors 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 expert by experience on this visit had experience of mental health services.

Before the inspection, we reviewed the information we held about the provider. We also spoke with the local authority commissioning team and local authority safeguarding team to ask them for

their views on the service and if they had any concerns. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with eight people who used the service and two relatives. We reviewed five sets of care records and 32 people's medication administration records. We also reviewed a number of other records relating to the running of the service, such as policies, procedures, audits and staff files. We spent time observing the care and support provided to people.

Following our inspection we spoke with a district nurse about their experience of visiting the service. We also shared some of our concerns with the local authority safeguarding team and the West Yorkshire Fire Protection Department.

Is the service safe?

Our findings

We looked at the systems and records in place for managing medicines. We found appropriate arrangements were not in place to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our visit we looked at the systems in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by trained senior care staff. We saw that controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

We reviewed records for the receipt, administration and disposal of medicines. This included all 32 people's medication administration records (MAR) for the 18 days prior to our inspection. We were unable to account for a number of medicines as some records were incomplete. For example, one person's MAR had not been signed on six occasions in the preceding 18 days. We audited a random sample of medicines to check their quantity. We found seven medicines showed one irregularity where the recorded number of tablets did not reflect the actual stock. This meant we were unable to determine whether or not these medicines had been administered correctly.

Scrutiny of MAR records, cross-checked with staff duty rotas, indicated people were not always being given their medicines at the prescribed times. We saw two people were prescribed medicines to be given at 9am, 2pm, 6pm and 10pm. During an eight day period in April 2015 we saw that both people's medicines were given by the same staff member on every occasion except once. The duty rotas indicated that the day shift finished at 9pm. However, we saw that the night time medicines, which should have been given at 10pm, had already been administered by that time. People and care staff told us that the night time medication round usually commenced at 8pm, which was only two hours after the evening medication round. This meant we were unable to evidence that these people received their night time medicines safely and as prescribed.

We saw care staff did not always follow instructions and protocols to ensure medicines were given safely. We saw some medicines needed to be given before food or on an empty stomach in order to be absorbed properly and avoid unwanted side effects. During our observations we saw five people were given a medicine which should have been given before food, during or after their breakfast. Arrangements for the administration of PRN (when needed) medicines were designed to protect people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given. A senior care worker demonstrated a good understanding of the protocol. However, we found this was not always being translated into practice. The procedure required care staff to record whether medicines had been refused or were not necessary. However, we saw regular occasions where no such indication existed on the MAR sheet. For example, for one person in the 18 days prior to our inspection we saw only six occasions where their PRN had been signed for by care staff.

The home had a covert medicines policy. We were informed one person received their medicines covertly. We reviewed this person's care plan and found this requirement was a condition of recently authorised Deprivation of Liberty Safeguards (DoLS). Following the receipt of the authorisation the manager had brought together the GP, a community nurse, pharmacist, and family members to ensure all parties were aware of the issue and in agreement that it was in this person's best interest to be given their medicines covertly.

During our visit the registered manager showed us around the building. We found some areas were not secure, properly maintained and suitable for the purpose for which they were intended to be used. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection the home was undergoing renovation work. We found the provider had not taken appropriate action to ensure people's safety by ensuring the security of the areas being worked on. For example, at the end of the ground floor corridor we found the outside door was unlocked. This meant people from outside could have accessed the building and people using the service could have accessed this outside area. In this area we found a number of potential hazards; the ground was un-level and there were two trenches which were

Is the service safe?

approximately 30cm deep. We also found a large amount of litter including cigarette ends, beer cans, empty toiletry bottles and a mattress. There was a temporary metal fence which had the sign 'danger deep evacuation'. The fence had been pushed to the side and was not secured meaning this warning sign was not visible.

We also found a room which was accessible from the dining room and the downstairs corridor. The registered manager explained this room was being used as a store room whilst the renovation work was completed. Within the room we found a number of potentially hazardous items and materials including; two saws, a box containing seven bottles of weed killer, 15 boxes containing cleaning products, a large bottle of bleach, two bottles of white spirit and 15 pots of paint. We also found two fridge freezers. One of the freezers had 10 packets of lamb with no use by date on the label and the fridges contained food items, including a box of chicken, which were up to five days past their use by date. Both of the doors into the room were unlocked, which risked that people who used the service had access to these potentially hazardous items.

Both of the staircases had some light fittings removed which had left exposed wires and coils of cables protruding from the walls and ceiling. From the records we reviewed we saw some people were at risk of self harm. People had to pass these cables and wires in order to get to their bedrooms which put them at risk. We brought this to the attention of the registered manager who took immediate action to ensure these wires and cables were made safe.

Due to the removal of some light fittings we found both staircases to be dark which posed a potential hazard to people as they used them. The back staircase was used as the main fire escape route but did not have full emergency lighting in place. We found the carpet had been removed from the back staircase and pieces of loose carpet covered each landing area which posed a potential trip hazard. The registered manager explained the exposed wires were not live and that the lighting and carpets were being upgraded as part of the renovation work due to be completed at the end of July 2015.

We found the upstairs corridor windows did not have window restrictors in place. In the bedrooms we looked in we saw there were restrictors on the windows. However, they were not sufficiently robust to withstand damage and could be easily removed. This meant they did not comply with the Health and Safety Executive's current guidance.

Following our inspection we wrote to the registered manager and provider and highlighted that the window restrictors were not fit for purpose and referred them to the Health and Safety Executive's guidance published in June 2014 'Health and safety in care homes'. They provided us with assurance that they would take prompt action to address this issue.

We found a wooden smoking shelter adjoined to the side of the dining room and kitchen. We found this was dirty, with ash and used cigarettes discarded on the floor. The chairs in this area were broken, dirty and torn. The kitchen extractor fan was directly above the smoking shelter roof which risked that smoke could enter the kitchen. The door to the shelter was often left open which meant the dining room felt cold and smelt of smoke. We saw people accessed the smoking shelter during mealtimes, which was not a positive experience for other people eating in the dining room. We also saw the shelter door was often left open. The door was next to a low wall which meant people from outside could have climbed over the wall and accessed the home during this time. When we raised this with the registered manager and provider they said the renovation plans included a new purpose built smoking area. However, they said they would review the current arrangements for people who smoked until the new smoking area was in place.

We looked in eight people's bedrooms. Overall we found rooms to be clean and appropriately furnished. However, we found most bedrooms felt bare and lacked personalisation, for example, there were no pictures on the walls. We checked all eight beds and found all had clean and dry mattresses in place. However, five of the eight beds were made with bedding which had holes in it and one person's curtains had holes in them. In one person's bedroom we also found the radiator cover had come loose from the wall and the call bell did not work. We found some areas of the home to be cold, especially the dining room, as people regularly left the door open to access the smoking shelter. People also told us they often felt cold in the home, particularly in their bedrooms at night and in the communal areas. One person described how people often had to walk around the service in their coats to keep warm.

The provider and registered manager addressed some of these issues on the day of our inspection and following our inspection wrote to the Commission to provide assurance that all other issues were being addressed and that all

Is the service safe?

other maintenance work was due to be completed by the end of July 2015. However, we were unable to assess whether the action taken appropriately protected people from the identified risks as part of this inspection.

Periodic maintenance and checks of equipment were in place to help keep people safe, such as fire alarms, water temperatures and gas and electrical appliances. However, when we spoke with the staff member responsible for testing the water temperature they were unable to confidently tell us what a safe temperature would be. The registered manager said they would ensure they would address this by writing clear guidance on the water testing records.

We saw Personal Emergency Evacuation Plans in care records which explained the support people would need in the event of an emergency such as a fire. Staff we spoke with were able to tell us what they would do in the event of an emergency. They were familiar with the emergency evacuation plan and the actions they had to take to make sure people were moved to a place of safety. However, one staff member was unable to confirm whether the fire exit route had changed to accommodate the renovation work. We also found some of the signage indicating what people should do in the event of a fire was not fit for purpose. For example, the downstairs sign did not include the assembly points and route of evacuation. Following our inspection we made a referral to the West Yorkshire Fire Protection Department about these issues.

We asked staff how they would deal with medical emergencies for example, if someone suddenly collapsed, had a seizure or was choking. They answered competently and demonstrated a good understanding of the correct procedure to follow in the event of a medical emergency. We looked at the accident and incident records. They included details of the incident and the actions taken. Where appropriate we saw accidents and/or incidents had been reported to external agencies such as the local safeguarding team, the police and the Commission.

We spoke with five members of care staff about how they would keep people safe. They all had a good understanding of how they would identify and report concerns about people's welfare and safety and what action they would take to safeguard people from the risk of abuse. Care staff told us they were confident that the registered manager would take appropriate action to deal with any safeguarding concerns which arose. Staff were

also aware of who they could contact outside of the organisation if they had concerns and they felt unable to speak with senior staff. Care staff also confidently described various de-escalation techniques they used which meant that physical restraint was not used to keep people safe. During our observations, review of records and discussions with staff we found no evidence that unlawful restraint was being used at the service.

Although care staff had a sound awareness of safeguarding procedures and restraint protocols, we found this was not supported by appropriate and functional policies. For example, the restraint policy provided on the day of our inspection quoted Australian law and practices and the safeguarding policy referred to procedures for local authorities to follow. This meant the service did not have effective systems and processes in place to ensure they could assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Eight people who used the service were assisted by staff to manage their own money to help protect them from the risk of financial abuse. We found procedures were in place and were being followed by staff. For example, in the records we reviewed we saw evidence receipts were retained for purchases made on people's behalf and that people signed their accounts after each financial transaction. We also saw people's accounts were regularly audited and where appropriate people's relatives were involved in checking the accounts and money held. One person was assessed as not having the capacity to enable them to manage their own finances and had no known relatives. We found the registered manager responsible for managing people's finances held this person's money in their personal bank account. When we spoke with this person they did not have an understanding of this arrangement or the sum of money being held on their behalf. The registered manager responsible for managing people's finances said they had records to account for all of the monies they held for this person. They said they knew this was not an ideal situation but had been unable to get this person an advocate and did not want to store such a large amount of money in the home. Following our inspection the Commission made a referral to the local authority safeguarding team about this person and how their finances were being managed.

Is the service safe?

Overall the eight people we spoke with were positive about the staff and the care and support they provided. One person said “There are enough staff and they know what they are doing”. However one person said that the deputy manager was, “Rude, did not show respect to people and care staff and makes people feel uncomfortable when they are on duty.” We raised this with the registered manager who said they would investigate this and ensure it was not an issue for other people who used the service. We also spoke with two relatives of people who used the service. They told us that they had no concerns about their relative’s safety whilst they lived at the home and found staff to be “kind and friendly.”

We spoke with the registered manager about how they worked out how many staff they needed to have on duty. They told us the staffing levels depended on the needs of people who used the service. At the time of the inspection they told us the usual staffing levels were four care workers during the day, between 8am and 9pm and three care workers overnight. The two registered managers were not included in the staffing numbers but worked in the home five days a week, usually between the hours of 9am and 5pm. Separate staff were employed for the kitchen and housekeeping. When we looked at the duty rotas we found the housekeeping and laundry hours had not been increased to reflect the increased number of people living at the home. The registered manager told us the care staff

also had responsibility for cleaning and laundry. The registered manager told us they did not use agency staff and any absences were covered by their own staff or bank staff. They also said there had been very little staff turnover in the past 12 months and this helped to ensure people received continuity of care. They said they were recruiting staff in anticipation of increasing the number of people who used the service. The care staff we spoke with told us there were generally enough staff on duty to meet people’s needs.

The staff we spoke with told us about their recruitment process. They told us they completed application forms, attended an interview and had to have two written references and a criminal records check from the Disclosure and Barring Service (DBS) before they started work. We looked at four staff recruitment files. They confirmed what the staff had told us and contained all the required documentation including proof of identity.

Risks to people’s individual safety and well-being were assessed and documented in their care records along with actions to manage and or reduce the risk. They included risks relating to behaviour which could be challenging, self-harm and substance abuse. We saw evidence of staff following these care plans and risk assessments during our inspection.

Is the service effective?

Our findings

We saw people's nutritional status was assessed to check if they were at risk of malnutrition. There were care plans in place and people's weight was being monitored. In the records reviewed we saw most people's weights were stable. However, we found some of the records kept were not always accurate and complete. For example, one person had an identified risk of losing weight. Their care plan identified this person should be weighed weekly so this risk could be closely monitored and prompt action taken to address any weight loss. We saw that between January and March 2015 this person had gained weight; however they had only been weighed monthly. In another person's care records we saw that between January and March 2015 this person had lost 4kg. Their care plan for eating and drinking had been reviewed after they had been weighed in March. However, the review did not take account of this person's weight loss so it was not clear what action had been taken to reduce this risk. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with two cooks and they told us they had received training on food safety, fire safety and first aid. They told us they had learned to cook through practical experience and neither had completed any formal training on cooking or nutrition. The cooks were aware of people's special dietary needs and preferences. They were able to tell us who needed a diabetic diet and which people had dietary supplements because of concerns about weight loss. For example, they told us one person liked cornflakes and would eat them at every meal if they did not encourage them to have other foods. The cooks told us they did not work to a budget, they said they made a shopping list and one of the managers did the shopping.

The service had a four weekly menu. The cooks told us the menus had not been changed for at least three years. They told us they had recently started to introduce changes, for example liver and onions and pasta dishes which were not on the menu. We saw evidence of this in the food diary in which they recorded the food provided for breakfast and at lunchtime. However, we saw the food provided at tea time was not recorded.

Most people told us the food was good and they could ask for snacks and drinks and these would be provided at any time. We saw evidence of this during our visit. One person

who used the service told us the registered manager would often bring them extra items which were not on the menus if they requested them. We also saw food menus were discussed and reviewed during residents' meetings which provided people with the opportunity to request specific items. However, we saw that people's preferences were not consistently taken into account. For example, one person who used the service told us the range of food offered at breakfast did not include meat dishes and they said they would like to have bacon and sausages for breakfast. They said; "I have big concerns about the food which is served. Sometimes I feel like an enforced vegetarian." The cooks told us they did offer bacon and sausages but not on a regular basis. This was confirmed by the information we saw recorded in the food diary.

During our visit we observed the lunchtime meal. We saw there was an overall lack of attention to detail to ensure the meal was a positive experience for people. Tables were laid with plastic table cloths which were sticky to touch. The cutlery and crockery on tables did not match and condiments were not available on all of the tables. The salt and pepper pots that were provided were dirty. Some of the crockery upon which food and drinks were served was chipped. The portions of food provided to people were small and staff did not offer people the option of more food once they had finished what was on their plate. One person told us; "Staff sometimes snatch plates away from you before you have finished eating." Staff did not always offer people choices. For example, during the meal people were provided with a cup of orange squash, staff did not ask each person what drink they would prefer. The cook told us there were other options of soft drinks available in the kitchen. However, we did not see care staff offer these to people. During the meal we saw people opened the outside door to the dining room in order to access the smoking area. This meant the dining room felt cold and smelt of smoke, which was not a pleasant experience for those people who were eating.

The people we spoke with told us staff helped them to arrange appointments with health professionals when they needed to. The records we reviewed supported this and showed the involvement of a wide range of external health professionals in people's care and treatment including; GPs, district nurses, speech and language therapists, community psychiatric nurses, psychiatrists, mental health crisis team, best interest assessors, podiatrists, opticians and social workers. We also found people were subject to

Is the service effective?

regular medication review either by visiting community mental health nurses or psychiatrists. Following our inspection we spoke with a district nurse who often visited the service to provide people with treatment. They provided positive feedback about their experience of the service. They told us they found that staff made timely referrals to them when required and when they visited people looked well cared for and clean. They said the registered manager was; “Approachable and took things on board.”

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were told three people who used the service were subject to authorised DoLS. We found the requirements of the Mental Capacity Act 2005 (MCA) and the DoLS imposed conditions in the authorisations were being met. During our discussions about this with the registered manager and other care staff it was clear they demonstrated a good understanding about the MCA and DoLS and how this applied to the people who used the service.

We spoke with five care workers. They told us when they started work at the home they shadowed a more experienced care worker for at least three shifts before they worked on their own. They said they had full programme of induction training delivered by an external training provider. This included moving and handling, safeguarding, food safety, first aid and skin care. They said they had refresher training every year and confirmed they were up to date with training on safe working practices. Staff told us they also received training on the Mental Capacity Act and Deprivation of Liberty Safeguards, mental health, control and restraint, dementia and palliative care. Staff told us they had regular supervision, usually every two months; this was a mixture of one to one and group supervision. Staff told us they had an appraisal every year and part of the appraisal was planning their training for the coming year. The staff we spoke with told us they felt well supported by the managers to carry out their roles and responsibilities.

Is the service caring?

Our findings

The registered manager showed us records to reflect that people were involved in reviews of their care. They explained these reviews were usually held every six months, but people could request to have additional care reviews if they wanted to. The records showed the care reviews provided people with an opportunity to discuss any areas of their care they wanted to change, what they felt was working well and whether there were any concerns or issues they wanted to raise about the service or the care and support they received.

People's care records contained information about people's past and current lives, their interests, likes and dislikes, lifestyle and the social and leisure activities they enjoyed participating in. This showed that the service had involved people and their relatives in making decisions about their care and treatment. This information also enabled staff to provide people with care and support which was centred on the individual. The people and relatives we spoke with provided positive feedback about the standard of care provided. Overall people told us they felt involved in their care and that staff provided them with care and support which was appropriate to their needs. From our discussions with care staff and our observations throughout the day we saw that staff knew people well and were aware of people's individual needs and preferences. For example, we saw staff called people by their preferred

name and provided people with care which was in line with people's individual care plans. We saw that staff made visitors feel welcome and showed an understanding of the importance of supporting people to maintain positive relationships with people who were important to them, such as relatives, friends and visiting health and social care professionals.

People also told us staff were caring and treated them with respect. We saw care staff showed respect for the people who used the service and for maintaining their privacy. Staff spoke confidently and gave examples about what actions they took to help maintain people's privacy and dignity. We saw evidence of this during our inspection. For example, people were given the option to have a key to their own room. We saw care staff and domestic staff knocked on people's bedroom doors before they entered. Where bedroom doors were locked, we saw staff sought people's permission before unlocking the door and entering their bedroom. We looked in two shared rooms and saw there were curtains in place so that people could obtain privacy if they wished.

We found the service respected people's cultural and religious beliefs. For example, the cooks told us they used Halal products when cooking foods for the Muslim people who used the service. A number of Asian people used the service and there were Asian staff employed by the provider, we saw this provided people with the opportunity to speak with staff in their preferred language.

Is the service responsive?

Our findings

We found that care records were not always complete, accurate and did not always provide appropriate guidance for staff to follow. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found care plans were in place to address areas of identified need and were reviewed regularly. However, they did not always give clear guidance on the actions staff should take. For example, in one person's records there was an entry which stated staff should carry out "regular checks in case [person's name] is in a low mood". This did not tell staff how often they should be checking, what they were looking for or what action they should take if the person was in a "low mood".

Before lunch we observed staff helped a person to stand up out of their chair. The person found it difficult to get up. Care staff were patient and encouraging but we saw they did not use any moving and handling equipment to support the person. We looked in this person's care records and found there was no moving and handling care plan in place. We asked one of the staff about this and they said they did not have any moving and handling equipment in the home. They told us the district nurses were involved in the person's care and the person had been referred for further medical support. We discussed this with the registered manager who said they would ask the district nurses to carry out a moving and handling assessment and advise on the use of suitable equipment to make it easier for the person to get out of their chair.

In the care records we reviewed we saw that people's needs had been assessed before they moved in. This included a detailed life history and assessments about people's physical, mental and social care needs, with input from external agencies where this was appropriate. We found there was a lot of duplicated information in people's care records which made reviewing the person's current needs

difficult. The registered manager told us they were in the process of transferring all care records to a computerised format and this would help to reduce the duplication of information.

We saw that where people did not have a strong voice staff were not always responsive to their needs. For example, throughout our visit one person spent most of their time in the dining room. This person became regularly upset and annoyed when the dining room door was opened for people to access the smoking area. Staff did not recognise and respond to this person's visible distress.

People's care records contained information about people's life histories and their social interests.

We did not see any evidence people were supported to pursue their interests, find new interests or develop their life skills. We found there was an absence of activities to ensure people were stimulated. People told us there was no structured activities programme available. One person described how they liked to play bingo, dominoes and sing but had not done so in over a month. Another person said they liked creative activities such as art and drawing but staff had never provided them with the opportunity to do that. One person told us; "I usually just watch television, I am often bored." People said the registered manager had recently arranged a trip to Blackpool. The feedback about the trip was positive and showed this was something people had enjoyed. One person said, "I really enjoyed just being away from the home." People told us they did not know when they would be able to go on another trip but hoped this would be soon.

The registered manager told us there had been no formal complaints made in the year prior to our inspection. We checked the complaints folder and found there were forms in place to log and review complaints should any be received in the future. We also saw a sign on the office door in the entrance to the home which told people how they could make a complaint. Most people we spoke with said they were aware of the complaints process and would speak to the registered manager if they had any concerns or complaints and they felt confident they would take those concerns seriously.

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Our findings

Our last inspection on 4 August 2014 found the provider breached Regulation 10 and Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Assessing and monitoring the quality of service provision and records. From 1 April 2015 new regulations came into force. Both of these regulations now correspond to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found some improvements had been made in relation to the records kept and the processes in place to assess and monitor the quality of the service. However, it was too early to be assured that these improvements could be sustained and to demonstrate that the processes were fully embedded, refined and robust. We also saw evidence that further improvements were required to ensure legal requirements were fully met. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst new systems had been introduced to assess and monitor the quality of the service we found these were not always effective in evidencing where and how improvements had been made. For example, a new audit tool for infection control had been introduced. The first audit had been completed by the registered manager in November 2014. However, the scores had not been calculated to show what the overall percentage was and whether the service had passed or failed the audit. The action plan section of the audit had not been completed. Although the registered manager could tell us what actions they had taken to address the issues identified, there was no clear audit trail to evidence this.

We also found there was no formal system in place to check care records were complete and up to date. We saw the registered manager had reviewed three care files and written in the care diary where amendments within care records were required. However, there was no clear audit trail to evidence when and how these amendments had been made. We spoke with the registered manager about this and they explained that all care records were being reviewed before being uploaded onto the new computer system. They also explained that the new computer system would enable them to audit care documentation in a more

consistent and robust way. However, the fact care records were not always found to be complete and accurate demonstrates that a formal audit of care records is required to identify and address these issues.

An external consultant visited the service twice a month to conduct an audit based on the Care Quality Commission's key lines of enquiry for inspections. The registered manager told us they found it useful to have an independent person to assess the service and help them identify areas where improvements were required. We spoke with the consultant and were provided with an up to date plan of issues and areas for improvement which they had identified. We saw this was a work in progress but the registered manager had put plans in place to address the issues identified. Another consultant was also employed to conduct six monthly health and safety audits. We saw evidence that their findings were being used to improve the service. For example in their audit from February 2015 they identified that a new fire risk assessment was required. We saw this had been actioned and was in place by the end of March 2015.

We found improvements had been made to the organisation of records kept in relation to the running and management of the service. We found these were now organised into clearly labelled folders and kept in the manager's office which was secured by a keypad lock. This meant they were stored securely but could be accessed as required. The registered manager was able to provide the records requested by the inspectors which demonstrated that this system was working. The registered manager stated that this was a work in progress and there were still other areas where improvements were required, particularly care records. However, they hoped that the care management computer system that was due to be introduced to the home by the end of May 2015 would assist them with this and ensure the improvements with regards to the records kept

There were systems and procedures in place to seek the views of people they supported through monthly residents' meetings and six monthly surveys on specific topics. We saw examples where the provider acted on the feedback people had given such as including specific items on the food menus and arranging a trip to Blackpool.

The service had two registered managers in place. People we spoke with provided positive feedback about both registered managers. They told us they felt able to raise

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issues with them and had confidence they would take action to address any concerns they had. We found it was sometimes unclear about which manager held responsibility for specific areas of the service. However, the registered managers explained that the provider was in the process of redefining the roles so that each manager had clearly defined responsibilities.

Staff told us they had regular staff meetings and felt they were listened to. Comments from staff included; “I feel well supported by the managers” and “They (managers) are approachable.”

During our last inspection we found that the registered manager had not always reported incidents to the Care Quality Commission (CQC). The information we hold about this service and the records reviewed showed that the CQC was now being notified of these incidents. We spoke with the registered manager about this and they said they were now much clearer about their duty to report certain incidents. They also showed us they now analysed accidents and incidents each month to see if any patterns or trends could be identified. We did not see any evidence of any recurring themes or issues in the accidents we reviewed.

This section is primarily information for the provider

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not provided in a safe way because appropriate arrangements were not in place to ensure the proper and safe management of medicines. Regulation 12(1)(2)(g).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

Some areas of the premises not secure, properly maintained and suitable for the purpose for which they were intended to be used. Regulation 15 (1).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not established and operated effectively to ensure they assessed, monitored and improved the quality of the service provided. Regulation 17(1)(2)(a)

The provider did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (1)(2)(b)

Accurate, complete and contemporaneous records were not maintained in relation to each service user Regulation 17(1)(2)(c).