

# ADA Care Limited

# Regency Court

## Inspection report

Thwaites House Farm  
Thwaites Village  
Keighley  
West Yorkshire  
BD21 4NA  
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Website: N/A

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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 15 June 2015. The inspection was unannounced.

The service is registered to provide accommodation and personal care for up to 20 people. On the day of our inspection 18 people lived at the home. People who use the service are predominantly older people who live with dementia. The home is situated two miles from the town of Keighley.

The service had a registered manager in place. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care records were not always accurate and did not always contain complete information to demonstrate that risks to people's health and wellbeing were fully assessed, monitored and managed. Pre-admission procedures were in place. However these were not always

# Summary of findings

followed when someone had to move into the home quickly. The management team had identified that care records needed updating and were working to make improvements so that everyone would have accurate, complete and person centred care records in place by the end of July 2015.

All people we spoke with told us they felt safe living at the home. No one raised any concerns regarding their relatives' safety. Accidents and incidents were monitored and action was taken to help reduce risks. However the accident monitoring system needed refinement to ensure all relevant information was captured. Appropriate arrangements were not in place to ensure the proper and safe management of medicines.

We found the premises to be well maintained, clean and secure. Records showed periodic testing was in place to ensure the building and equipment was safely maintained. The home was decorated in a way which sought to promote the wellbeing of people who lived with dementia.

Staff demonstrated a good awareness of how to keep people safe and the correct procedures to follow in the event of an emergency. However, there were not robust procedures in place or being followed to protect people from the risk of being unlawfully deprived of their liberty.

We found sufficient numbers of staff on duty to meet people's needs. People told us there were enough staff available to provide care and they did not experience having to wait. There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff.

Most staff were trained in key areas to enable them to provide effective support. The management team identified where there were training shortfalls and there were plans in place to ensure these were addressed. However, the lack of knowledge of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 and

our observations with regards to the administration of medicines indicated that ongoing competency based assessments of staff knowledge and care practices were required.

People spoke positively about the food and we saw dietary needs and preferences were catered for. Care staff provided discreet and appropriate support to encourage people to eat and drink.

People told us care staff were kind, helpful and treated them with respect. Staff demonstrated a practical awareness of how to respect people's privacy and dignity and how to support people to retain their independence. People told us they felt involved in making decisions about their daily lives and relatives told us staff kept them well informed and they felt included. The service used a variety of ways to seek people's feedback. These views were used to help improve the quality of care provided. When people made a complaint they were listened to and action was taken to put things right so that issues did not happen again.

People spoke positively about the new management team and liked the improvements they had made. The registered manager was committed to positively changing the culture and future direction of the service. However, they were realistic that it would take time to fully change the culture of the organisation and ensure all of their governance systems were fully embedded.

There were not robust audit systems in place to monitor, assess and improve the quality of service provided. Some audits were not recorded or were not yet in place which meant there was not a full audit trail to demonstrate they were effective in improving the quality of care. The service had not identified and acted upon the concerns identified as part of this inspection.

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

Care records did not always contain information to demonstrate that potential risks to people's health and wellbeing were being fully assessed, monitored and managed.

We found the premises to be well maintained, clean and secure. People told us they felt safe living at the home. Staff demonstrated a good awareness of how to keep people safe and the correct procedures to follow in the event of an emergency or if they suspected someone was at risk of abuse.

We concluded there were consistent levels of staff on duty to meet people's needs. Staff were recruited in a safe and effective way.

Inadequate



### Is the service effective?

The service was not always effective.

Staff lacked knowledge and understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. There were not robust procedures in place to protect people from the risk of being unlawfully restrained or deprived of their liberty. There was not always sufficient information within care records to ensure staff appropriately supported people who lacked capacity.

Care plans were in place and being followed to ensure people were supported appropriately at mealtimes. People spoke positively about the food and we saw dietary needs and preferences were catered for.

Staff had received a range of training and were knowledgeable about the people they cared for.

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

Requires Improvement



### Is the service caring?

The service was caring.

The feedback people provided about staff and the standard of care provided was consistently positive. People appeared relaxed and comfortable when staff provided support.

People told us care staff were kind, helpful and treated them with respect. Staff demonstrated a practical awareness of how to respect people's privacy and dignity and how to support people to retain their independence.

Good



# Summary of findings

People told us they felt involved in making decisions about their daily lives and relatives told us staff kept them well informed and they felt included and welcome.

## Is the service responsive?

The service was not always responsive.

Care records were not always complete, accurate and did not always provide appropriate guidance to ensure staff could provide people with responsive care.

Pre-admission procedures were in place. However these were not always followed when someone had to move into the home quickly.

We saw the service used a variety of ways to seek the feedback of people who used the service and their relatives. These views were then used to help improve the quality of care provided.

When people made a complaint they were listened to and action was taken to put things right so that issues did not happen again.

Staff worked hard to ensure people were kept occupied and stimulated with appropriate activities.

**Requires Improvement**



## Is the service well-led?

The service was not always well-led.

The concerns identified with the management of medicines, DoLS and care records had not been identified and acted upon prior to our inspection. This demonstrated there were not robust audit systems in place to monitor, assess and improve the quality of service provided.

Accidents and incidents were being monitored and action was taken to help reduce risk. However the monitoring system did not capture all relevant information.

Some audits were not recorded or were not yet in place which meant there was not a full audit trail to demonstrate they were effective in improving the quality of care.

People spoke positively about the new management team and the improvements they had made. The registered manager was committed to positively changing the culture and future direction of the service. However, they were realistic that it would take time to fully change the culture of the organisation and ensure all of their governance systems were fully embedded.

**Requires Improvement**



# Regency Court

## 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 15 June 2015 and was unannounced.

The inspection team consisted of two 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 providing support to people who live with dementia.

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. On this occasion 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 seven people who used the service and three relatives. We reviewed five sets of care records and 18 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 also spent time observing the care and support provided to people. We also spoke with three care workers, the activities coordinator, cook, deputy manager, care manager, registered manager and a visiting health professional.

# Is the service safe?

## Our findings

The service did not have an up-to-date medicines policy to guide staff in the safe administration of medicines. Without an up to date policy, people were put at risk of not being given their medicines in a safe and appropriate way.

During the morning of our visit we observed a member of care staff administer medicines to three people from memory without referring to the medicine administration record (MAR). It is important that care staff refer to the MAR each time they administer medicines to ensure people are given the right medicines as they are prescribed.

Most medication was administered via a monitored dosage system (MDS) supplied by the pharmacy. This meant the medicines for each person for each time of day had been dispensed into individual compartments. Staff maintained records for medication which was not taken and the reasons why, for example, if the person had refused to take it, or it had dropped it on the floor. However we witnessed staff having to identify medicines within the MDS pod to remove tablets which needed to be dissolved in water. We brought this to the attention of the registered manager who agreed this was not satisfactory and would speak with their pharmacist about this.

Our review of people's MARs and our observations demonstrated medicines were not always being given as prescribed. We saw four people were given a medicine after their breakfast. The prescription stated this medicine should be given 30 to 60 minutes before food in order to reduce the risk of side effects. We also saw one person was given a medicine with their breakfast. The instructions on the prescription were that this medicine should be administered at tea time.

Some people were prescribed medicines to be given only as they were required. These medicines were not supported by a written protocol to ensure staff were clear about when to give people these medicines. We saw examples where as required medicines were not given in an appropriate way. We observed one person sat at a table for over an hour. They appeared calm and relaxed. Without speaking to the person or assessing their mood or level of anxiety a care staff member administered a medicine which the prescriber had instructed should only be given as required to assist in calming the person if they became anxious. We asked the staff member why they had

administered this medicine. They told us; "We give it to keep [the person] quiet or they get in other people's faces." This demonstrated that the approach to giving people medicines prescribed to be given as required was not person centred.

One person was prescribed a pain reliever to be given when they experienced pain. We observed staff administer this person's morning medicines. During which the person commented they were experiencing some pain. Despite this, their prescribed pain relief was not offered. We asked the staff member why they had not offered their prescribed pain relief. They said; "I wouldn't know when to give that medicine."

We saw the medicine trolley was stored in the dining room. Whilst we saw the trolley was kept locked, it was not secured to the wall when not in use. The registered manager assured us this would be dealt with as soon as possible. We saw appropriate storage facilities and recording procedures existed for the management of controlled drugs. Medicines to be stored in a fridge were also correctly stored with the temperature of the fridge being subject to daily checking.

We conducted a sample audit of medicines to check their quantity. We found on all occasions the medicines could be accounted for. This showed us appropriate systems were in place to ensure sufficient stocks of medicines were ordered and supplied. One person had been prescribed warfarin. The appropriate dosage of warfarin was dependent on the outcome of a three monthly blood test. The outcome of the test indicated the dose of warfarin to be given. We saw the registered manager had put a specific protocol for care staff to follow to ensure the blood results were accurately recorded and the correct dose of warfarin dispensed.

Our observations of the administration of medicines demonstrated that staff's training on medicines was not being translated into safe practice. There were not appropriate protocols in place to ensure the safe and proper management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the accident and incident forms completed since April 2015. We saw staff were not always completing the forms with all relevant information, such as the location of the incident or the names of staff involved. We saw evidence staff took appropriate action to reduce risks

## Is the service safe?

following an incident. However, people's care records were not always reviewed and updated following an incident. For example, we saw records to show one person had fallen on 10 April and 8 June 2015. However their care records, including their falls risk assessment, mobility care plan and dependency rating had not been reviewed since 9 April 2015. This meant they had not been updated to reflect these incidents.

Whilst we saw that known risks were being pro-actively managed. People's care records did not always contain sufficient information to ensure care staff took appropriate action to protect people from risk. For example, one person was assessed as being a 'very high risk' of developing pressure sores so staff completed a turning chart to document when they had turned their position. We reviewed the turning chart for February 2015. The information recorded was variable. On some days staff had documented up to eight position changes, whilst on other days only one or two turns were documented. The registered manager explained this person only had their position changed whilst in bed. They said some days this person wanted to spend most of the day in their specialist wheelchair, during which time they did not need their position changing as often. However, there was no information within this person's care records to reflect this or to explain how often staff should change their position when they were in bed. This risked that staff would not take appropriate action to help reduce the risk of pressure sores for this person.

Overall we found care records were not always accurate and complete and did not always contain information to demonstrate that potential risks to people's health and wellbeing were being fully assessed, monitored and managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and deputy manager showed us around the home. We found the premises to be well maintained and secure. Bedrooms and communal areas were clean and appropriately furnished. There was a secure garden area which we saw people accessing throughout the day. One person who used the service told us; "I like pottering about in the garden, I can't walk very far but it's nice to get some fresh air." The service had a maintenance contractor who attended to improvements and repairs. During our tour of the building the registered manager told

us that they had recognised that the existing window restrictors did not conform to current health and safety guidance. They showed us that new restrictors had been delivered and the maintenance contractor was booked in to fit them at the end of week. Following our inspection, the registered manager sent us photographs to show the new restrictors were in place, they confirmed these had been fitted to all windows in the home.

Our review of records showed that regular maintenance and checks of the building and equipment were in place to help keep people safe, such as fire alarms, the stair lift, hoists and gas and electrical appliances. Personal Emergency Evacuation Plans were in place which explained the support people would need in the event of an emergency such as a fire. Care staff were able to tell us what they would do in the event of an emergency.

All of the people we spoke with told us they felt safe living at the home. No one raised any concerns with us regarding their relatives' safety. One person told us; "[My relative] is really happy here, I wouldn't leave them anywhere I felt they were unsafe or not being well cared for." Another relative told us; "There are always staff sat with them to make sure people are safe."

During our observations we saw staff demonstrated an awareness of appropriate actions to help keep people safe. For example, they ensured walking aides were left where people could access them if they wanted to move independently around the home. We also saw examples where staff took time to calm people's behaviours and provide positive distractions to help reduce the risk of anxiety or behaviour that challenged. We also saw that staff protected people in a positive way. For example, during breakfast one person propped open the door to the garden. A member of care staff recognised this was causing other people to become cold so politely prompted the person to use another door to access the garden until the temperature warmed up.

Safeguarding and whistleblowing procedures were in place which provided guidance on the different types of abuse and the agencies to report concerns to. Information about how to raise a concern was also displayed on the notice board in the main office. Care staff were trained and confident about how to identify different types of abuse and what processes they would follow if they suspected someone was at risk of abuse. One care staff member told us; "I would pass on any concerns to the manager and



## Is the service safe?

make a referral to safeguarding if needed.” Another said; “I would report concerns to the manager or person in charge of the home and would be prepared to go to the Care Quality Commission with my concerns.”

Our observations of care delivery, the organisation and leadership of staff and review of six consecutive weeks duty rotas demonstrated there were enough staff available to meet people’s needs. People told us there were enough staff available to provide care and they did not experience having to wait. Comments people made included; “There are enough staff” and “They always come to see me when I need some help.” Care staff told us they were able to provide the care people needed. One staff member said; “There are enough staff on duty to provide care and we work as a good team supporting each other.” During our observations we saw staff responding promptly to people’s requests for assistance, for example when people asked for support with mobilisation. We also noted a constant staff

presence throughout the communal areas of the home. We observed care staff were responsible for laundry duties. Our observations on the day of our inspection did not see this impacting on the staff’s ability to deliver timely care. The registered manager confirmed laundry duties came second to care.

We looked at four staff files which included staff recently recruited. There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. Disciplinary procedures were in place and the registered manager explained how they had recently used these to dismiss some care staff. This showed they were confident to take action to protect people who used the service by challenging unsafe and inappropriate staff practices.



# Is the service effective?

## Our findings

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found staff's collective knowledge of the Mental Capacity Act 2005 and DoLS to be insufficient to ensure care was provided in accordance with the principals of this legislation.

At the time of our inspection no people were subject to DoLS authorisations. The registered manager had started to complete several DoLS authorisation forms. However these had not been submitted to the supervisory body for assessment. Our observations of the environment and review of records showed the service used a number of methods which may have constituted a deprivation of liberty. The registered manager assured us they would, as a matter of urgency, review all people at the home and seek authorisation from supervisory bodies where necessary. We saw one of the ten people who may have been being deprived of their liberty did not have any close relatives or friends to help make decisions about their care. The registered manager assured us they would inform the supervisory body of this to ensure this person had access to advocacy. Following our inspection, the registered manager confirmed they had completed DoLS applications for all people who may have been deprived of their liberty. The applications were sent to the supervisory body for review in order of risk so that they could prioritise the cases effectively.

Control and restraint of people using services can take a variety of forms. It can be physical, mechanical, environmental and chemical. It is important that services have clear procedures to protect people from the risk of unlawful restraint. The service had no formal restraint policy in place and no protocol for the use of as required medication. This put people at risk of unlawful restraint. It also meant there was no guidance to ensure staff adhered to a philosophy of care which focused on the least restrictive option when trying to calm people's behaviours. We saw evidence of staff successfully using de-escalation techniques to ensure physical restraint was not used in the home. We saw one example where staff gave a person a medicine prescribed to calm their behaviour during times of anxiety whilst this person appeared calm and relaxed.

Overall we found an absence of appropriate systems to ensure staff acted in accordance with the relevant

legislation to protect people from the risk of being unlawfully deprived of their liberty. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff explained they always asked people's consent before they provided any support and continued to talk to people while they assisted them so they understood what was happening. They also respected people's right to refuse care and treatment. The people we spoke with and our observations confirmed this.

We found that where people were assessed as not having capacity to make certain decisions, there was not always appropriate information within care records to ensure staff supported people in the most appropriate way. For example, one person's cognition care plan stated; 'Due to my dementia my capacity fluctuates which makes it difficult to make decisions that are in my best interest. I am also unable to communicate these.' We spoke with care staff about this person and they were able to tell us what actions they took to help this person make decisions on a day to day basis. They told us that if the person was unable to make a bigger decision, such as to do with their health, medication or finances, they would inform the registered manager so that a best interest meeting could be arranged. However, there was no further information within this person's care records about how this person should be supported to make decisions. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans recorded whether someone had made an advanced decision on receiving care and treatment. Where 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions had been made the correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the healthcare professional completing the form. Care staff knew of the DNACPR decisions and were aware these documents must accompany people if they were to be admitted to hospital.

People's nutritional status was assessed to check if they were at risk of malnutrition. Care plans were in place which provided staff with information about what foods people liked and how to manage any dietary needs or preferences. Care staff were aware of people's specific dietary needs and we saw evidence of support being given in line with people's care plans. For example, the speech and language

## Is the service effective?

therapist recommended one person had their fluids thickened due to the risk of them choking. We saw evidence of their fluids being thickened during mealtimes and care staff and the cook were all aware of how to do this.

During our inspection we observed breakfast and lunch. We saw staff offered choices and provided discreet assistance and encouragement to ensure people ate sufficient quantities. People were offered drinks and snacks at regular intervals throughout the day. We noted there was only one hot food option available at lunch time. However, the cook explained that if people did not like the hot choice available they would make them something else such as a baked potato or omelette. The people we spoke with confirmed this and told us the food was of a good standard and there was always plenty available. The cook explained they were reviewing the food menus and would be involving people in this process to ensure people's preferences were catered for and that more choices were included. The cook had a good knowledge of people's dietary needs and how to cater for them. For example, they explained how they made specialist puddings and showed us there were alternative foods available for people who were diabetic or gluten intolerant.

Staff told us and records showed that staff had regular supervisions and appraisals. We also saw that care staff new in post completed an induction which included all

mandatory elements of training and shadowing sessions. We looked at the past years records of delivered training which demonstrated most staff had completed training in key areas which included; moving and Handling, Pressure Ulcer Prevention, Food Hygiene, Equality and Diversity, Safeguarding, Fire Safety and Visual Impairment. We found some staff had not attended recent refreshes of their mandatory training. However the management team had identified where there were shortfalls and there were plans in place to ensure all training shortfalls would be addressed by the end of 2015. Despite the training and support staff received it was clear from the issues identified with medicines and MCA and DoLS, that the management team did not continually assess care staff's competency to ensure they had fully understood their training and continued to adhere to best practice. We discussed this with the registered manager who said they would look to address this as an immediate priority.

Care records showed the involvement of a range of external health professionals in peoples care and treatment including; GPs, district nurses, speech and language therapists, dentists and podiatrists. We spoke with a visiting health professional on the day of our inspection. They told us staff tried to, "Make an effort to stimulate people" and were, "Welcoming." They said they always found the home to be clean and that people, "Appeared to be well cared for".

# Is the service caring?

## Our findings

Our observations of people's body language and facial expressions showed us that people responded positively to staff interactions and appeared relaxed and comfortable when staff provided support. The feedback people provided about staff and the standard of care provided was consistently positive. One person who used the service told us; "If you want me to give you a mark then it has to be 10/10 for this place and the staff." Another person said; "It's nice, I know the girls, I like it." Whilst someone else told us; "It's lovely here, you can have anything you want."

People appeared comfortable, well dressed and clean which demonstrated staff took time to assist them with their personal care needs. One person told us; "[My relative] is clean, comfortable and well cared for. What more could I ask for?" Another relative said; "[My relative] always seems clean, tidy and nicely dressed when I visit. I have never noticed that the home smells in over a year of visiting."

Care staff were able to provide detailed information about how people liked to be supported in each aspect of their daily life. This showed us they knew people well and we saw this was translated into personalised care and support. They tried to make people feel at ease by using familiar conversation or objects to discuss with them. We also saw several examples where staff took prompt and effective action to keep people calm, reduce anxiety and provide reassurance where needed. This showed staff knew potential triggers and effective strategies to help reduce the risk of behaviour that challenged. We observed a calm and relaxed atmosphere in the home.

The new format for care records contained detailed information about people to enable care staff to provide person centred care. We saw specific information about

people's dietary needs, their likes and dislikes, lifestyle and the social and leisure activities they enjoyed participating in. For example, one person had a care plan which detailed 'how my dementia affects me.' This provided personalised information about how their dementia affected each aspect of their life so staff could understand the impact living with dementia had on this person. Care staff spoke of the importance maintaining people's independence by encouraging people to retain control of tasks which they were still able to do for themselves. Care records supported this approach by providing information about what aspects of their daily routine people could still do for themselves.

All people we spoke with told us care staff were kind, helpful and treated them with respect. We observed a number of practices which demonstrated care staff had an awareness of the importance of respecting people's privacy and dignity such as; knocking before entering people's bedrooms, calling people by their preferred name and discretely offering people support with their personal care. We looked in two shared bedrooms and saw there were curtains in place so that people could obtain privacy if they wished.

People told us they felt involved in making decisions about their daily lives. Relatives also said staff kept them informed of any changes and regularly asked for their input and advice in how to care for their relative. For example, one relative described how the registered manager had contacted them to explain that their relative had been given some antibiotics by their GP. They also told us; "We recently had to discuss [my relative's] end of life care needs. Staff approached this difficult conversation with sensitivity, understanding and sympathy." We saw visitors were welcome throughout the day and people were supported to visit with friends or relatives in their own rooms, the communal lounge, garden or quieter conservatory area.

# Is the service responsive?

## Our findings

The registered manager explained that the management team were updating all care records into a new format. We reviewed two people's care records which had been completed in this way. We found those records contained detailed and person centred care plans and risk assessments. However, we reviewed three sets of records which had not yet been fully updated. These did not contain complete information. For example, two sets of care records did not have a date of completion on care plans or risk assessment. This meant it was difficult to establish when these documents were due for review. We also saw two people's care records only had a basic support plan in place. The detailed care plan documentation and risk assessments were not completed. This risked that care staff did not have sufficient information to provide these people with safe and effective care. The registered manager said they planned to ensure everyone had an accurate, complete and person centred care plan by the end of July 2015.

We found pre-admission assessments had been completed before most people had moved into the home. The registered manager explained that they usually visited the person in their home or hospital prior to them coming to live at the service. They said that this process enabled them to fully assess that the service was right for them and that staff could meet the person's individual needs. They explained that the provider did not put pressure on them to accept admissions and they had the authority to refuse people's admission if they felt the service was not appropriate for them. The registered manager explained that the information gathered during the pre-admission assessment was then used to ensure a meaningful care plan was constructed.

One person did not have a pre-admission assessment in place and only had limited information within their care records. The registered manager explained this person had been an emergency admission so the usual process had not been followed. The person had lived at the home for over a month but staff had still not devised an appropriately detailed plan of care. This put this person at risk of receiving care which was unsuitable and not responsive to their individual needs.

Overall we found care records were not always complete or accurate and did not always provide appropriate guidance to ensure staff could provide people with responsive care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained they operated an open door policy whereby people could come to them at any time to discuss amendments to the way their care was delivered. The people we spoke with confirmed this and provided examples where they had done this and changes had been made. For example, one person explained how the registered manager had consulted them about whether they would be happy for their relative to move to a downstairs room to reduce the risk of them falling. Despite people telling us they felt involved, the registered manager said they recognised that a more formal review process was required so people were consistently involved in discussions about how their care was delivered. They told us the care manager was introducing a care review system whereby people and their relatives would be involved in six monthly care reviews. They showed us the first three reviews had been booked in for July 2015. We were therefore unable to assess the effectiveness of this system as part of this inspection.

We saw the service used a variety of ways to seek the feedback of people who used the service and their relatives. There was a suggestions box in reception and satisfaction questionnaires were sent out asking people and their representatives their views of the service every six months. The results of the survey carried out during March 2015 had been used to develop a plan to address the issues raised. Comments made by relatives included; "I am really pleased to have been asked for my views; I have no concerns at all." Another relative commented; "The outdoor area is a real improvement, it is good to see our comments are acted upon."

We saw regular residents meetings took place. Written records of the meeting were kept which indicated a wide range of subject for discussion. We saw evidence of comments made at residents meetings being translated into environmental improvements. For instance comment had been made about the need for redecoration which we saw had been partially addressed with a plan to continue

## Is the service responsive?

the outstanding areas. One relative told us; “They keep you informed when things change. I went to a residents meeting recently and it was good to be updated about what’s going on and planned for the future.”

The registered manager told us the service had a complaints procedure, which was provided to people and their relatives. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them. We looked at the complaints register to find one written complaint had been received since our last inspection. The subject of the complaint was staff attitude. The file contained correspondence with the complainant which showed the manager had dealt with the matter effectively. People told us they knew how to raise any concerns or issues they may have. People who had done so told us they felt the management team had listened to them and responded well to address the issues they had raised. One person told us; “Staff seem to really know [my relative]. When we have raised things with them in the past they seem to listen to what we have to say and put things right.”

We found the home was decorated in a way which sought to promote the wellbeing of people who lived with dementia. The registered manager explained how prior to redecorating the home they had consulted various publications to choose a bright and vibrant colour scheme

and design which was appropriate and stimulating for people living with dementia. We saw there were themed corridors, entranceways, memory boxes and interactive items on the walls. We saw the service had involved people in creating these themed spaces. There was also an orientation date board which was up to date upon arrival at 8am.

The home employed an activities coordinator who worked five hours on three days. The registered manager explained they had recruited another person a role to cover five hours for three other days. They were undergoing pre-employment checks. We saw staff worked hard to ensure people were kept occupied and stimulated with appropriate activities. Some people were encouraged to participate in group activities such as bingo, whilst others were provided with individual interaction where staff encouraged them to go for walks in the garden or complete jigsaws because staff recognised they would not benefit from group based activities. We saw there was also a schedule for ‘music Fridays’ when a musical entertainer came into the home. People told us this was something they enjoyed. One relative did comment that there did not seem to be, “A lot going on” and that they felt people would benefit from more trips out. The registered manager said this was something they were looking to address through employing an additional activities coordinator.



# Is the service well-led?

## Our findings

During this inspection we identified concerns with regards to how medicines were being managed and found appropriate procedures were not in place to ensure staff acted in accordance with the relevant legislation to protect people from the risk of being unlawfully deprived of their liberty. We also found care records did not always contain complete and relevant information to ensure effective and safe care could be provided. These issues had not been identified and acted upon prior to our inspection. This demonstrated there were not robust audit systems in place to monitor, assess and improve the quality of service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager monitored accidents on a weekly basis. We saw they had identified trends and patterns and taken action to help reduce the risks of people falling again or of incidents re-occurring. However, their analysis tool did not capture the names of people or staff involved in incidents. This risked that patterns and trends relating to individuals may not have been identified and acted upon. We spoke with the registered manager about this and they recognised that their monitoring system needed refinement to ensure all information was captured and analysed. They said this would be addressed as a matter of urgency.

Our review of care records showed they did not always contain complete, accurate and appropriate information. The registered manager explained they had recognised the existing format of care records was not fit for purpose. The management team were collectively reviewing and updating all care records and converting them into a more improved format. The registered manager explained they intended to complete this by the end of July 2015. Senior carers would then be trained to take over responsibility for developing and maintaining care records. The registered manager explained this would enable the management team to take responsibility for monitoring the content. They showed us the documentation they had developed to enable them to complete audits of care records. However, because they had not yet commenced we were unable to test their effectiveness as part of this inspection.

Some checks completed by the registered manager had not been recorded. This meant there was not a full audit

trail to demonstrate they were effective. The registered manager told us they completed a weekly check of the building to ensure the environment and standard of cleanliness were acceptable and that room checks were being correctly completed by care staff. They provided examples to demonstrate that these checks effectively identified and acted upon issues, for example, they had recognised that the window restrictors did not conform with current health and safety guidance so had ordered new restrictors to replace them. However, without a full audit trail this risked that future issues may not have been formally identified and acted upon. The registered manager said they would ensure any checks and audits completed in the future were recorded and action plans were kept to evidence where improvements were made.

Since our last inspection the registered manager had appointed a new management team which included a deputy manager and a care manager. They explained that whilst the management team worked closely together, this additional support enabled them to delegate some responsibilities and ensure all management responsibilities could be covered in the event of their absence. People's comments about the management team were positive and many people commented on the changes and improvements they had made. One person said the home was now, "Better than it was", whilst another person said the new team were, "Approachable and brought lots of fresh ideas."

It was clear from our conversations with people and staff that the registered manager was committed to positively changing the culture and future direction of the service and had involved care staff in this process. They had arranged a staff training day to ensure everyone was aware of the changes to the CQC's inspection methods and regulations and to involve staff in discussions about how the service could be improved. The care staff we spoke with were committed to and supportive of these changes. One staff member told us; "The new Manager is excellent, you can see the difference in staff morale, I enjoy working here now." People and staff also commented on the tangible changes in the environment which made it a much nicer experience for the residents and staff alike. The registered manager was realistic that it would take time to fully change the culture of the organisation and ensure all of their governance systems were fully embedded and refined. They also had a clear plan about where further improvements were required and what areas still needed

## Is the service well-led?

to be addressed which they prioritised in order of risk. Their commitment to improving the experiences of people living with dementia was central to their plans and was reflected by the entire staff team.



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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Appropriate processes were not in place to ensure service users were not being unlawfully deprived of their liberty. Regulation 13 (5)

Appropriate arrangements were not in place to ensure restrictive practices were lawful and necessary to prevent or reduce the risk of harm to the service user or another individual. Regulation 13 (4) (b).

### 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).

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	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)

**The enforcement action we took:**

**We served a warning notice on the registered manager and provider which had to be met by 15 September 2015.**