

Popular Care Ltd

# Astune Rise Nursing Home

## Inspection report

114 High Street  
Eston  
Middlesbrough  
Cleveland  
TS6 9EJ

Tel: 01642454224

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 4 April 2016 and was unannounced. This meant the registered provider did not know we would be visiting. The service was previously inspected in April 2015 and was meeting the regulations we inspected.

Astune Rise Nursing Home is located in purpose built premises and can accommodate up to 38 people. The home is situated in Eston, and accommodation for people using the service is provided over two floors. At the time of the inspection 28 people were using the service, some of whom were living with a dementia.

The service had a registered manager. 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.

Medicines were not always managed safely. Consistent records were not kept on how people should be supported with 'as and when required' medicines, the storage temperature of medicines was not effectively monitored, controlled drug stocks were not regularly checked, medicine records for the same person did not always match and some supplements lacked prescription labels. Care plans were not always consistently completed or followed.

Staffing levels had not been effectively reviewed since January 2016, and during the inspection there were periods when there was little or no staff presence in communal areas as they were busy helping people in their rooms. Staff did not have time to engage in meaningful activities with people.

The service's recruitment process minimised the risk of unsuitable staff being employed, including seeking references and carrying out Disclosure and Barring Service (DBS) checks.

Risks to people were assessed and plans put in place to reduce the chances of them occurring. These covered risks arising from the person's individual support needs and the physical environment of the service. The registered manager monitored accidents and took remedial action to reduce the risk of them being repeated. Safety checks of the building and equipment were regularly undertaken.

Plans were in place to safely evacuate people from the building in case of emergency and to provide a continuity of care should the service be disrupted.

Staff were familiar with safeguarding issues and the types of abuse that can occur in care settings. Staff said they were confident to raise any concerns they had, and the registered manager understood how to raise these with the relevant authorities.

Staff received regular training in the areas needed to support people effectively. Staff felt confident to

request any additional or specialist training they needed, and could give examples of where this had been arranged in the past. Staff felt supported by regular supervisions and appraisals at which they could raise any issues they had.

Policies were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards were protected. Where appropriate, the service worked collaboratively with other professionals to act in the best interests of people who could not make decisions for themselves.

People were supported to maintain their health through access to food and drinks. Appropriate tools were used to monitor people's weight and nutritional health. People spoke positively about the food on offer.

The service worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met.

People and their relatives spoke positively about the care they received. Throughout the inspection we saw people being treated with dignity and respect and observed caring interactions. Staff enjoyed getting to know the people they supported, though they did not think they always had time to do so.

The service supported people to access advocacy services. Procedures were in place to provide people with end of life care.

Care plans were based on people's assessed needs and preferences, but were not always consistently or accurately completed.

There was evidence of activities provision, but people and staff did not always think people had enough to do on a regular basis. The need for an activities co-ordinator had been identified at our April 2015 but this role had still not been recruited.

There was a complaints policy in place, which was publically promoted in communal areas throughout the service. No complaints had been received since our last inspection in April 2015, but the registered manager was able to describe how they would be investigated.

Quality assurance checks were undertaken on a regular basis, though these had not always identified the issues we found at this inspection.

Staff felt supported by the registered manager, who they described as approachable and inclusive.

Feedback was sought on a regular basis from people and their relatives on how to improve the service. The most recent feedback questionnaires resulted in positive feedback.

The registered manager understood their roles and responsibilities, and felt supported by the registered provider.

We found three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to medicines management, care plans and staffing levels. You can see what action we took at the back of this report.

## 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 not always safe.

Medicines were not always managed safely, and consistent medicine records were not always kept.

Staffing levels were not regularly reviewed. We observed lengthy periods of time when no staff were present in communal areas.

Risks to people were assessed, and steps taken to minimise them.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

### Is the service effective?

**Good** ●

The service was effective.

Staff were supported through a regular system of supervision and appraisal, and received regular training.

Policies and practice were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards were protected.

People received support with food and nutrition and tools were used to help them maintain a balanced diet.

The service worked with external professionals to support and maintain people's health.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with dignity and respect.

People and their relatives spoke positively about the care they received. We saw examples of positive, kind care throughout the inspection.

The service supported people to access advocacy services.  
Procedures were in place to provide people with end of life care.

### Is the service responsive?

The service was not always responsive.

Care plans were not always consistently completed or followed to provide person-centred care.

There was evidence of activities provision, but people and staff did not always think people had enough to do on a regular basis.

There was a clear, easily accessible complaints policy in place.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Quality assurance checks were undertaken on a regular basis, though these had not always identified the issues we found at this inspection.

Staff felt supported by the registered manager, who they described as approachable and inclusive.

Feedback was sought on a regular basis from people and their relatives on how to improve the service.

The registered manager understood their roles and responsibilities, and felt supported by the registered provider.

**Requires Improvement** ●

# Astune Rise Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 4 April 2016 and was unannounced. This meant the registered provider did not know we would be visiting

The inspection team consisted of one adult social care inspector, a specialist advisor nurse 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.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed 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.

We contacted the commissioners of the relevant local authorities and the local authority safeguarding team to gain their views of the service provided at this home.

During the inspection we spoke with 12 people who lived at the service and four relatives. We looked at three care plans, and nine people's medicine administration records (MARs). We spoke with 11 members of staff, including the registered manager, administrator, nurses, care staff and members of the domestic, kitchen and maintenance staff. We reviewed four staff files, including recruitment and training records.

We also completed observations around the service, in communal areas and in people's rooms with their permission.

# Is the service safe?

## Our findings

Medicines were not always managed safely. Each person had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Consistent records were not kept on how people should be supported with their 'as and when required' (PRN) medicines. Some people had a 'PRN form' that listed their PRN medicines, but other people had their PRN medicines recorded on their MAR. PRN medicines did not always have information on the appropriate dosage to be administered. This was inconsistent with the service's medicines policy, which stated, "staff administering PRN medication must ensure the medication is given as intended by recording a specific care plan in the resident's care plan which should be kept with the MAR chart". This meant there was inconsistent written guidance for the use of PRN medicines.

Where required, medicines were stored in a medicines fridge. Fridge temperatures were recorded daily, and we noted that between June 2015 and April 2016 maximum temperatures had been recorded as between 18 and 23 degrees Celsius. This was in excess of the recommended range of between 2 and 8 degrees Celsius. On the day of the inspection the recorded temperature was 2 degrees Celsius. There was an electric thermometer within the fridge, but it was unclear how this was recording temperatures and two different readings were shown. This meant that the quality of medicines may be compromised, as they had not been stored under required conditions. We asked the registered manager to seek urgent advice from their pharmacy. Temperatures for the treatment room were recorded daily and were within the recommended range.

We looked at how the service managed its controlled drugs. Controlled drugs are medicines that are liable to misuse. Controlled drugs were stored securely and safely. There was a recording register in place with a separate page for each person using controlled drugs. When they were administered, the balance remaining was amended and recorded. However, there was no evidence of a regular check of stock balances despite the service's medicines policy stating, "(a) stock audit must be accounted for each time the medication is given."

We reviewed nine people's MAR charts. We noted that there was no room on the reverse of the MAR chart for staff to record further explanations, for example for non-administration and refusal of medicines. We saw some handwritten entries on MAR charts. However, some MAR sheets with hand written instructions were signed by one member of staff, as opposed to two members of staff, and there was no record of who had authorised changes. This meant there was the risk of error and there was no clear line of accountability for changes. Current photographs of people using the service were not always attached to their MAR, and some people had no photographs attached. This increased the risk of mistaken identity when medicines were administered. During the course of the inspection, we saw an agency nurse having to ask around in the lounge for a person as their MAR did not have a photograph attached.

Topical medicines application records (TMARs) were used to record the application of creams and ointments, and we saw the use of body maps to highlight where staff should apply them. However, there were inconsistencies in topical medicines entered on MARs and TMARs, together with inconsistent recording

on TMARs. One person had medicines listed on their TMAR but not on their MAR. Another had the frequency of their medicine administration logged on their MAR but not on their TMAR. This meant there were inconsistent records of when people should receive their medicines. We asked to see the TMARs from March 2016, but these could not be located.

We also saw nutritional supplements for people stored in an unlocked cupboard in the dining room. For two people we saw their nutritional supplements 'Nutlis' were stored in a cardboard box with their name written in pen on the outside of the box. For one of those people we saw there were no prescription labels attached to the nutritional supplements. When the nurse brought this to the attention of the registered manager they telephoned the pharmacy and the pharmacy agreed to send the home the labels to be attached to the nutritional supplements.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager how they ensured they had enough staff to support people safely. They said staffing levels were based on people's dependency and, "the idea is that we will do it monthly." We reviewed the dependency tool and saw it had last been used in January 2016. The registered manager said that the deputy manager would eventually assume responsibility for assessing staffing levels, and that the service was currently overstaffed. Day staffing levels (during the week and at weekends) between 8am and 9pm were one nurse and five carers. Night staffing levels (during the week and at weekends) between 9pm and 8am were one nurse and two carers. Staff absence was covered by other staff working extra shifts. A relative we spoke with said, "whenever I come in there always seems to be enough staff."

During our inspection one member of staff was absent, and this had not been covered. The registered manager said, "We very rarely use agencies for care staff cover. We have pretty good staff and they will cover it. We didn't cover this morning as we're down to 28 (people using the service) so it's enough with four (carers) and one nurse." Staff said there were not always enough staff to support people. One member of staff told us, "Not enough staff here. I think five is enough, but in an emergency or a fall it all holds you back. I think we should have five (staff) on an evening, too. If someone phones in sick it doesn't always get covered. It can have a big impact on staff and residents." Another member of staff said, "There are not enough staff here. [The registered manager] tries their very best in getting shifts covered. If we have five in on a morning that's great."

The building was large and split over two floors, and throughout the inspection we noted that there were lengthy periods of time when staff were not visible in communal areas as they were assisting people elsewhere. For example, we observed a period of 30 minutes in the communal lounge when people were sitting without any staff checking on them. One person was sitting on an armchair in a folded position without supporting cushions or a footrest. Another person in the lounge said, "they don't look very safe like that." Staff passing the lounge on their way to supporting people did not look in to check how people were.

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

The service's recruitment procedures minimised the risk of unsuitable staff being employed. Applicants completed an application form setting out their employment history and experience. At interview, records confirmed they were asked care-based questions. References and proof of identity and address were obtained and disclosure and barring service checks carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with



children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

Risks to people were assessed and plans put in place to reduce the chances of them occurring. Risk assessments took place in areas including, falls, moving and handling, bed rail use, nutrition, skin integrity and continence. People with particular support needs had individual risk assessments and plans in place. For example, one person with epilepsy had an epilepsy risk assessment in place. Risk assessments were regularly reviewed to ensure they met people's current support needs.

Accidents and incidents were recorded, and the registered manager monitored them to see if any remedial action was necessary to reduce the risk of them occurring again. The most recent analysis of accidents had taken place in February 2016, which had identified an increase in accidents that month and remedial steps that had been taken.

Safety checks of the building and equipment were regularly undertaken. This included monthly checks of areas such as water temperatures, firefighting equipment and emergency lighting. A premises fire inspection was last carried out in 2014, and the administrator told us the minor remedial actions identified had been undertaken. Required test certificates in areas including electrical testing, hoist testing, gas safety and legionnaires disease water testing were in place.

The premises were clean and tidy. Throughout the inspection we saw staff clearing equipment and objects that could be trip hazards away. A member of the housekeeping staff told us, "We get everything we need to clean. We get anything we need." Cleaning equipment was appropriately and safely stored. Staff had ready access to personal protective equipment (PPE) such as gloves and aprons, which they used when appropriate to reduce the risk of infection control.

Plans were in place to provide a continuity of care in emergency situations. Each person had a personal emergency evacuation plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. These contained information on people's levels of mobility, support needs and how they should be supported in emergencies. We did find that one person did not have a PEEP in place, and asked the registered manager about this. They said, "We tend to update them more or less when people come in, but we have had a lot of change." An 'emergency contingency plan' was in place providing guidance to staff on providing care in a wide range of emergency situations.

There was a safeguarding policy in place. This offered guidance to staff on the types of abuse that can occur in care settings and instructions on how concerns could be raised. The most recent safeguarding alert had been made in September 2015, and the registered manager was able to explain how this had been investigated. Staff said they received safeguarding training, could describe the types of abuse they looked out for and felt confident in raising any concerns they had. One member of staff said, "I would report things, even trivial things." Another said, "Everybody watches everybody here, in a good way." Staff said they would be confident to whistle blow if they had any concerns. Whistleblowing is where an employee reports misconduct by another employee or their employer. One member of staff said, "We have a whistleblowing policy and I would 100% use it."

## Is the service effective?

### Our findings

Staff received mandatory training in areas including fire safety, food hygiene, moving and handling, health and safety, safeguarding and infection control. Mandatory training is training that the provider thinks is necessary to support people safely. This training was refreshed periodically to ensure staff had the latest knowledge. Training was also given in areas such as the Mental Capacity Act, pressure care and continence. All training was provided by an external training company, and staff files contained certificates confirming it had taken place.

Staff administering medicines undertook annual medicine competency checks. These involved testing the nurse's knowledge of the principles of medicine administration, record keeping and observing a medicines round.

The registered manager said the nursing staff regularly reviewed people's care needs to see if any specialist training was needed. The administrator told us about one person using the service who had a particular support need, and described how the service was working with the person's family to ensure staff had the skills and knowledge they needed.

Staff spoke positively about the training they received. One member of staff said, "Training is good. I have done all of the mandatory (courses) and have been offered palliative care training. I always enjoy it. If we wanted any specialist training we'd get it. It's always good to learn from people. We're encouraged to learn." The same member of staff then gave an example of some training in behaviours that challenge they had received having requested it. Another member of staff said, "The training is good. Outsiders come in. You get paid to come in if it's your day off. They're quite open the trainers so you don't feel stupid asking questions."

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The registered manager conducted all appraisals and there was a plan to transfer supervisions to the deputy manager. Supervisions took place every three months, and appraisals annually. Records in staff files confirmed that they were free to raise any issues or support needs they had at supervisions. At appraisals, performance over the previous 12 months was reviewed and a discussion took place about any ongoing support needs. For example, in supervisions a member of staff had requested additional moving and handling training and plans were made to arrange this. One member of staff told us, "Supervisions and appraisals are alright. I've raised issues in a supervision before and I would again." Another said, "We get supervisions and appraisals. We get a chance to discuss things."

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Assessments had been made to check whether people had capacity to make decisions. These were decision specific. Records of best interest decisions showed involvement from people's family and staff. This meant people's rights to make particular decisions had been upheld and their freedom to make decisions maximised, as unnecessary restrictions had not been placed on them. For some people it was not deemed necessary for a DoLS application to be submitted to the local authority, which was consistent with the principles of the Mental Capacity Act. Where necessary, for other people applications were made as it had been assessed that it was in their best interest to do so and we saw care plans in place to document this. One person was subject to DoLS at the time of the inspection and another person had a DoLS application pending. Three people had Lasting Powers of Attorney appointed, and the administrator was able to describe how people's families and the local authority had helped to arrange these. People's care plans contained records confirming where LPAs had been appointed. Consent to care and treatment records were signed by people where they were able. If they were unable to sign a relative or representative had signed for them.

People were supported to maintain a healthy diet. The cook had knowledge of people's individual dietary needs and preferences (for example, mashed foods or small portions), and meals were made to accommodate them. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. People's weights were monitored in accordance with the frequency determined by the MUST score, to determine if there was any incidence of weight loss. This information was used to update risk assessments and make referrals to relevant health care professionals, such as GPs, dieticians and speech and language therapists, for advice and guidance to help identify the cause. Where people were identified as being at risk of poor nutrition staff completed daily 'food and fluid intake' charts. The food charts recorded the food a person was taking each day and included portion sizes. Fluid intake charts recorded the fluid a person was taking each day, however we did find that fluid intake goals and totals were not recorded.

Menus were publically displayed in the dining room, and at lunchtime we saw people were given a choice over what they wanted to eat. The cook told us, "(People) can choose anything they want if they don't like what is on the menu", and we saw one person asking for – and receiving – cheese on toast instead of what was on offer. The dining room was bright and airy and had tables laid with tablecloths, napkins, cutlery, condiments and a centrepiece of flowers. In between meals, people were offered drinks and snacks.

People spoke positively about the food at the service. One person said, "The food is great." Another person said, "I like my breakfast. The food is alright." A relative said, "[Named person] likes the food."

Care records contained details of appointments with and visits by healthcare and social professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example General Practitioners (GPs), nurse practitioner, speech and language team (SALT) and best interest assessor. The registered manager told us how they used their accidents analysis to make referrals to the falls team. Care plans reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of

the people were being met.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the care they received and praised staff at the service. One person said, "Oh it's nice here, they look after me. (Staff) are good." Another person said, "It's grand, they (staff) look after us." A third person told us, "It's alright. It's nice enough. (Staff) are very good to me." Another person said, "The home is lovely. It's not posh, it's cosy. The [staff] are lovely. I wouldn't swap it for a posh home. It's grand." A fifth person told us, "It's a very good home with very good staff."

Relatives praised the care people received. One relative said, "I visit two or three times a week. They always let me know if there is anything wrong, they look after [person] very well, no worries at all, never seen anything to bother me. It's very good." Another said, "I am in every day. I am very happy with the standard of care, they look after [the person] very well. They call me if there is anything wrong, they care for [the person] very well."

Throughout the inspection we saw staff treating people with respect. When speaking with people, they approached them and stood close to them to have conversations rather than shouting across communal areas. Where people wanted to discuss something private, staff either spoke quietly or moved away from communal areas to do this. When people requested supported staff asked discreetly how they could help. We saw staff knocking on people's doors and waiting to be invited in before entering people's rooms. Staff also waited for permission to support people where this had been requested.

Staff told us how they safeguarded people's dignity when supporting them. One member of staff said, "I cover people up when helping with personal care. I explain what I am doing, and make sure the door is shut. You have to remember and take on board what it would be like to be washed (by someone else)."

We saw staff encouraging people to be independent throughout the inspection, whilst also being available to offer support when needed. For example, we saw one person who had difficulty with mobility walking down the corridor. When they had collected something from their room, we saw a member of staff offer to carry it so that the person could continue to walk without support. The member of staff walked alongside the person at their pace so that they could continue to walk independently. One member of staff told us, "We encourage, where possible, people to do things for themselves."

We observed numerous cheery and friendly conversations between people and staff, though staff were very busy during the morning and it was only by late afternoon that they could properly pause and interact with the people. One member of staff told us, "We have no time to spend quality time with people. Afternoons are a lot quieter, but mornings are hectic. It would be nice to spend more time with people." Another member of staff said, "It would be nice to spend more time with people."

At the time of the inspection one person was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager described how they had worked with the local authority safeguarding department to arrange this. There was an advocacy policy in place giving guidance to people and relatives on advocacy services, which was displayed in public areas throughout the service.

One person had an end of life care plan in place. This set out their wishes and preferences, and instructions to staff on how they could best be supported.

## Is the service responsive?

### Our findings

Care plans were based on people's assessed needs and preferences, but were not always consistently or accurately completed.

Care plans began with a 'personal plan', containing information on the person's preferences, interests and people and events of significance to them. There was evidence of discussion with people and their families about things that were important to people, and this led to care plans being developed that reflected the person's preferences. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example, one person's plan described how they liked their bed positioned in their room and the kind of music they liked to have as background noise on the radio.

Care plans were then produced for people in a number of areas, including medication, nutrition, skin integrity, personal hygiene, communication, mobility. People with specific support needs had care plans developed in those areas, including epilepsy care and oxygen use.

However, we saw a pre-admission assessment for one person contained limited information and did not mention some specific health and support needs they had. We also noted that care plans and daily care checks were not always consistently recorded. For example, three people's care records had inconsistent recording of their showers and baths which meant it was not possible to see if their care plan was being followed. The same three people's bowel movements were also inconsistently completed, which meant it was not possible to see if their continence care plan was being followed. A different person had inconsistent information in their care plan on how their skin integrity should be maintained through positional changes. The registered manager said they would update the care plan. Another person's care plan said they should be weighed on a weekly basis. Records showed that this was not being done, and the registered manager said they were on monthly weights and that the care plan needed amending to reflect this.

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

Daily notes were kept for each person. These were concise and detailed information was recorded regarding basic care, hygiene, continence, mobility, nutrition, activities and interests. Handover records showed that people's needs, daily care, treatment and professional interventions were communicated when staff changed duty at the beginning and end of each shift. This helped to ensure staff were aware of the current state of health and well-being of people.

There was evidence that some activities were provided, but people and staff told us that there was not always enough for people to do. Photographs of past activities were displayed in communal areas, and these included a pie and pea night, a remembrance event, an Easter fun day and a coffee morning. There was also a sheet advertising upcoming activities, including decorating eggs and an Easter bonnet parade. During the inspection, we saw some staff playing dominos with a group of people.

However, people told us there were not enough activities on a regular basis. One person said, "There is nothing to do. I watch the telly. Sometimes entertainers come every now and then, the church comes sometimes. Nothing regular." Another person said, "(There) is not much to do." Another person said, "There isn't much to do. I mainly have my TV or radio." A fourth person told us, "There are sometimes things to do, exercises or a singer, but not regular." Another person said, "There is only the telly. Nothing else." A sixth person told us, "There is nothing to do. Nothing." Another person said, "There's not much to do, well nothing really."

Staff had mixed views on the activities available to people. One member of staff said, "We do lots of pyjama parties and bingo nights. On an afternoon we're meant to be doing activities, but half of the people don't want to...I don't think (people) want it every day but the registered managers wants them offered." Another member of staff said, "We're fairly good for activities but could do more." Another told us, "I don't think (people) have enough to do. We could do more with them. Some (people) go out themselves but we don't do daytrips out."

At our last inspection in April 2015 we found that activities for people were limited which meant some people were provided with limited stimulus during the day. In April 2015 the registered manager told us they were trying to recruit an activities co-ordinator to improve this. By the time of our latest inspection and activities co-ordinator had still not been recruited. Our judgement was that staff did not have time to assist people in accessing meaningful activities to prevent social isolation.

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

There was a complaints policy in place, containing guidance to people and their relatives on how to complain and explaining how this would be investigated. No complaints had been received since our last inspection in April 2015, and the administrator was able to describe the process that would be followed if issues were raised.



## Is the service well-led?

### Our findings

We asked staff about the culture and values of the service. One member of staff said, "Lovely atmosphere, friendly. It's old (the building), but friendly and nice." Another said, "When people come in it has to be like their home. We try and make it like their home." The registered manager said, "We try to be homely, and make it so that residents feel they're in their own home. We're here to give them good care. We pride ourselves on our care. My main interest is the interests of the residents."

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits were carried out in areas including care plans, infection control, catering, finance and medicines.

The audits had not always identified the issues we found in relation to medicines management, care plans and staffing levels. Most audits were carried out on a monthly basis, though we noted that the infection control audit was last done in February 2016. We also saw that where audits identified issues actions plans were not always in place to take remedial action. For example, the March 2016 medicines audit found that a MAR was missing the person's photograph and a staff signature. There was no record of any remedial action taken following the audit. We asked the registered manager about the effectiveness of the audits. They said there was a plan to transfer responsibility for them to the deputy manager who would have more time to complete them.

Staff spoke positively about the registered manager, who they described as approachable and supportive. One member of staff said, "[The registered manager] is absolutely fantastic. Very supportive. If I feel I have a problem I can go to them." Another said, "[The registered manager] is alright. Approachable and listens. I would be happy to raise issues with them." A third member of staff said, "I get on with [the registered manager]."

Staff meetings took place. Staff said these helped them to feel included in how the service was run, and they were free to raise any issues they had at them. One member of staff said, "We have staff meetings. They're up on the notice board. We can raise anything. They address what we're doing wrong but also praise for what we're doing right." Minutes of staff meetings confirmed that a wide range of topics concerning how the service was run were discussed.

Feedback was sought from people using the service through questionnaires every three months. Questionnaires were given to people to complete, and staff supported those who had difficulty in writing to complete theirs. The administrator had also developed an easy read questionnaire for people with communication difficulties, on which people could give feedback by circling the facial expression that best matched their opinion. An audit of the results of the January 2016 survey showed that 18 people had responded, and that feedback was either 'good' or 'very good'.

A questionnaire had also been sent out to relatives of people who used the service in January 2016. 10 relatives responded to this, with an audit of the results showing that most relatives were happy with the service. The administrator told us relative and family meetings had been held in the past but that attendance had not been high, so the service was working on ways to increase participation.

We asked the registered manager what links the service had formed with local community. They told us representatives from the local church attended every two to three months and that people were sometimes taken to concerts at a local school.

The registered manager was able to discuss the roles and responsibilities of a registered manager, and understood the types of notifications that should be made to the Commission.

The registered manager felt supported by the registered provider. They said they received supervisions and appraisals from an operations manager, and found these useful. The registered manager said the registered provider was approachable and supporting. They said, "[The registered provider] is very supportive. I have a new operations manager, and the Director is always available on the telephone. We have managers meetings up in Newcastle. The last one was in December 2015." The registered manager told us about a refurbishment programme they were working on with the registered provider, adding "The Director is looking to improve (the service) all of the time".

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  A pre-admission assessment for one person contained limited information and did not mention some specific health and support needs they had. Care plans and daily care checks were not always consistently recorded.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Consistent records were not kept on how people should be supported with 'as and when required' medicines, the storage temperature of medicines was not effectively monitored, controlled drug stocks were not regularly checked, medicine records for the same person did not always match and some supplements lacked prescription labels.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staffing levels had not been effectively reviewed since January 2016, and during the inspection there were periods when there was little or no staff presence in communal areas as they were busy helping people in their rooms. Staff did not have time to engage in meaningful activities with people.

