

# Roche Healthcare Limited

## Somerset

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on the 28 and 29 June 2016 and was unannounced. At our last inspection of the service on 26 September 2014 the registered provider was compliant with all the regulations in force at that time.

Somerset is registered to provide nursing and personal care for up to 46 people. The service supports older people, some of whom may be living with dementia and people with a physical disability. The home was once the village rectory in Wheldrake, which is about eight miles south of York. It is owned by Roche Healthcare Limited. The service is in the centre of the village and is set in mature, well maintained gardens. Somerset provides en-suite accommodation on two floors and there are two vertical passenger lifts to aid access to the upstairs rooms. At the time of our inspection there were 40 people using the service.

The registered provider is required to have a registered manager in post and there was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The recording and administration of medicines was not being managed appropriately in the service. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were insufficient numbers of suitably qualified, skilled and experienced persons employed in the service to meet people's needs. The registered provider had employed a number of agency staff to fill the staff vacancies, but some people still felt vulnerable and did not feel the level of care always met their needs. We found that the staff induction, training and supervision programme was not robust and did not offer staff sufficient support to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 (1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

There were insufficient working bathrooms for the number of people using the service. This was a breach of Regulation 15 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that there was a quality assurance system in place but it was not always effective. During our inspection we had a number of concerns about staffing levels, staff induction, training and supervision, medicine management, the dining experience of people using the service and the involvement of people in developing their care plans. These issues had not been identified by the registered provider's monitoring systems. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the home. However, the dining experience in the service could be improved. We have made a recommendation in the report about this.

The environment within the service was comfortable, clean and homely, but it did not reflect current best practice in dementia friendly design. We have made a recommendation around this in the report.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and staff had been employed following appropriate recruitment and selection processes.

We observed kind and caring approaches from the staff team. People's privacy and dignity were respected.

Staff provided people with explanations and information so they could make choices about aspects of their lives. Staff were overheard speaking with people in a kind, attentive and caring way. There were positive comments from relatives about the staff team and the staff team demonstrated to us that they had a good understanding about the Mental Capacity Act 2005.

We found that some people who used the service had limited input in the development of their care plans, but they were consulted about their day-to-day needs. Relatives said they were consulted about their family member's care and treatment when the person using the service lacked capacity.

People had access to external gardens and community facilities and most participated in the activities provided in the service. We saw that staff encouraged people to join in with social activities, but respected their wishes if they declined. Families and friends were made welcome in the service and there were unrestricted visiting hours each day.

The staff described the culture of the service as open and friendly, they also told us about the positive team approach and that they enjoyed coming to work. People said the registered manager was open, honest and easy to talk with and always available to them if needed.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not always safe.

The recording and administration of medicines was not being managed appropriately in the service.

There were insufficient numbers of staff on duty to meet the needs of people who used the service.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding vulnerable adult's procedures.

**Requires Improvement** ●

### Is the service effective?

The service was not effective.

Staff did not always receive relevant training and supervision to enable them to feel confident in providing effective care for people.

People were given sufficient meals and drinks to meet their needs. However, the dining experience and how people were supported with their nutrition and hydration needs was not always appropriate.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with kindness, respect and compassion. The care and treatment of people was person centred, met their needs and reflected their preferences.

We saw that people's privacy and dignity was respected by staff

**Good** ●

and this was confirmed by the people who we spoke with.

### Is the service responsive?

**Good** ●

The service was responsive.

We found that some people who used the service had limited input in the development of their care plans, but they were consulted about their day-to-day needs. Relatives told us they were consulted about their family member's care and treatment when the person using the service lacked capacity.

Staff encouraged people to join in with social activities, but respected their wishes if they declined.

People knew how to make a complaint and those who spoke with us were happy with the way any issues they had raised had been dealt with.

### Is the service well-led?

**Requires Improvement** ●

Some aspects of the service were not well-led.

Record keeping within the service needed to improve. We saw evidence that medicine records and fluid balance records were not always accurate or up to date.

We found that there was a quality assurance system in place but it was not always effective. We found during our inspection that staffing levels, staff induction, training and supervision and medicine management were being audited but we had concerns about these areas of practice, which made us question the effectiveness of the audits.

# Somerset

## 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 registered 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 28 and 29 June 2016 and was unannounced. The inspection team consisted of two adult social care (ASC) inspectors on the first day and one ASC inspector on the second visit.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. As part of the inspection process we contacted the City of York Council (CYC) Contracts and Monitoring Department and CYC Safeguarding Team who informed us that they had no concerns about the service. We asked the registered provider to submit a provider information return (PIR) prior to the inspection and this was returned within the given timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the inspection we spoke with the registered manager, the area manager and the deputy manager and four staff members. We also spoke with one visiting health care professional. We then spoke in private with three visitors and eight people who used the service. We observed the interaction between people, relatives and staff in the communal areas and during mealtimes.

We spent time in the office looking at records, which included the care records for five people who used the service, the recruitment, induction, training and supervision records for three members of staff and other records relating to the management of the service.

# Is the service safe?

## Our findings

At the time of our inspection there were 40 people using the service, 35% of which were people who needed residential care and 65% required nursing care. We asked people who used the service if they felt there were enough staff on duty and if staffing levels ever impacted on their quality of life such as having to wait for care or not being able to attend activities. The responses we received were a mix of both positive and negative comments.

One person told us, "I think the home is good, they have had a small staffing problem for some time. The registered manager works hard, they make sure I have familiar faces and I don't see a lot of the agency staff. The impact of staffing problems is less on me as staff always make sure my exercises are done." Other comments we received included, "Yes, they are really caring and one or two staff are excellent" and "During the day there is enough staff. Occasionally there is not enough on nights. It doesn't really affect me." One visitor told us, "Yes there are enough staff, I have no complaints at all."

One individual told us, "The staffing levels are not good. There doesn't seem to be sufficient staff to cover the needs of the people here. It doesn't affect me really apart from we have to wait longer for attention. There can be a twenty minute wait if you press your call bell." We pressed the buzzer for this person at 11:32am and staff responded within two minutes. The staff who attended were kind and attentive. The person using the service felt unwell and staff asked them if they wanted the nurse and they were given the call bell and asked to ring if they felt any worse.

One staff member told us, "Staff have a rapport with people and the environment is homely but professional. Even the agency staff are caring, it feels like they are part of the team. Recently there have been agency used in the last three weeks; it seems to me that the same agency staff are coming back. There is generally enough staff on duty and the service is well organised."

The registered manager told us, "There have been staffing problems with recruitment. This area is very rural and the bus service is not so good. We are using a new agency which is more reliable than past ones and we are getting the same staff on a regular basis which is better for people using the service." The registered manager told us that the registered provider had purchased houses in the village for the overseas staff to rent so they were close to the service and work.

Discussion with the registered manager indicated that the service did not use a dependency tool to calculate the levels of staffing in line with the needs of people using the service. This meant people were at an increased risk of there not being sufficient staff on duty.

We found there was no written evidence to show that agency staff received a thorough induction prior to starting their first shift in the service. The registered manager said that agency staff were shown around the service by the nurse on duty and their verbal induction included an explanation of the medicine system. This meant people were at an increased risk of receiving care from agency staff who were not familiar with the working practices of the service.

One person using the service said, "It has been awkward these last few months as it's the end of the holiday year and staff have to get their holidays in. So there has been a lot of agency and it has been a problem when you get complete strangers you have never seen before at night coming to get you undressed. Maybe I am a bit sensitive; it is the night time that worries me."

Checks of four weeks staff rotas showed that levels of staffing fluctuated even with the use of agency staff. For four days each week there was one nurse on duty and for the other three days there were two nurses on duty. Care staff were covering kitchen duties two days a week, although the registered manager said this was not a regular occurrence and was only to cover holidays. Only one ancillary staff was on at a weekend and they provided cover as a domestic and laundry assistant. Staff told us, "There is only one cleaner at the weekend. It is sometimes difficult to get everything done. The communal areas are cleaned and domestics put jugs of water out then clean the bedrooms. Rooms are cleaned every day" and "All the staff pull together and provide the best possible care for people using the service."

We observed during the inspection that meals were late going out, the medicine round was lengthy and people were not getting enough baths; some people also said they had to wait for assistance. We also told the registered manager that one person said they were putting on their own medicated cream as the staff were too busy to do this. The area manager and registered manager told us that last year there had been huge problems with staffing levels but this was being resolved. There was on-going recruitment for one night nurse, two night care staff and three care staff for day shifts. The plan was that from August 2016 the gaps in the staff would be recruited to and agency usage would be stopped.

This was a breach of Regulation 18 (1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the medicines policy and procedure had been reviewed and updated in 2015 to ensure it contained current guidance on best practice with regard to administering medicines within a care service. People we spoke with said their medicines were administered on time and were always available when needed. One person said, "I have one tablet a day and I get this more or less at the same time each day." The registered manager had completed a monthly medicine audit for May 2016 and this audit showed they found no concerns.

We looked at how medicines were managed within the service and checked 19 medication administration records (MARs). The qualified nurses informed us that they had received training on the handling of medicines every one to two years. This was confirmed by our checks of the staff training plan and staff training files. However, we found unsafe practices around the administration and recording of medicines.

Topical medicine charts were in use for the application of external use creams and lotions. However, we found that instructions for use of these medicines were vague or not recorded on the charts and staff were not signing when they administered these. This meant we could not be certain that these were being administered appropriately and as prescribed.

Controlled drugs (CDs) were regularly assessed and stocks recorded accurately. CDs are medicines that are required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. Checks of the CD record book showed that these were all accounted for and the records were accurate. However, we noted that staff did not follow best practice and have a hand written index at the front of the CD record book. This meant staff had to search through the pages to find the person whose medicines they were administering, which was time consuming.



Medicines that required storage at a low temperature were kept in a medicine fridge. The temperature of the fridge and the medicine room were checked daily and recorded in order to monitor that medicine was stored at the correct temperature. We found that the daily records from 1 June to 28 June 2016 showed that the room temperature had exceeded 25 degrees centigrade on five occasions and had exceeded 24 degrees centigrade on six occasions (the maximum recommended temperature for room storage of medicines is 25 degrees centigrade). This meant medicines may not have been fit for use and increased the potential risk of harm to people who used the service.

Checks of the MARs showed that one person did not have a photograph on their file for identification. Given that the service used a number of agency staff including nurses this presented an increased risk of errors as the nurse could not visually check who the person was that received the medicine they administered. Information we were given showed that over 50% of the people using the service were living with dementia or had a medical condition that meant they were unable to speak, so would be unable to confirm their name to the member of staff. It was therefore essential that staff had a clear understanding of who was who in the service to ensure people received the correct care and treatment. The registered manager told us that if in doubt the agency staff would check with the permanent staff on duty, as to the identity of the person using the service.

We looked at ten people's MARs and found a number of missing staff signatures on three people's MARs which made it difficult to know if people had received their medicine or not without doing a visual count of the stock held. Those checks we did carry out indicated the medicines had been given but the MARs had not been signed. We did find evidence that on one occasion one person had not been given their tea time medicines (including specific medicine to manage their medical condition). This could have had a negative impact on their health and wellbeing.

We looked at the 'returns' book where the nurses logged any unwanted or unused medicine that was to be returned to the pharmacy. We saw that one nurse had signed the book to say two medicines had been put into the green 'returns' containers in the locked cupboard. However, good practice would be for two staff to complete all disposals of medicines to reduce the risk of mishandling of medicines.

This is a breach of Regulation 12 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We asked people if they felt safe, if the staff assisting them had the right skills and if they felt the premises were safe and secure. Comments included, "Yes I feel safe, I just feel like I am secure" and "I do feel safe. If you ring for help the staff come straightaway, you don't have to wait too long. Or they say they will come back and they do." However, one person did say they felt nervous at times as a person living with dementia had walked into their room. They went on to say, "The registered manager came down and said they were very sorry and told me the person was here temporarily. Apart from that I feel very safe."

The provider had policies and procedures in place to guide staff in safeguarding vulnerable people from abuse (SOVA). The registered manager and the members of staff on duty were able to clearly describe how they would escalate concerns, both internally through their organisation or externally should they identify possible abuse. Discussion with the local council's safeguarding and commissioning team prior to our inspection indicated they had no concerns about the service.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment serviced included the fire alarm and the

nurse call bell systems, moving and handling equipment including hoists, portable electrical items, electrical systems, water systems and gas systems.

Clear records were maintained of daily, weekly, monthly and annual checks carried out by the maintenance person for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window opening restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service.

The fire risk assessment was reviewed by the registered manager in February 2016. However, we noted a minor concern during our inspection. We saw that one bathroom was being used as a store room. This facility did not have a fire detector within it and therefore was a potential fire risk. Following feedback to the registered manager on our first day, a member of the Estates team visited the service and on the second day of our inspection we found the bathroom was cleared of non-essential items.

Personal emergency evacuation plans (PEEP's) were in place for people who would require assistance leaving the premises in the event of an emergency. These were located in people's care files. Discussion with the registered manager indicated these were also together in one file as part of the 'Grab and Go' equipment that staff used in an emergency.

We asked the registered manager about the registered provider's business continuity plan for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. We were told that this was not at the service at the time of this inspection but would be available for our next visit. They were able to discuss with us what would happen if there was a need to evacuate the premises and move people to other accommodation in an emergency.

We looked at the recruitment files of three members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. The registered manager carried out regular checks with the Nursing and Midwifery Council to ensure that the nurses employed by the service had active registrations to practice. We saw that the registered manager ensured they had agency profiles for each agency staff; these had photographic identities on them and included information on the member of staff's training, employment checks and qualifications to practice as a care assistant or nurse (where relevant).

Care files had assessments in place, which identified how risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe. We found that any health and safety risks were identified and actioned as needed. We were given access to the records for accidents and incidents which showed what action had been taken and any investigations completed by the registered manager.

## Is the service effective?

### Our findings

Some areas of the environment required improvement. We found that the service only had one working bathroom for 40 people. This meant people had a limited choice and opportunity for bathing. One person said, "I get a bed bath once a week and have my hair washed. They give me a general wash every day." Checks of the bathing records indicated most people only had one bath a week and some people told us they would like more if this was available. We saw the shower facility was not in use as the internal light did not work and the space was filled with clinical waste bins and clothing skips. Staff were also storing aprons and gloves in this area. The upstairs bathroom was used as a store room. It had several mattresses, plastic waste and paper waste stored in this area, which may have been a fire risk. Following our feedback at the end of day one of the inspection the registered manager contacted head office and on day two a representative from the registered provider's estate management team arrived. They cleared the bathroom and we were told they were considering the best way to update the bathing facilities within the service to make them fit for purpose.

There were three staff teams working in the service. One team worked downstairs and two upstairs. Each team held its own information folder, which included job allocations for staff and a list of the people the team were supporting. There was a daily list of which staff were to attend to which person. In one file we looked at the records of general baths carried out and the documentation indicated that in one week only 10 of the 14 people had one bath each. Four people had nothing recorded for them. This was fed back to the registered manager at the end of day one of the inspection and they told us the four people received bed baths but staff had not recorded this.

This was a breach of Regulation 15 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the staff induction, training and supervision programme was not robust and did not offer staff sufficient support to enable them to carry out the duties they were employed to perform.

The registered manager showed us the induction paperwork completed for staff in their first three months of employment. We found that the registered provider used the 'Care Certificate' induction that was introduced by Skills for Care in April 2015. Skills for Care is a nationally recognised training resource. We noted that some of the Spanish staff had some trouble understanding the booklets and the registered manager said "They need more one-to-one time with a trainer." The registered manager had spoken to the registered provider about this but so far there has been no response. They assured us that this would be followed up.

There was a rolling programme of training which all staff had to attend. We were given copies of the training plan for 2015 and 2016 which showed that the majority of staff had completed the subjects the registered provider considered mandatory for the service in 2015. Where gaps had been identified, staff had been booked on training in 2016 and were attending these sessions as places became available. However, at the time of our inspection there remained a number of staff who needed to complete refresher training in

moving and handling, fire safety, mental capacity and DoLS, safeguarding adults, infection control and equality and diversity. Discussion with the registered manager indicated they were aware of what training was required and were taking action to ensure it was completed.

Training was discussed during supervision and recorded in the staff files and we were given access to these records during our inspection. The registered manager told us that training had been difficult over the last two years due to the staffing problems and staff having to travel to attend training, when the majority did not drive. We saw that training dates had been booked for the staff, including transport, and we were given a list of pending dates. We noted that staff were to attend training at the Mansion House (sister service) for moving and handling, fire safety, infection control and food hygiene on 27 July 2016 and 2 and 3 August 2016.

Three nurses were booked to complete bladder and bowel training at York Hospital on 20 September 2016 and 4 October 2016. Catheterisation training was booked for five nurses in September, October and November 2016. Three nurses were due to complete syringe driver training at York hospital on 23 September 2016. Staff said, "The training is very good" and one staff member told us, "All my training is up to date both essential and service specific." They discussed the specialist training they were completing in order to manage the needs of one person using the service.

We saw that supervisions were taking place, but the records of what was discussed were very basic. They did not comment on people's abilities, but documented the topics covered during the meeting. However, the staff told us they felt very supported by the registered manager and their open door policy meant that staff could talk to them when they needed to. The registered manager was aware of the limitations of the supervision records and told us how they planned to improve the documentation.

This is a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the environment within the service was comfortable, clean and homely. People told us they had no problems navigating around the service and that there was plenty of room for them to move around with their walking aids such as wheelchairs and walking frames. The service had accessible outdoor spaces, where people could enjoy the sunshine and fresh air as and when they wanted to. There were some dementia design aspects to the service, but these were very low key such as the odd picture on the bathroom doors to show what the facility behind the door was, plain carpets in the corridors and neutral colours on the walls.

We recommend that the service consider current guidance on dementia friendly environments whenever they carry out a refurbishment or redecoration of the facilities.

We found that the lunchtime meal experience for some people could be improved and there was a lack of picture menus or visual choice of meals for those people living with dementia.

People were able to eat where they wished, we saw 10 people sat in the conservatory, which was the main dining area, several others were eating in the lounge area and no one used the dining room. We saw one member of staff putting clothing protectors on people and another was carrying meals from the kitchen meaning some people received meals before other people on their table. For example, on one table there were four people sat together. Their meals were brought out at two minute intervals until the last person who was served 10 minutes after everyone else, so they were eating their meal when everyone else had finished.

We saw that people had to ask staff if they could have a drink of water; the staff responded promptly with offers of wine, juice or water. Staff did encourage people to eat a bit more and offered further helpings for those who wished. We saw staff describe the meal options to people who were seen to struggle to decide. It may have been better for them to be offered visual options, which are more dementia friendly. There were no picture menus and staff didn't show people different plated options to help them decide. Staff offered appropriate assistance to those who needed support with eating and drinking, giving the person time to eat at their own pace unrushed and attentive.

We recommend that the service considers carrying out observations of the dining experience within the service, with a view to improving the mealtimes for everyone using the service.

In discussion, staff were able to say which people had input from the district nurse or dietician; they also knew what health problems each person had and what action was needed from them to support the person. Entries in the care records we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems.

We looked at the recorded weights for four people, the records showed that two people had gained substantial amounts of weight and two people had lost weight. None recorded any action taken by the staff to investigate these gains and losses in line with MUST guidance. The registered manager told us that GPs often did not want any further action taking when people's weight fluctuated and a referral to the dieticians took months to action. However, they agreed that staff should still record the actions taken and the professional response and assured us that they would speak to staff about this immediately.

People who spoke with us were satisfied with the quality of the meals, although one or two said they could be better. Comments we received included, "Yes, we get enough to eat and drink. On the whole the food is good. We get offered a choice, but mostly they come and ask you. There is usually two choices. I have put on about a stone in weight since coming here", "The food is good, well not bad. You do get a choice and enough to eat. Snacks and drinks are offered between meals" and "The food can be a bit bland and I have had ham salad for tea for about 10 weeks, but they are trying to correct that. They are very obliging and have all the facilities I need."

One visitor said, "It is lovely here, the staff are very nice too. I know them all. I am made to feel very welcome and they will often give me a meal if I am in time. The food is very good, usually meat and two or three vegetables and a nice dessert. People can eat in their own rooms or the dining room if they want."

We spoke with the chef who told us that they discussed food preferences with people on admission to the service. They said they used this information to plan special events and themed meals. For example, the week of our inspection there was a 'Wimbledon afternoon tea' with cucumber sandwiches and strawberries and cream. Plans were in place for an American theme for Independence Day. We were told that menus were put together on a Wednesday each week for the following week's meals. People in the service still preferred more traditional British fare so more adventurous choices were put on the menu as alternative options. The kitchen catered for a range of diets including pureed meals, diabetics, fortified meals where cream and cheese was added to food to increase the calorific intake. The kitchen had scored a four star (Good) rating with the local authority environmental health team in 2016.

People were able to talk to health care professionals about their care and treatment. All individual health needs, visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). We asked people who used the service how easy was it for them to access their

GP and other health care professionals and they told us, "There is always a GP here on a Friday, if you do need advice about things during the day there are a few nurses on the staff who can reassure you." One visitor told us, "The staff call you immediately if your relative has had a fall and a GP is always called out."

A professional visitor told us, "It runs okay, no problems. All the staff are very attentive. Staff are helpful and if I need staff they are available. Issues are resolved quickly because we are here every six weeks, we are asked to record our visits and any issues. Instructions have definitely been carried out. I have no concerns about people's care, people look well cared for and the service is clean and tidy. If there is anything I need they are more than happy to get it for me."

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 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. Records showed that seven people who used the service had a DoLS in place around restricting their freedom of movement. Documentation was completed appropriately by the manager who displayed a good understanding of their role and responsibility regarding MCA and DoLS.

Staff had completed training on MCA awareness during the last year. The staff we spoke with were aware of how the DoLS and MCA legislation applied to people who used the service and how they were used to keep people safe. They said, "We hold meetings with families so that we can obtain their input to the care and treatment of their relatives who lack capacity and discuss options when there are disagreements about choices and decisions." "We speak with the nurses and go through the care plans with regard to decision making. If people lack capacity then things are different and we do a best interests meeting." We saw evidence of one of these best interests meetings in the care files we looked at where the use of a specialist chair restricted one person's liberty to walk around freely. Their family was in agreement with the use of the equipment to keep them safe.

People who spoke with us said staff encouraged them to remain independent and we saw some people used neck pendants that contained call buttons so they could summon staff assistance wherever they were in the service. However, one person told us, "The staff don't like us using the lift on our own. They tell you off in a nice way." We wondered if this was why a number of people remained in the lounge area during the day and if this restricted their freedom of movement and independence. We noted that people had to wait for staff to be available before they could go up and down between the two levels of the home. We discussed this with the registered manager who said they had not thought about how this restricted people's independence. They said they would look at who might be able to use the lift independently and would ensure they were shown how to use it correctly and then they could be discretely monitored to ensure they remained safe.

People who spoke with us said they were very satisfied with the communication between themselves and the staff. They told us that staff asked for their consent before carrying out care tasks and that they consulted them about their care.

We saw no evidence of dementia care best practice being intentionally used in the service with regard to care plans and the environment. However, staff said, "Some of us have done a distance learning training course on dementia and dementia care. Staff need to show empathy to people and spend time with them as the 'one size fits all' approach is not suitable for them. When people are talking about times gone by, staff need to support them and join in with conversations." One person using the service told us, "If people do get 'difficult' the staff do handle the situations very well, by talking to people and they have a calming effect. You are never ignored or looked down on."



## Is the service caring?

### Our findings

People told us that staff were kind and we observed friendly and warm interactions between staff and people using the service. Positives included the genuinely caring nature of most staff, a reasonable range of activities and staff knowledge of individual people.

People told us, "Staff are friendly, they know my needs and sometimes my needs are anticipated" and "Staff respond to the call bell relatively quickly. They are here within minutes. I feel my dignity is maintained." "Yes, staff are caring and I have no concerns. The call bell could be answered quicker, but that is the biggest criticism I have. The staff are extremely kind and good and I am happy here" and "I wouldn't like to be anywhere else. I like the care staff here, the work they do is good." One visitor said, "The staff are definitely caring. I only have praise for this nursing home" and another said, "I love the service, the atmosphere is terrific. Staff are great and I like that they are helpful and friendly. They are very good with my relative. They certainly care and if I telephone they immediately get me someone to talk to. My relative is well cared for here. The personal care is excellent. They see the Speech and Language Therapy Team (SALT), occupational therapist and physiotherapist regularly."

Some people told us that there was room for improvement in the way they received care, but they only had very minor concerns. People commented, "I am as comfortable as I could be. I used to be bothered by one person using the service coming in and out of my room, but I believe they have now left" and "I don't see them [staff] very often and would like them to 'pop in' a bit more to see how you are, not especially for them to do anything." They explained they had only seen two staff that morning and it was 11:00. Another person told us, "I have to put my own cream on my heels if they haven't got the time to do it. I have got to do it today as they hadn't got the time before they clocked off at 08:00" and one person commented, "I think when they are giving you a bath they should take more care." They explained that they had to warn staff regarding their fractured hip and not hurting them.

Staff recorded personal care such as bathing in the daily reports; we were told that when staffing levels were low then baths were not getting done, but this had now resolved itself. Staff said, "We try and work around what people want and catch up with them so baths / showers take place. We have introduced teams recently so that we can get to know people better with the view that staff will take more notice of individuals and see when little things have changed." Two people using the service told us, "The staff are caring." One person said, "I think it is fantastic here. Everyone is helpful, the staff are great and down to earth."

We asked staff further questions about how they supported people on a day-to-day basis and they told us, "We assist people with eating and drinking and observe their food and fluid intake. This information is passed over in the daily handover. People get weighed regularly and if there is any weight loss they would be monitored. Our role is about being aware of the people around you, offering them prompts and support as needed." People told us, "The staff are caring. The way they handle people, they cheer you up and make you laugh. They respect my privacy and dignity – knock if the door is shut and even if it is open" and "Staff do assist me when I want a shower. They ensure the windows and doors are locked and there is always a member of staff around."



We asked people and relatives how well the staff communicated with them and if they felt welcome in the service. They told us, "It is a real 'home from home'. I feel [Name] is safe and I can come to visit at any time. The staff are alert and aware of any problems. I am very happy and I know that [Name] is happy here." One person told us, "I am very satisfied with my accommodation. Everyone has been very kind and we all know each other quite well in here. You can stop staff and have a quick word – they are all friendly and helpful."

Information on advocacy was seen on display in entrance hall. Advocates can represent the views of people who are unable to express their wishes. We saw that one person had an independent advocate who visited them every three to four months. This person's family did not visit. There was written evidence in care files that people and families had signed the care plans to say they agreed with their care and treatment. Where people had an authorised power of attorney this was recorded in their file. A Power of Attorney is a person appointed by the court or the office of the public guardian who has a legal right to make decisions within the scope of their authority (health and welfare and / or finances) on behalf of a named person.

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files.

The care plans provided staff with information about how to support people in ways that promoted privacy, dignity, choice and independence. For example, they described what preferences people had for the way care was to be carried out and how people communicated their needs when they were unable to do this verbally. One care file detailed the person's religious beliefs and detailed the gender of staff required for personal care support to promote their privacy and dignity.

Discussion with the staff revealed there were people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against, even though some aspects of the dementia environment could be improved, and no one told us anything to contradict this.

## Is the service responsive?

### Our findings

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Each person had their own care file, which contained a number of care plans. We looked in detail at three of these files. The information recorded within this system was person centred. Records evidenced that the information had been gathered from the person themselves and their family.

One visitor said, "I am very happy with the service and so is my family. Everyone here is kind and [Name] is very well looked after. They are well fed and we have no concerns about their care. The staffing levels are good and you can always find someone when you need them. If [Name] is not doing so well they tell me and I can ask them questions. I have been involved in the care plans and asked if they are suitable. I have attended a review meeting as well. I was told by the staff that if I am not happy about anything then I must tell them." Another visitor said, "Staff are helpful and responsive. They provide support when visitors come and find a nice quiet place to talk to you. It is all friendly and caring here."

When we asked people using the service if they had been involved in the care planning process there did not appear to be as much involvement as there was with the relatives. People told us, "I do not remember moving in to this place as I was very unwell at the time, but I am getting better now." "I am not asked for my opinions on the service and I have had no input to my care plans or attended a review" and "I am not involved with my care plans. My sister-in-law sorted everything out for me and I have been to one review meeting." However, we saw that staff discussed and consulted with people about their day-to-day choices throughout our inspection.

The registered provider employed an activities co-ordinator for 24 hours a week to deliver a social activities programme within the service. The registered manager told us, "They do assist with lunches each day, but they are not asked to cover gaps on the rota."

There was a record of 'Diary Dates' each week for changes to the activities schedule and the co-ordinator printed out copies to give to people in their rooms. This meant some people did not look at the activity calendar by the main door. This week we noted that activities included: PAT cat, weekly sparkle (a reminiscence paper off the internet about 'on this day in time'), musical reminiscence, hairdressing and the Wimbledon afternoon tea. Last week the summer fair raised £700 for the resident fund. Other activities included a news review and crossword and entertainers were booked for Wednesdays when the activity coordinator was not on duty. Staff led the activities on a weekend and these were low key as people tended to have more visitors.

We observed one of the activity sessions and saw that 14 people and the activity co-ordinator were singing 'old songs' and having a discussion using facts about songs. We saw that people were engaged and involved in the session with individuals reminiscing about times gone by. Some people had musical instruments and were joining in with the music.

People and visitors told us, "The activities co-ordinator organises trips out to the garden centre, the service has its own minibus and the driver is shared between the other sister services as well. People do crosswords and memory games. We have singers in, chair exercises and painting." "There is always bits and pieces of things going on", "I don't join in with activities through choice" and "They have a residents meeting downstairs. I don't go but the nurse comes and asks if there is anything I want to bring up."

Ideas for entertainers and activities were discussed at the resident meetings. One-to-one activities were available for people on bed rest such as hand massage, reading to them and putting music on in their rooms. The activity co-ordinator kept a list of events taking place each week and who had joined in. New paperwork was being introduced to ensure the social side of life was captured more effectively for the care files.

One person said, "There have been a number of excursions out and [Name] tries to do things every week." They discussed trips out to the garden centre and also the recent donkey visits where animals have come to the service. They told us, "We are encouraged to think about what we want to do and ask for more variety if we want this." The activity board in the entrance hall recorded that there was a church communion service each month and staff confirmed that clergy would visit on request.

There was a complaints policy and procedure on display and an open door policy and procedure, which gave people clear guidance on who to speak to if they had any concerns. We looked at the record of complaints held in the service and saw that there had been four complaints in 2015 and written responses had been sent out to all complainants. Where appropriate the registered manager had arranged for meetings to be held with the individual to discuss their concerns.

People and visitors who spoke with us were confident about raising any concerns with the registered manager. They told us, "I have no issues or concerns as everything gets addressed straight away", "Any complaints I have had were dealt with quickly" and "I have not made any complaints, I am very happy with the service so far." One person said, "The registered manager usually walks through the dining room and says 'hello and how are you?' They do take an interest in how you are. They don't shoot past you, but take the time to talk. I feel any of the little niggles do seem to get sorted out."

## Is the service well-led?

### Our findings

We found that there was a quality assurance system in place but it was not always effective.

We found during our inspection that we had a number of concerns about staffing levels, staff induction, training and supervision, medicine management, the dining experience of people using the service and the involvement of people in their care plans. These areas had been audited by the registered manager, which made us question how effective the audits were. These areas were judged to have a minor level of risk to people using the service and a low impact on people's health and wellbeing; this has been reflected in the actions we have asked the registered provider to take at the end of this report.

Record keeping within the service needed to improve. We saw evidence that medicine records and fluid balance charts were not always accurate or up to date. For example, we looked at the food and fluid charts for one person and they recorded that on 27 June 2016 drinks were given to the person from 09:00 17:00. They then had a cup of tea at 18:00 but nothing was recorded for fluid during the night. The total amount of fluids given was not recorded, but we counted it to be 850mls. For another person their fluid intake over four days went from 650mls to 250mls. The usual recommended fluid levels for an average person is between one and two litres of fluid a day.

We visually checked on the two people whose charts documented little fluid intake. Both appeared to be well hydrated and were sat with drinks to hand. This indicated that the issue was one of poor recording rather than poor care. We discussed this with the registered manager who told us staff had been spoken with in the past, but there had been no improvement to staff practice.

We found no evidence that the service promoted 'Learning from events', which is where issues and incidents in the service are discussed with the staff and changes to practice are made to drive forward improvements. The registered manager said they would speak again to staff and that following the inspection the role of the nurses would alter to ensure they took more responsibility and managed the staff teams effectively.

This is a breach of Regulation 17(1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

There was a registered manager who had been in post for a number of years. They were supported by a deputy manager and an office administrator. People told us they felt the home was well run and they were happy living there. They said, "[Name of registered manager] is a very good manager. I see them every day and they listen to what I say. They make sure I get my meals on time and get to bed on time", "I think the service is well-led. I think they are doing lots of things. The registered manager is very interested in things being right. I am able to raise any issues or concerns with them" and "The home seems well-led. They certainly put in the effort to make everyone comfortable." One person told us, "The area manager comes about twice a year to do their rounds. If you want to see them you just have to ask the care staff and they come to you. I would recommend the home to others because of the treatment you get from staff in general – it is really good." A visitor said, "[Name of registered manager] is lovely. I look on them as a friend."

Staff told us the service was well led. One member of staff said, "The service is lovely. If any of my family had to come here I would be very happy. I feel comfortable that I can go and approach the registered manager about anything. If I need anything it gets addressed." Another staff member told us, "I can speak with [registered manager] about anything. They are the same with all the staff and with anyone who comes to the service. I find them open and honest."

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the service actively sought ideas and suggestions on how care and practice could be improved. People who used the service and staff told us they enjoyed being at the service. Staff told us they had confidence in their colleagues and there was visual evidence of good day-to-day teamwork.

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one-to-one sessions. Resident meetings were held every four to six weeks. We saw the minutes from January and April 2016 and another from June 2016. People had discussed the activities, menus, church services, changes to staff and the refurbishment of the environment.

Satisfaction questionnaires for May 2016 had been sent out, but the responses had not been analysed as replies were still coming back. The registered manager said this would be done by the end of June 2016. The majority of the responses we looked at were very positive about the service with comments such as, "Lovely service," "Satisfied with my care" and "Warm welcome and lovely staff." We saw that other comments included a concern about a delay in answering the call bell, one person had asked for female staff for their personal care and others had voiced concerns about communication with the overseas staff. However, people also felt the staff were lovely and did a good job.

We saw that the 2015 questionnaires had been analysed and an action plan devised. Changes to practice as a result of feedback included the development of the menus to include more spicy foods. People were now offered more curries and different foods were introduced during the themed days as foods from different countries were tried and tested. These changes were also discussed in the resident meeting minutes.

The majority of staff said they felt supported by their colleagues and there was a clear line of management from the top down to the senior care staff. Staff told us they felt they could be open and honest about care and could speak to their line manager if they had any issues. Staff said, "We share information during handover each day, it is reiterated at staff meetings every couple of months. In supervision, things will be brought up if you are not meeting expectations and these sessions are held every other month" and "[Registered manager] is a good 'people person' and they are a very good teacher." However, some staff felt there were areas that needed improving and told us, "The pay structure is not retaining staff. The ones that have stayed are here because they want to be. I think the staff genuinely care about people using the service" and "I felt the staff had been a little bit abandoned by head office. But things are improving now."

The registered manager told us that the culture of the service was for them to be transparent, open, homely, respectful, caring and empathetic. Everyone was welcome and staff worked together with people and families. Everyone was treated with respect. They told us their vision was to get a solid workforce and provide high quality of care.

We asked for a variety of records and documents during our inspection. We found these were easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that

appropriate action had been taken.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider failed to protect people against the risks associated with the unsafe use and management of medicines by the inappropriate arrangements for recording and handling of medicines used for the purposes of the regulated activity.
Treatment of disease, disorder or injury	Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	There were insufficient working bathrooms for the number of people using the service.
Treatment of disease, disorder or injury	Regulation 15 (1) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	People were not protected against the risks of inappropriate or unsafe care and treatment because of ineffective operation of quality assurance systems to identify, assess and manage risks relating to the health, safety and welfare of people who used the service.
Treatment of disease, disorder or injury	The registered provider failed to maintain an accurate, complete and contemporaneous record in respect of each person using the service.

Regulation 17 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	There were insufficient numbers of suitably qualified, skilled and experienced persons employed in the service to meet people's needs. The staff induction, training and supervision programme was not robust and did not offer staff sufficient support to enable them to carry out the duties they were employed to perform.
Treatment of disease, disorder or injury	Regulation 18 (1)