

V Gulati

# Catterall House Residential Care Home

## Inspection report

Garstang By-Pass Road  
Catterall  
Preston  
Lancashire  
PR3 0QA

Tel: 01995602220

Website: [www.catterallhouse.co.uk](http://www.catterallhouse.co.uk)

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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

We inspected this service on the 27 July 2016. The inspection was unannounced which meant the provider was not expecting us on the date of the inspection.

Catterall House is located off the main road to the outskirts of Garstang in Lancashire. The home and is within easy reach of the cities of Preston and Lancaster. Accommodation is provided for up to 24 people who need help with personal care. At the time of the inspection there were nine people living in the home. There are communal lounges and a dining room and the kitchen and laundry are on the ground floor. The home has a small lift to access the first floor.

The home was last inspected on 23 February where five breaches of the regulations were found. The home was rated as requires improvement overall with the key question of safe being rated as inadequate. The key questions of effective, responsive and well led were rated as requires improvement and the caring key question was rated as good. At this inspection we found the safe key question was now rated as requires improvement.

At this inspection we found some improvements had been made but in other areas work was still required to bring the home up to a suitable standard of quality. At this inspection we identified three breaches to the regulations. Within the main body of this report you can read the details of both the improvements and the identified breaches. We also made 10 recommendations within the report. Recommendations are made where regulations are not breached but steps should be taken to ensure quality and standards are maintained.

At the time of the inspection the previous manager had become the deputy and a new manager was in place. The home did not have a current 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.

At this inspection we found breaches to the regulation associated with the risk assessment and risk management of the environment. Almost as a consequence of the absence of these risk assessments a breach was also found with how the building was managed and maintained. This included the safe storage of cleaning materials and damp in some areas of the home.

At the inspection in February we identified a breach in how the home managed complaints. A recent complaint to the home had no record of a response within the complaints file. We were subsequently told the response was on the computer and would be added to the file. There had been no further complaints since this time. Other areas of concern were continued from the last inspection and included the lack of a comprehensive and implemented set of policies and procedures and also the lack of a quality audit system for all aspects of provision.

Recommendations at this inspection were varied and included prompts for action to be taken around recording, testing of equipment, staff training and specific audit and monitoring.

We did find things had improved in relation to the cleanliness of the environment. Cleaning schedules were now in place and a dedicated domestic staff member was about to start employment.

Concerns around consent and the implementation of the mental Capacity Act had been rectified with all people in the home having received a capacity assessment. Steps had been taken to act on the results of these assessments including applications for deprivation of Liberty safeguards and the recording of appropriate best interest decisions.

Safeguarding procedures had much improved and a new policy had been written. Staff had all agreed the contents of the policy and procedures were available within the home. Some staff had received specific training and safeguarding champion was on site to support staff as required.

Medicines management had improved with a new policy being written and again staff signing to say they understood it. Procedures were implemented for the safe management of medicines and audits were completed to continually improve this process.

The people in the home were very complimentary about the food in the home and we saw a number of options being offered to people in the home. The chef and staff we spoke with were aware of people's dietary needs and where risks of malnutrition increased to people we saw appropriate action was taken.

Staff morale was much improved and it was clear there were now enough staff to meet people's needs. It must be noted however that there were only nine people currently living in the home and staff contracted hours were being honoured. We have recommended a comprehensive dependency tool is developed so if numbers and needs increase the home can ensure the staffing remains reflective.

Care records were accurate and reflected the people's needs living in the home. Work had been undertaken to complete thorough assessment of people's needs and new care plans had been developed which were regularly reviewed.

People we spoke with told us their views were sought on how the home was run and we saw surveys had recently been completed which had led to change. This included changes to the menu following an updated survey on people's thoughts and preferences for food.

The overall rating for this service was 'Inadequate' in November 2015, when it was put into 'Special measures'. We re-inspected the home in February 2016 and found some improvements had been made and the overall rating had reduced to Requires Improvement with one key question rated as good and another rated as inadequate. At this inspection we can again see improvement. Whilst the overall rating remains at Requires Improvement the service now has two key questions rated as good and none rated as inadequate.

As the service has demonstrated improvements during this inspection and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

You can see what action we told the provider to take at the back of the full version of the 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.

Emergency plans were in place for people in the home and the home had a contingency in the event of an emergency. A safe place for temporary shelter was still needed.

There was enough staff on duty to meet the needs of people in the home.

We saw suitable risk assessments for people living in the home with good risk reduction strategies but environmental risks had not been appropriately or effectively assessed.

The home was managing people's medication safely and appropriate audit was in place. However medicines protocols were required for medicines people took as they were required to support staff with the information of when they were required.

### Is the service effective?

**Good** 

The service was effective.

People were supported with their nutrition and hydration. We found when people began to lose weight the home took appropriate steps to support them.

The home worked within the principles of the Mental Capacity Act 2005 and assessments and best interest decisions including the application for a deprivation of liberty were made as required.

Staff told us they were well supported and a schedule of supervision and appraisal had been introduced. However whilst most staff had the care certificate more in depth training was still to be planned.

We have made a recommendation to improve the suitability of the environment to better meet the needs of people living in it. This included appropriate signage

### Is the service caring?

**Good** 

The service was caring.

We found good information of people being involved with their day to day care. This included details of their preferences and person centred entries into their care plans.

The staff and people living in the home interacted well. All interactions were dignified and people in the home were consistently shown respect from the staff.

People living in the home told us they were given choices and we saw this was evident at meal times. We were also told people felt like they could do as they chose including when to go to bed and get up for the day.

We have made a recommendation about the use of dignified language in handover records

### Is the service responsive?

The service was not always responsive.

Activities were limited but the people we spoke with were happy with what was going on at this time. Many of them wanted to sit and read, watch television or have a chat.

Care plans held good evidence of person centred care. Initial assessments had been completed for everyone living in the home. Plans of care were reviewed monthly and we saw support was adapted when people's needs changed.

The home had not received any complaints since the last inspection and previous complaints had not been managed well.

We have made a recommendation about completing personal care records

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led

A quarterly monitoring review took place but actions and effective quality audit was still to be embedded.

Policy and procedures were being reviewed and in the process of being redesigned. There was still much work to do in this area. The old policies and procedures were available in the interim.

**Requires Improvement** ●

People in the home were asked for their opinion and this had improved in the recent months.

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# Catterall House Residential Care Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on the 27 July 2016 and was unannounced. The inspection team consisted of three adult social care inspectors, including the lead inspector for the service.

Before the inspection, we reviewed the action plan provided to us following the last inspection in February 2016. We reviewed the information we held about the home and the information held in the public domain.

During the inspection we spoke with four staff including the manager, cook and two carers. We also spoke with five people living in the home and two visiting relatives.

We observed how staff interacted with people living in the home and how people were supported by staff including how people received support with their meals.

We looked around the home at the physical environment including in people's bedrooms, communal areas and the kitchen and laundry.

We reviewed information held at the home to safely manage the home including six people's care records for people, information used to support people under the mental Capacity Act and records used to monitor accidents and incidents.

We reviewed records to safely manage people's medicines and to keep the environment and building safe

under health and safety procedures.

We looked at five staff personnel records including those used for the safe recruitment of staff and those used to support staff including, supervision and appraisal and meeting minutes.

# Is the service safe?

## Our findings

People and relatives we spoke with told us they or their loved ones felt safe, one relative said, "[Relative] loves it here, they are well looked after." A staff member told us, "There has been so much improvement, I think people are safe." One person who lived in the home said, "I feel very safe, all the staff are kind and caring. They anticipate what we need and are responsive."

We saw the home recorded accidents as they occurred and these were monitored and used to update individual care plans and risk assessments. However the accidents had not been collated since May 2016. When monitoring of this type is collated it allows staff to identify any themes or trends in accidents and take appropriate steps to reduce risks to everyone in the home. This could include putting some extra lighting in an area where people are tripping or refitting a section of carpet to establish if these are factors in people having accidents in particular areas.

We also saw that there were not the required risk assessments for the environment including a health and safety risk assessment and a risk assessment for the kitchen and laundry. We reviewed the recently completed fire risk assessment and noted it had not considered risks that we identified on the day of the inspection. This included the risk of the fire exit being inaccessible, as an inner door was locked from the smoking room, and that some fire doors did not have accessible means to break the fire seal and open the door. This left a potential for people not being able to exit the building in the event of an emergency.

When risk assessments are not effective at identifying risks or are not developed there is a potential for risks not to be managed. This is a breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The two previous inspections in November 2015 and February 2016 had identified concerns with the management of infection and cleanliness in the home. This had improved during the most recent inspection and had improved again at this inspection. We saw the home had been deep cleaned and surfaces were visibly clean. Some new furniture had been bought which could be wiped clean and steps had been taken to develop and implement an effective cleaning schedule to ensure standards of cleanliness were maintained.

However there were still some concerns. We found one mattress and bed base was particularly stained and needed replacing. We also found a lack of accessible Personal Protective Equipment (PPE) at point of need including in the bathrooms.

We found some furniture was dirty and some walls were damp with peeling wallpaper. We also saw a number of pieces of wallpaper had been ripped from walls without being replaced.

There was a cleaning cupboard on the ground floor with a sign on it to say it should always be kept locked. At 10:30am this door was unlocked. We checked the door again at 5:30pm and found it was unlocked and ajar. The cupboard held cleaning materials which could be hazardous to people's health.

During the morning walk around we also noted a bottle of liquid soap in one of the bathrooms. We raised our concerns with the person showing us around. They told us they would seek advice. Again at 5:30pm the soap was still available in the bathroom.

We found the above concerns raised potential risks for people in the home. Aspects of the premises and equipment were not clean, were not secure, properly maintained or appropriately located for their intended use. This is a breach of Regulation 15 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

The provider had taken appropriate steps to ensure the professional testing of equipment including the testing of the hoist, lift and fire equipment. We saw the certificate for the electrical installations was in date but the gas safety certificate had just expired and we were assured it would be renewed immediately. We recommend the provider ensures the gas safety certificate is renewed as a matter of urgency.

We saw people living in the home had Personal Emergency Evacuation Plans (PEEPs) to provide staff with the knowledge they needed to safely evacuate people. We saw these had been colour coded to show staff how many staff people needed to be evacuated. We saw the colour square corresponded to a colour marked on the person's door for ease. However one staff member who told us they had received a fire training induction was not aware of the colour coding system.

We also noted the contingency plan did not have details of a safe place within which people could be evacuated to if the home became uninhabitable.

We recommend the provider ensures all staff are knowledgeable in the fire procedures and that a safe place is found for the provider to use to keep people dry and warm during the event of an emergency.

We observed a medicine round and found medicines were offered to people when they should be, and people had the opportunity to refuse them. The staff administering the medication asked people if they wanted pain relief where this was an, as required medication. We saw the trolley holding the medicines was always left secured and following use was secured to the wall in the treatment room.

We looked at the Medicines Administration Records (MARs) and found there were no gaps in the administration of any medicines. We saw a staff signatories list which helped ensure staff were accountable for the medicines they administered. MARs included pictures of the person whose record it was and identified if they had any allergies. This helped reduce risks associated with the misadministration of medicine.

We reviewed the ordering system and found it was comprehensive and included a good relationship with the local pharmacy. This helped to ensure any errors in stock delivery were remedied as soon as possible.

The medication policy had had been reviewed in June 2016 and included detail on ordering, receipt, audit, record keeping, administration and disposal. We saw the policy had been implemented and the procedure was being audited monthly by the manager or deputy to ensure errors were managed appropriately. We asked the manager about how staff had their competency tested and were told all those staff who administered medicines had received a competency test. However this could not be evidenced. We recommend competency testing is recorded including the detail of what was tested and signed off.

We saw that, where required, most records were signed by two people but there were some handwritten records which had only been signed by one person. This had been picked up on the audit and the manager

was taking steps to provide additional training to those that required it.

Medicines were dated on date of opening and were stored as required and not kept past their sell by date. The home did not have anyone receiving controlled drugs so we could not inspect how these were managed but we reconciled some other medicines and found them to be correct. This helped us assure medicines were always safe to administer.

The home had a homely remedies policy and kept a record of when people had received medicines from the stock. This helped ensure medicines could be purchased to keep stock levels maintained correctly.

Some people received PRN medicines which are medicines not prescribed for any particular time but for when they are required, for example when someone is in pain. We saw appropriate records were kept but there were not any protocols or care plans in place for those people who could not tell staff when they may require the medicines. We recommend the home develop PRN protocols so staff can become aware of how different people display pain and other discomfort other than with verbal cues.

We saw safeguarding procedures displayed around the home and staff had all completed the safeguarding component of the care certificate. More specific safeguarding training had been provided to some staff and more was to be provided across all the staff team. Staff we spoke with were knowledgeable about safeguarding and told us they would report things if they had any concerns.

The home's safeguarding policy had recently been rewritten and all staff had signed it to say they understood the contents. There was a safeguarding champion who attended meetings with other professionals to share best practice. We spoke to this staff member who told us they had been to meetings and found them informative. They shared their learning with the rest of the staff in team meetings as required.

Nobody in the home had any physical restraints including lap belts on wheelchairs or bedrails. We saw those people that lacked capacity, that were not safe to leave the building alone, had an appropriate application for a Deprivation of Liberty Safeguard (DoLS). DoLS are put in place to ensure the least restrictive option is always considered to keep people safe.

We reviewed the information the home held about the individual risks to people including assessments for falls, pressure relief and nutrition. We found these had recently been reviewed and were consistent with people's needs. We saw when risks increased appropriate steps were taken to support people including, if required, referrals to specialist services such as dieticians or the falls team.

On the day of the inspection there were nine residents and three carers, the manager and the cook. We were told this number of carers were in the home as the home were honouring their contracted hours. It was clear that three carers were able to meet the needs of the nine people in the home in a timely way. We saw staff sitting and chatting to residents and the atmosphere in the home was calm.

We looked at the recruitment records of four staff. We found information was available to show staff were recruited who were suitable for the role. Interview records were not kept in the files but we could see the application forms and references which assured us people were suitable for employment.

Each staff member had a DBS certificate number and references from their latest employer. Each personnel file also held photographic Identification and a contract. All but one (the cook) had an induction checklist showing staff had received some relevant information about how to specifically complete their role. When

we spoke with the cook we were told they had recently completed a relevant catering qualification.

The home did not have a dedicated cleaner but one was being appointed. In the interim care staff were given additional hours to undertake a domestic role. We were assured when this happened the carer completed a domestic shift and did not complete any care tasks. This helped ensure people were safe from the risk of cross contamination or infection.

The chef also told us kitchen staff had been given dedicated hours to deep clean the kitchen and additional hours weekly, to maintain the cleanliness of equipment, including the deep fat fryer.

# Is the service effective?

## Our findings

People we spoke with who lived in the home felt they were supported well by the staff. One person said, "We are all very happy here and have no complaints." Another said, "If I need help in the night I just ring my buzzer and they come straight away."

We observed staff were attentive on the day of the inspection and people did not have to wait to be supported. Staff we spoke with were enjoying working at the home and told us they have time to support people properly.

Staff all told us things had improved greatly over recent months. One staff member who had been in post seven months told us they had received a good induction and had completed some training as part of that. We saw staff training was still being developed and some staff had not received any structured training for some time. There were many changes at the home and we saw there were regular team meetings and a good communication book which helped keep staff informed of the day to day needs of the people in the home and the home itself.

We observed the staff handover which was led by the home manager at the beginning of the afternoon shift. This was observed to be detailed and included an update on each person living at the home, including how well they had slept, what they had eaten, their general mood or any other pertinent issues. Notes were taken by individual members of staff. Staff spoke with told us they found handover sessions useful and that it gave them an up to date picture of each person living at the home.

We recommend a full programme of mandatory training is booked for all staff to ensure they receive this training as and when it is required.

We saw most staff had recently received an appraisal and a programme of supervision had been scheduled for staff which was about to start.

The building was a large house with an extended annex to one side. The building was not an obvious layout or design and it was not easy for people to find their way around. Clearer signage was required. It was clear work had been completed to improve the cleanliness of the environment but additional work was needed to improve the decoration and physical environment.

The home had people living in it that had been assessed as lacking capacity. There was a lack of meaningful activity and people were mostly left to fill their days with what was available to them. This did include some activities but there was no meaningful activity. We define meaningful activity as activity which has an end product or purpose. For example it could include baking cakes for everyone, laying the tables for lunch, undertaking small (risk assessed) jobs around the home including, if appropriate, gardening.

We recommend the provider completes 'The Kings fund Enhancing a Healing Environment' audit tool. This will support any future investment in the building, including redecoration and redesign, to be of the best

possible quality and be based on up to date knowledge and research to support people living with dementia.

We spoke with people in the home and the staff about the available food and drinks in the home. Both told us things had much improved. One person in the home said, "The food is generally good, we are offered three or four different choices at the moment. I have put on weight since I've been at the home. There is always plenty of food." Another said, "The food is excellent, I had fishcakes today which were great." We observed people being offered hot and cold drinks throughout the day. The staff member told us, "The residents need plenty to drink in this hot weather." The cook told us, "I can order whatever I need and I get it, this makes preparing good food for the residents easier. Things have really improved."

The dining room had a calm and encouraging atmosphere over lunch. One carer was sitting next to a person who needed some additional support to eat their lunch. We saw the staff member was patient and asked for consent from the person before each mouthful was presented. We observed the manager ask staff, to put a cushion behind one person's back, to allow them to be sat more upright, as this helped them eat better independently.

The chef was aware of peoples' dietary needs including any allergies. They had also taken recent steps to update the menu based on current preferences of people living in the home. There were four people who had diabetes which were diet controlled. The chef was aware of this and told us of the alternatives used to ensure these people got the diet they needed.

One person was having their food and fluid intake monitored to ensure they were eating enough. The chef told us staff ask them after every meal how much of this person's food was left after the meal for them to record it. We saw people were weighed regularly and when required additional support was provided including additional snacks when people were losing weight.

We saw people had nutritional care plans and risk assessments which were regularly reviewed when people were weighed every month. We saw when one person was assessed as high risk they were weighed weekly and additional steps were taken to monitor their diet. This continued after they had initially gained weight to ensure improvement was consistent.

At the previous inspections in both November 2015 and February 2016 concerns had been raised in relation to consent in general and specifically where people may have lacked capacity to give consent. We found at this inspection things had improved.

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.

People in the home had each received a capacity assessment. We saw that these were mostly decision specific and focused mainly on people's ability to consent to care and treatment, their ability to consent to their medication and their ability to make an informed decision around access to the community. We also saw a specific assessments including one for a best interest decision to protect someone financially.

Assessments were completed accurately and conclusions were consistent with the assessment. Where decisions were reached and a person lacked capacity appropriate applications were made for DoLS. Where DoLS were applied for we saw the home had taken steps to determine which were needed urgently and had sought support from the assessment team within the Local Authority.

We looked in peoples' care files to review the available information on consent. We saw since the last inspection steps had been taken to gain lawful consent from the right person. Where people lacked capacity to give consent and had a Lasting Power of Attorney (LPA) appointed then the LPA had signed the paperwork within their file giving consent. People with capacity had given their own consent to care and in one file we saw a note to say one person was unable to sign but had capacity. It was noted that staff were to ensure consent was gained before any support was provided. It was also noted that this was the case in all circumstances but was stated in this particular instance to reinforce the lack of a physical signature for consent. Throughout the inspection we observed staff asking people for consent routinely before the delivery of any support.

We saw no one at the home was restricted in any way other than leaving the building without staff knowledge. Each person who lacked capacity had an application for a DoLS with the Local Authority assessment team for this purpose.

The records we reviewed showed staff called the GP if this was required or if people said they were feeling unwell. We saw the district nurse team visited to support some people in the home. We also saw details of professional support requested from the occupational health team, the falls team and dieticians. This showed us that when staff assessed people's needs as increasing they sought further advice from professionals to ensure their health and wellbeing was promoted and protected.

# Is the service caring?

## Our findings

Everybody we spoke with at the home told us they were very happy. All told us the staff looked after them well. A relative told us, "The staff are very caring and friendly." Someone living in the home told us, "I like to read the paper every day and the chef brings me one in without fail." Another person told us, "It is a first class service."

We looked at the handover details in more detail and found some of the language used was inappropriate. The language used to describe people's presentation was undignified and should be rectified. We recommend the manager reviews the records and addresses the undignified language to ensure this is improved going forward.

People told us they had choice about what they did and when, including when to get up and go to bed. The staff treated people well and were always polite.

People told us, staff knocked on their room before entering and we saw good examples of people doing things their way. This included one man who liked to shut his curtains with his walking stick. Staff made sure his walking stick was available on the window ledge ready for him to do this in the morning or at night.

The dining experience at lunch time on the day of the inspection was pleasant for people in the home. There was genuine warmth from the staff supporting people. People ate all of their food and some had seconds when offered. The chef had a white board in the kitchen with a list of people's food likes and dislikes and there was evidence to show that this information was reviewed at regular intervals.

Everyone in the home was well presented and we saw good person centred information within peoples' care plans and one page profiles to support how they liked to look. The hairdresser visited weekly and the people we spoke with who used this service spoke positively about it.

We looked in two people's files and noted those that wore glasses. We looked to check and both had them on.

Visitors we spoke with told us they could visit the home when they choose to. Visitors told us staff were always polite to them and kept them up to date with the welfare of their relative.

We saw one care plan for one person who was coming to the end of their life. The plan was a comprehensive review of how the person wanted to be treated at this time. It included detail on support required and preferred place of death.

## Is the service responsive?

### Our findings

People we spoke with at the home told us they get the support they needed. People living in the home on the day of the inspection we spoke with could articulate their immediate needs. When staff were requested for support it was provided as it was requested. One person told us, "I am totally satisfied and I am a fussy person, so everything must be ok."

Since the last inspection the home had taken steps to gather feedback from people in the home. Feedback had been predominantly positive. There had not been any complaints since the last inspection that we were aware of and as a consequence we could not update our judgement in this area. The complaints procedure was available on display on a notice board and was held within the complaints file. A system for managing complaints was in place. However at the last inspection we found this had not been followed. The details of a complaint had not been recorded appropriately and the complaint had not been acknowledged. There was no further information to show this complaint had been managed within the complaints file but we were subsequently told the response was on the computer and would be added to the complaints file.

We looked at specific records in more detail including records for supporting people with their personal care and behaviour. We saw records used to monitor people who were in receipt of regular personnel care included details of any identified concerns re the person's nails, skin and foot health. The home currently had nine people living in it and enough staff to meet their needs. However, the personal care records showed three people had not received any personal care for over a week. We could not find any detail within the handover records to show us this support had been provided. We recommend the provider reviews these records and ensures staff are completing them as they should. If they are and people are not receiving personal care for this length of time then reasons for this need to be included in their care plan.

We also saw the records used to monitor someone's behaviour were not being completed accurately. ABC (Antecedent-Behavior-Consequence) charts are used to monitor people's behaviour with an aim of identifying triggers to certain behaviour and developing strategies to reducing the risk of certain behaviours. We found the record was being used for a two hourly monitoring tool which was ineffective in addressing concerns with specific behaviour. We recommend the provider reviews how these records are used and supports staff with their correct completion.

People had told us at the last inspection that staff could not sit and have a chat with them. Conversation helps support people emotionally and socially. We saw at this inspection staff sitting with one person upon request and asking them to pick a topic of conversation for them to talk about.

At the last inspection we had found concerns with the detail in care records used to inform staff of the information they needed to appropriately support people. At this inspection we saw information had improved. Each person had a one page profile highlighting their daily needs. This helped staff understand at a glance the support people needed. We also saw each person in the home had a newly completed pre assessment. This is a record of the needs of people as they enter the home and allows staff to develop care plans based on those needs. At the last inspection this information was poor or not accurate. This was

improved at this inspection.

We looked in six peoples' care files. We saw care plans were person centred and reflected the needs of people in the home. We did see some contradictions in people's records including contradictions in how people liked to be presented from ungroomed to clean shaven. Another which said an application for a deprivation of liberty had been made for one person for leaving the building, administering medication and giving of personal care. The application was only for leaving the building. We spoke with the manager about this who told us they had initially applied for all three but the assessment team had told them to reapply for one deprivation per application which they had then done. We also asked staff how the person liked to be presented and were told clean shaven. Some records needed to be updated as a consequence of change but they had not impacted on the person whose record it was. We were assured the records would be updated.

Each care file we looked in showed staff had read it as they had signed a front sheet to confirm they had read it and understood the contents.

We saw care plans were reviewed monthly or as support needs changed. We saw for one person this included the involvement of the occupational health department to support them with their mobility. Each person had a key worker who ensured people had everything they needed including toiletries and appropriate clothing. We noted one person's key worker had left and no one had taken over this role. We were assured a new key worker would be allocated to this person.

We spoke with the activities coordinator who told us things had improved. They completed daily activities with people as required. We were told most people prefer one to one attention and we saw one person have their nails painted on the day of the inspection. We were also told how others were supported into the community to visit family.

People we spoke with were happy with how they spent their days and this included reading chatting or watching the television.

## Is the service well-led?

### Our findings

At the last inspection we found the home's policies and procedures were not being followed and implemented in the day to day management of the home. At this inspection we found the old policies and procedures were still available but the new manager was in the process of developing new ones. However, only a limited number of new policies had been formalised. The manager explained that through communication with the staff including a communication book, a handover at every shift, regular team meetings, appraisals for staff and one to one supervisions a different ethos and way of working had been developed. Staff had signed to say they agreed to key procedures including administering medication and the delivering of plans for the care for people. This helped ensure the manager could hold staff to account when and if things were not completed as they should. However the absence of a comprehensive and complete set of policies and procedures does not lend to good quality audit and service improvement planning.

We found the provider had not protected people in the home and the staff working in the home with a comprehensive set of policies. Policies were required to ensure staff were aware of the latest regulations, legal requirements and good practice guidelines for delivering regulated activities in residential services. The absence of these policies leaves people at risk of receiving inappropriate care and support and is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A quarterly audit tool had been developed to monitor the improvements made at the home. This included the manager observing what work was still required to the physical environment of the home. Actions were identified and the work was ticked when completed. However this audit was not supported by risk assessments or smaller monitoring tools. As a consequence some of the risks associated with the building and environment were not recognised. This included the lack of accessible PPE and the locked door leading to the fire exit from the smoking room.

We saw a monthly audit was completed on the medicines and this was working well. Issues and errors were identified and action taken. The improvements in the medication management within the home had begun to embed. From review and redrafting of the policy, the development of local procedures, the implementation of the policy and acknowledgement of staff understanding. This had improved the systems for safe handling and administration of medicines. A monthly audit of medicines processes and action planning had led to continued improvement.

This system of quality auditing was however still to be developed for other key areas within the home including, infection control, care planning and broader and more specific aspects of health and safety. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw minutes of resident and staff meetings which had been held since the last inspection. People were given information and asked for comments on how to improve the home. We also saw some recent surveys had been completed with people in the home, relatives and the staff. The response was predominantly positive and changes had been made to the menu as a consequence of feedback in these meetings. One

issue was raised in June 2016, around the lack of staff but since the number of people in the home had reduced this was no longer a problem.

We recommend the provider ensures appropriate dependency assessments are completed to ensure that if numbers of people in the home increase the staffing is proportionate to people's needs.

At the last inspection a new manager had been appointed. The manager was praised by the staff on duty and the people living in the home. At this inspection the manager in February was now the deputy manager and a new manager was in post. We were told by the new manager and staff that as a team the new manager and deputy are able to provide a professional perspective to all aspects of the home. The new manager had led homes before and had experience of meeting the requirements of the Health and Social Care Act Regulations. Staff told us the manager and deputy made a good team and were both very good and approachable.

People living in the home told us they saw the manager and deputy daily and they took the time to talk to them and make sure they were ok. We were also told the provider would come to the home every week and talk to people to gain a perspective on their wellbeing.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have effective systems to protect people from assessed risks within the environment. We found risks had not all been assessed and action to reduce risks was not identified.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Aspects of the premises and equipment were not clean, were not secure, properly maintained or appropriately located for their intended use.</p> <p>Regulation 15 (1) (a) (b) (e) (f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Policies were required to ensure staff were aware of the latest regulations, legal requirements and good practice guidelines for delivering regulated activities in residential services. A system of quality audit was to be developed.</p> <p>Regulation 17 (1) (2)</p>