

Lunan House Limited

Weston Park Care Home

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an inspection over a period of two days on the 12 and 14 July 2016. The inspection was unannounced.

Weston Park Care Home is close to Macclesfield town centre. The home is a three storey building with accommodation for residents on the ground and first floors. The annexe (Silk Unit), and the ground floor of the home (Mulberry Unit), provide care and support for up to 64 older people with dementia. The first floor (Weaver Unit) provides nursing and support for up to 39 older people. The home had opened a fourth unit called the Tatton Unit, but at the time of the inspection the registered manager told us that they had taken the step to voluntarily closed this unit, due to difficulties in staffing the unit safely. At the time of our inspection there were 80 people living at the home. Weston park was last inspected on 26 February 2015 and was found to be compliant with all the areas inspected at that time.

There is 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.

We identified five breaches of the relevant legislation, in respect of staffing, safeguarding, consent, good governance and nutrition and hydration. You can see what action we told the provider to take at the back of the full version of the report.

We found that there wasn't always adequate staff to meet the needs of people. Staffing was affected by staff absences. The registered manager was recruiting new staff. Staff told us that the management team had made some improvements but we found that these had not been effective enough to ensure that staff sickness levels and other staff issues had been resolved.

Staff had received training in safeguarding and understood their responsibilities to protect people from harm and abuse. Staff knew how to report concerns, but some staff did not know where to report concerns to outside of their organisation. We found evidence that the service had not reported a safeguarding concern to the local authority, as required by the local Adult Safeguarding Policy and Procedures, therefore people could not be sure that they were fully protected from harm and abuse.

People's medicines were administered safely. However, the storage of medicines was an issue because the home could not fully control the temperature of the treatment room, where medicines were stored. The provider was aware of the situation and told us that immediate steps would be taken to address this.

We found that most areas of the home were clean and well maintained. We noted some minor infection control issues. We saw that the registered manager was taking action to meet the requirements identified by the provider's fire risk assessment.

People's views of the food varied and some feedback was very negative about the quality and variety of food. We found that the dining experience was not a particularly cheerful or sociable experience. We also found evidence from people's records and charts that they had always received adequate drinks.

Staff had received training in legislation such as the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They were aware of the need to gain consent when delivering care and support. Not all staff had an understanding of the MCA and we saw that mental capacity assessments had not always been completed appropriately.

Staff received an induction and a new induction programme was being launched, to meet the requirements of the Care Certificate. Staff received on-going training. Although some staff did not feel that the training delivery method of e-learning was always effective.

Where a person was being restricted or deprived of their liberty, applications had been made to the supervisory body under the Deprivation of Liberty Safeguards. However we found that there were also other people who needed to be assessed under these safeguards.

People told us that staff were kind and caring, although some people told us that some staff were more caring than others. We saw that people were treated with dignity and respect, but found that further improvements were required. The registered manager had already taken some steps to address this and had introduced dignity champions.

Care records were personalised and they reflected the support that people needed so that staff could understand how to care for the person appropriately. Daily charts were not always completed fully or at the time that the care was provided. We saw that staff responded to people's changing needs and sought involvement from outside health professionals as required.

Social activities were offered for people to participate in and enjoy but these needed to be further considered for all people's social needs to be met.

A complaints procedure was in place for people and their relatives to raise their concerns or complaints if they had a need to.

The registered manager was supported by a wider team. She emphasised that work had been undertaken to make improvements coming into post. She told us that there were further areas for improvements which they were focused on. Staff told us that they felt supported by the registered manager, they found her to be approachable and felt able to raise any concerns. We found that the provider had not made sufficient improvement to ensure people received a high standard of care that was consistently provided and kept people safe.

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 always safe.

People were not always supported by enough members of staff and we found that staffing levels were affected by staff absences.

Safeguarding procedures were in place and staff understood their duty to protect people. However we found that one indecent had not been reported appropriate which meant that people could not be confident that they were fully protected from harm and abuse.

Medicines were not always stored safely due to the high temperature of the treatment room. However the administration of medicines and record keeping was appropriate.

Risk assessments were in place

Requires Improvement ●

Is the service effective?

The service was not always effective.

Some people had Deprivations of Liberty (DoLS) authorisations in place. However, staff did not have a thorough understanding of the Mental Capacity Act 2005 (MCA)

People told us that they were unhappy with the quality and variety of the food.

We saw that staff received an induction and on-going training, although staff told us that the type of training offered was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People told us that most of the staff treated them in a kind and caring manner.

We saw that people were treated with dignity and respect, but found that further improvements were required.

Requires Improvement ●

People who involved in decisions about their care.

Is the service responsive?

The service was not always responsive.

People's needs were assessed and their care plans were developed with people and their relatives.

Staff were responsive to people's preferences regarding their daily routines.

There was an activity programme in place, but people told us that the activities could be improved and people told us that they would like to go out more often.

We saw that records were not always completed appropriately.

A complaints process was available for people and their relatives to access if they felt unhappy about anything.

Requires Improvement 

Is the service well-led?

The service was not always well led.

The management team had some systems in place to assess and monitor the quality and safety of the service. However the provider had not made sufficient improvement to ensure people received a high standard of care that was consistently provided and kept people safe.

People told us that the management team were supportive and approachable.

People were asked for their views about the quality of the care provided and there were systems in place to receive feedback from people using the service, relatives and staff.

Requires Improvement 

Weston Park Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 14 July 2016 and was unannounced.

The inspection team was made up of one adult social care inspector and one inspection manager.

Before the inspection we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts and quality assurance team to seek their views and we used this information to help us plan our inspection.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we spoke with 12 people who lived at the home and four relatives/visitors, to seek their views. We also spoke with staff including the registered manager, deputy manager, regional manager, four nurses, seven care staff, the head chef, the maintenance person and one of the activities co-ordinators.

We reviewed seven people's care records and inspected other documentation related to the day to day management of the service. These records included three staff files, staff rotas, quality audits, meeting minutes, training records, supervision records and maintenance records. We toured the building, including bathrooms, store rooms and with permission spoke with some people in their bedrooms. Throughout the inspection we made observations of care and support provided to people in the communal areas and

observed how people were supported over breakfast and lunchtime.

Is the service safe?

Our findings

Some of the people living at Weston Park told us that they felt safe and received safe care. One person commented "They moved me with the hoist yesterday, I was frightened but they were so good." However, other people told us that they did not always feel there were enough staff to keep them safe.

We found that people were not being supported by enough staff to meet their assessed needs. We reviewed staff rotas, made observations and spoke with people and staff about the staffing levels at the home. We found that staffing levels were affected by staff absences.

People told us that their needs were not always met in a timely manner. One person said that there wasn't always enough staff and told us that they were disappointed with their care because "The carers do their best but are short staffed." Another person told us that they didn't think that there were enough staff because they sometimes had to wait for long periods of time when they used their nurse call bell. They commented that the wait could sometimes be from half an hour to an hour. We asked the registered manager how they monitored the response times of the call bells. The call bell system did not have the facility to print out the call times or length of time it took staff to respond, so could not be analysed. However, the registered manager told us that this was monitored by the unit managers, as well as by the deputy and registered manager when they carried out a walk around of the building. We saw from recent staff meeting minutes, that staff had been reminded to respond to call bells as quickly as possible.

We asked the registered manager how staffing levels were determined. We were informed that the management used a tool called "CHESS" to assess the levels of staffing required. The registered manager demonstrated that staffing levels were based on people's dependency levels and any changes in dependency were considered, to decide whether staffing levels needed to be adjusted. We saw that people's needs were assessed as either low, medium or high. The registered manager told us that based on this tool the staffing levels were slightly higher than those indicated and that this was to take into account the size and layout of the building. The regional manager and registered manager told us that they had recently focused on the staffing levels to try to ensure that the levels were sufficient and told us that there had been an increase in the numbers.

On the first day of the inspection, we saw that there was one CHAP (Care home assistant practitioner) and three carers working on the Silk Unit. Staff informed us that sometimes there were three carers on duty and at other times it could be four. They found that this number was affected by staff absences such as sickness or holidays. Staff told us that when there were four staff, they found that there were sufficient numbers to meet the needs of the people, but said that it became difficult when there were three carers. We observed that one person living at the home needed close supervision at all times, this meant that one member of staff was often seated in the main corridor where they could observe this person. Staff told us that it was also necessary for a member of staff to remain the lounge at all times to reduce any risks to people. This was because there was a small kitchen attached to the lounge and some people were unable to use this safely. We found that when two of the care staff went to take their breaks it was difficult for staff to meet some people's needs. Staff were supporting people with drinks, but were also trying to supervise other people

within the unit. This meant that people were left waiting and staff told us that it was difficult to meet people's continence needs at these times.

During the first day in the afternoon, we found on the Weaver Unit that staffing levels were lower than required. This was due to a member of staff needing to leave early. Staff spoken with commented that there were "not enough staff". We noted that several people needed assistance to eat their meals and staff were finding it difficult to meet people's needs in a timely manner. Staff told us that they were short and that this "happens quite a lot."

On the second day of the inspection the registered manager informed us that there were some staffing issues on one of the units, as they were short by two health care assistants, this was due to unforeseen circumstances. We checked on the unit later in the day and found that the home had managed to get cover for one of the carers, but there were still only five rather than the required six care staff.

Staff were concerned that some staff did not always arrive for their shift as planned. Comments included "People don't turn up, they call in sick." Staff told us that they had seen some improvements in staffing levels since the current manager had been in post, but that staffing continued to be affected by absence and recruitment problems. The manager informed us that active steps were being taken to address issues related to some staff absences

The registered manager confirmed that there had been some staff recruitment difficulties and told us that recruitment was on-going. The home was large and supported a large number of people, which meant that there was a substantial staff group. The management team had recently recruited eight new members of staff, who were currently awaiting recruitment checks. They told us that the home had experienced some difficulties with a high turnover of staff. Despite the recruitment, the registered manager told us that there were a significant number of staff who were potentially leaving to work elsewhere. She intended to speak to the provider to seek agreement to arrange for agency staff to cover some of the carer's shifts.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient numbers of staff were not always deployed.

Discussions with staff identified that they knew the importance of keeping people safe, including being safe from abuse and harassment. Staff told us and we saw from the records that they had been provided with safeguarding training, discussions with staff identified that they understood the requirements around adult safeguarding. One member of staff said "I would go straight to the manager." However, we found that not all of the staff spoken with were clear about where they could report safeguarding concerns to outside of their organisation. However, they told us that they would know where to find this information should they need to. We discussed this with the registered manager who told us that they would discuss this in detail at the next staff meeting and would ensure that all necessary contact numbers were made easily accessible for staff.

We found that the manager understood her responsibility to identify and report any suspicion of abuse. She had access to guidance and procedures from the local authority about how to report any suspicion or allegations of abuse. We saw that a log had been kept for any referrals which had been made to the local authority. Most referrals had been made to the local authority, where necessary, to report any concerns. However during the inspection we reviewed information about a person which should have been reported to the local authority as a safeguarding concern, but had not been referred as outlined in the procedures. We discussed this with the registered manager who acknowledged that this should have been referred at the time, and ensured that the information was reported appropriately to the local authority. The registered

manager told us that this was an oversight and unusual, as any issues were usually reported by the staff.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

People were supported by staff who were familiar with the home's whistleblowing policy. A whistleblowing policy is to encourage employees and others who have serious concerns about any aspect of the service to come forward and voice those concerns. Staff told us "There are telephone numbers to ring, up around the building." Where disciplinary procedures had been followed the registered manager demonstrated that appropriate action had been taken.

Effective recruitment processes were in place. We reviewed three staff files which evidenced that recruitment procedures were followed and applicants were checked for their suitability, skills and experience. Suitability checks included an interview, checks for criminal histories and following up references prior to a job offer being made. In all the files we looked at we saw that either a Disclosure and Barring Service (DBS) check, or the authorisation number, which confirmed a check had been undertaken, was present. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. Two references were also seen on each file, in line with the provider's policy. We looked at the dates on references and DBS checks and they confirmed that no new employee had started work before all the required security checks were completed.

Staff supported people to take their medicines. During the inspection we spoke with a nurse and observed a CHAP whilst they were administering medication. They demonstrated a good technique and understanding of the safe handling of medication. Medicines were kept safely in a lockable trolley within a locked room. The provider's medication policy was available to staff. Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation; these medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded.

We reviewed the Medication Administration Records (MAR) of four people which showed when people had received their medicines and staff had signed the MAR to confirm this. Records seen were up to date. We noted that there was a gap on one person's MAR, which had not been signed the previous teatime for one tablet. The person administering the medication during the inspection was not aware of this. We discussed this with the registered manager who took steps to investigate this and informed us that this had been an omission, due to human error and that the usual steps in place on the unit had not flagged this up. The registered manager agreed that she would take further action to address this.

There was a clear protocol for administering any PRN (when required) medicines, although we found that some of these protocols were more detailed than others. Where people required their medicines at specific times on specific days arrangements were in place to ensure these were given appropriately. The application of topical creams was recorded on forms kept in each person's room and charts were appropriately completed by staff, this was also recorded on the MAR. All staff with responsibility for administering medicines had received the appropriate training which was regularly updated. Regular medicine audits were carried out to ensure the records were properly completed.

We found that there was an issue with the safe storage of medicines. We reviewed the treatment room temperatures on the Weaver Unit and found that there were difficulties in maintaining the temperature of the room and the temperatures were too high at times, which could have an impact on the safe storage of some medicines. Health guidance states that medicines should not be stored in temperatures above 25

degrees centigrade. We saw that the temperature had exceeded this on a number of days. The registered manager told us that they had taken action and had contacted the GP to ensure that none of the medicines stored would be adversely affected. The registered and regional manager confirmed that they would arrange for air conditioning units to be purchased immediately.

People's care records contained a number of risk assessments according to their individual circumstances including risks of pressure ulcer, falls and bedrails. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly

As a result of risk assessments for pressure ulcers, we saw that some people had specialist mattresses to help with the prevention of ulcers. However we noted on the Silk Unit that the settings for two of these mattresses was incorrect, which meant that the mattresses may not have been effective. Staff told us that the setting switch may have been knocked whilst staff were carrying out personal care. However, there was no system in place to ensure that these settings were checked on a regular basis to ensure that they were correct. We also found that the care plans did not indicate the correct setting for the mattresses.

We recommend that the provider implements a system to ensure that mattress settings are routinely reviewed to ensure that they remain accurate.

Although staff were routinely recording accidents and incidents these were not effectively analysed and investigated to identify any trends or patterns. Individual records were completed and action considered to reduce further risks to the person. These were checked and signed off by the deputy or registered manager. However wider information about accidents and incidents had not been analysed to help reduce risks to people using the service. On the day of the inspection the deputy manager completed an analysis of the accidents and incidents which had occurred since January 2016. She noted that they could explore the deployment of staff based on this information and told us that they would implement a regular analysis of accidents and incidents.

The home employed a maintenance person and we saw their records which showed that the majority of areas within the home were well maintained. However, we found that some areas within the Silk Unit were in need of re-decoration. In particular, paintwork on doors and door frames were damaged. A communal bathroom had flaked paint on the walls. The maintenance person told us that this was because work had begun to decorate the bathroom.

Equipment such as the fire system and mobility equipment had been regularly checked and maintained. The maintenance person also carried out regular water temperature checks. Records demonstrated that a weekly fire test was carried out. We saw that some people had individual risk assessments and evacuation plans in case of a fire. However we found that this was not the case on one of the units and on the day of the inspection the registered manager was undertaking these evacuation plans. We saw that the provider had completed a fire risk assessment in May 2016 and a number of actions had been highlighted. The registered manager told us that she was in the process of developing an emergency fire box/folder, which would contain all the necessary information in the event of an emergency. A fire evacuation procedure was also being re-written. We saw that some staff had completed a simulated fire evacuation but that this had not included the night staff. The registered manager told us that they had a target date to complete all of these actions by August 2016.

We observed that most parts of the home were clean and hygienic. Housekeeping staff were visible around the home and good standards were maintained. One person commented that the communal areas were kept "spotlessly clean". However we saw that in some of the toilets and bathrooms, the walls were stained

and needed to be cleaned. We saw that staff wore gloves and aprons to help reduce the risk and help the prevention of infection. We noted some minor infection control issues, as we saw that used urine bottles had been placed on some people's bedside tables, which meant that there was a risk of cross infection. We also saw that a bag with soiled bedding had been left in a communal toilet, a member of staff dealt with this when we pointed this out.

Is the service effective?

Our findings

We spoke with people living at Weston Park to see whether people found the service to be effective. People's views varied. They said "The staff are wonderful" and "it's a nice home". However, some people told us that they were unhappy with regards to the food provision.

We looked at the arrangements for eating and drinking. People's views about the food were mixed and some were very negative. One person told us that they found the food to be "dreadful, sometimes I can't eat it." Other comments included "The food is awful" and "it's up and down." There was a menu, with a choice of food available each day. We saw that there were wall planners, which displayed a four week menu plan. However when we asked people and the staff what was for lunch that day, they were unable to tell us because they were unclear which week of the plan they were on. We found that these menus were especially unsuitable for the needs of people living with dementia. Staff told us that if people didn't like the food on the menu then alternatives could be offered. However, people told us that they weren't keen on the variety offered, such as beans and spaghetti hoops. We saw during the inspection that liver or a sausage and bean casserole were being served. The pudding being served for people who required a soft diet was a mousse type dessert, although staff were unsure whether it was yoghurt and didn't know the flavour, so people were unable to decide whether they would like this beforehand.

We discussed the food provision with the registered manager who was aware that some negative feedback had been received. The kitchen staff and all food provision was provided by an outside catering company called Elior. Elior had developed the menus and there were always two meal choices available, with alternatives available if people did not like the choices. We spoke with the head chef who told us that he had some flexibility to swap some of the meals around; however the preparation of all meals was very prescriptive in terms of the ingredients to be used. He told us that both fresh and frozen foods were used and that fresh cakes were baked each day. The chef knew about people's individual nutritional needs, as well as people's likes and dislikes. He told us that they were awaiting training to enable them to present soft foods in a more appetising manner. We asked whether feedback was sought and adjustments made in response. The chef told us that he had spoken to people on the Weaver Unit and noted that this was something that he could do more often. The regional and registered manager told us that they would address the issues that had been raised about the quality of the food.

We observed the breakfast and lunchtime meals on both the Silk Unit and the Weaver Unit. We found that the tables were bare except for table cloths. There was limited interaction with people who were dining; we found that the dining experience was mainly functional with nothing cheerful, friendly or communal about the occasion. Apart from being asked for their choice of dish, people mainly sat in silence and ate their meals. Staff were very busy and we saw that some people were kept waiting if they required assistance with their meals. One person asked "Is it my turn yet?" We saw that some staff were patient and kind with people. A carer saw that one person didn't like their pudding and offered ice cream instead. However, we observed on the Weaver Unit, that a person had not touched their meal, there was no encouragement or enquiry made by staff about whether they would prefer something else or whether they were feeling unwell.

We observed breakfast time of the Mulberry unit and found that the atmosphere was more pleasant, soft music was playing in the background and staff were sat with people who required some support with eating. We saw staff were chatting to people about the food that they were eating and whether they were enjoying their breakfast.

People had access to drinks throughout the day. However one person told us that they didn't always get a drink, if they were in their bedroom rather than in the communal lounge. On the Mulberry Unit we saw that a number of people were eating breakfast at around 11am. Staff told us that people were supported to get out of bed and then went to the dining room for breakfast. We checked the records of one person who remained in bed and saw that the last recorded drink was the previous evening. We asked the staff whether this person had received a drink. Staff told us that he had, but that the member of staff had not recorded this as yet. We also saw another record where a person's last recorded drink had been 4.30am that morning. Staff told us that they thought that the person may have had a drink before breakfast, but we could not evidence this.

These issues were a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The nutritional and hydration needs of people who used the service were not always met.

Some staff spoken with were clear about people's needs around eating and drinking and were able to tell us for example which people required their drinks to be thickened or required a pureed diet. Some people chose to eat their meals in their bedroom and staff respected these choices. There was evidence that staff were monitoring those people who were at risk of losing weight and nursing staff were able to identify people who were weighed monthly and those that required more frequent weighing. One member of staff told us "Some people have a food and fluid chart if they are at risk of losing weight".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the MCA and the associated DoLS with the registered manager, who was aware of these requirements and showed us that policies were in place.

The registered manager told us that she had undertaken work to ensure that people had been appropriately assessed. Systems were being implemented to ensure that staff knew when authorisations had been made and when these were due for renewal. At the beginning of the inspection we found that the information was not readily available, however the registered manager was able to provide the appropriate information during the inspection. At the time of our inspection, there were five people subject to DoLS authorisations and a further 22 people awaiting assessment by the supervisory body (the local authority). We noted from our observations that there were potentially other people who also required an assessment under DoLS. The registered manager had also identified a number of people who required an assessment and was dealing with this.

Where people were able to make their own decisions, people were supported by staff to make these decisions and consent was gained to provide care. People also told us that staff sought their permission to

provide care and support. They told us that staff respected their choices, for example when they would like to go to bed and whether they would like to take part in activities. We saw that where appropriate people had signed their care plans to consent to the care.

Despite staff having undertaken training in the MCA and DoLS we found that some were unclear about the principles of the MCA and about DoLS. Some staff understood that it was necessary to make a best interest decision for people where they lacked capacity to do so themselves. However other staff did not have a clear understanding of the procedures. They said "I think everyone is on a DoLS", which was inaccurate, and "I'm sure we have people on a DoLS?" but were uncertain.

Records inspected indicated that mental capacity assessments had been completed for some people for decisions such as, whether to live at Weston Park for care and treatment or for medication to be administered covertly. However, we found that not all assessments had been carried out as required. We saw on the Silk Unit that in some cases best interest decisions had been made and recorded, but there was no record of an initial capacity assessment having been carried out. Therefore they had not assessed whether the person lacked capacity to make the decision themselves, which meant that people's rights had not been protected. On the second day of the inspection the registered manager confirmed that all of the necessary mental capacity assessments had now been completed and recorded, for the people living on the Silk Unit. She assured us that this was an area that they were focusing on within the entire home. However, we found that not all staff possessed the knowledge or skills to ensure that people were appropriately assessed and supported.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Consent.

Training records demonstrated that a programme of training and induction was in place for all staff. Staff members told us that they had received induction training when joining the home, as well as regular on-going training. Records viewed demonstrated that staff undertook an initial two day induction programme which was followed by working alongside more experienced staff. Staff told us that they have received induction training, although some staff said that this caused difficulties for senior staff due to the high numbers of new recruits. The registered manager told us that the provider had launched a new induction programme to meet the requirements of the Care Certificate. This certificate has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. One person had completed the Certificate but had since left.

Training was mainly provided through e-learning and had been carried out in a number of areas. These included moving and handling theory, fire safety, medication, safeguarding, infection control and dementia. Although we noted that only 41% of the staff had undertaken dementia training. Some staff supporting people with dementia told us that they had not received any training in the subject. Those staff who had received training told us that they had found it very beneficial and had helped them to understand the "resident experience". Some staff told us that they felt that e-learning was not always the best way for them to learn. However other staff told us that they felt the training had been good and "equipped" them to do the job.

We noted that staff had been encouraged to develop their skills and some staff had completed National Vocational Qualifications in health and social care. The registered manager explained to us that four of the care staff had completed specialist training as part of an initiative to develop a new Care Home Assistant Practitioner (CHAP) role. The aim was to enable some care staff to develop their skills and support the nursing staff more effectively. The training took around six months and provided the care staff with some

clinical skills.

Staff told us that they felt supported by the management team. A number of staff said that they had received one to one supervision sessions from their line manager. However, other staff said that they had not received regular supervision sessions. We discussed this with the registered manager who told us that this was an area that the management team were working hard on. We saw that the manager had developed a staff supervision planner, which indicated that staff had received at least one supervision or appraisal in the past six months. The registered manager explained that some of these sessions had been individual training sessions which had been classed as a supervision session. The registered manager had planned for supervision sessions to be carried out by the unit managers, deputy and registered manager in future.

We looked around the home. Some rooms were comfortable, bright and well decorated. There was ongoing decoration of bedrooms. People had been encouraged to bring in personal items from home and some rooms were personalised and well furnished. There were a significant number of people living at the home with dementia. We looked at how the physical environment of the home supported those people. We found that the Silk unit in particular, had little signage to support people around the unit. The unit had two bathrooms, but one of these was cluttered with equipment and there was a sign on the door to indicate that the room was due for renovation. A number of the bedroom doors were not named and there was no information or photographs to help people to identify their bedroom. There were no themed areas on the unit. Staff told us that a sensory type room had been developed on one of the units, but that this had not been as effective as the provider had anticipated. The registered manager told us that they were looking to develop and make improvements to the environment.

There was regular access to health and social care professionals and this was recorded in each person's file with regard to the most recent GP visit, optician and dental appointments. A local GP carried out a weekly visit to the home. We saw that referrals were also made to other health professionals such as dieticians and speech and language therapists.

Is the service caring?

Our findings

Most people spoken with told us that they found the staff to be kind and caring. Comments included "They are all very kind and they look after me," and "They're very nice." A visiting relative told us that they were "delighted" with the way their relative was cared for. Although some people told us that staff approach varied and found that some staff were more caring than others.

We observed some positive caring interventions between staff and people living at the home. Some of the staff had built positive relationships and knew people well. For example we saw that a member of staff responded to person who asked for their favourite chocolate, they were able to provide this because they had specifically been to purchase some for the person. We heard staff chatting to people in a friendly manner whilst supporting them with care tasks. We also observed a member of staff dancing with a person during a musical session and the person appeared to enjoy this interaction. However one person told us that although some of the staff were "fantastic" but not all of the staff had a caring approach. They commented "A couple of the young girls are a bit surly."

We found that staff were very busy during the inspection. People told us that staff sometimes had limited time to spend talking with them. We observed that staff were focused on getting tasks completed. A member of staff told us "You don't get time to make them a cup of tea, sit with them or do activities."

We spent time observing the communal lounge within the Silk Unit. We noted that some staff spent time in the small kitchen next to the lounge or were seated in the corridor outside so that they could monitor people's safety. We observed that there was very limited interaction between staff and people. We noticed that one person appeared to become distressed for a few moments, this seemed to be in response to another person who had become very noisy. Staff did not appear to notice. Eventually one carer did notice and came to support the person making the noise. The staff however did not attempt to provide any support to the person who had been distressed. We also observed on the Weaver Unit that a person asked a staff member a question, the staff member did not respond to the person's question.

We found that people's dignity and privacy was maintained but that there were times when this could be improved. One person told us that staff treated her with dignity and gave us an example of when staff had provided very tactful support. We also saw that staff knocked on people's bedroom doors before entering and that doors were closed when staff were carrying out personal care.

However, some staff spoken with were unable to clearly tell us how they would ensure that people's dignity was maintained. We saw that the registered manager had taken steps to ensure that staff understood how to promote people's dignity. Senior staff told us that this was something that was being monitored and had thought about implementing a "do not disturb" sign to place on people's doors, so that staff knew when personal care was being provided. The registered manager had sought feedback from people and their relatives, including whether people felt that they were treated as individuals and whether staff offered people choice and treated them with respect. Feedback indicated that some did not feel that this was the

case. We saw minutes from a staff meeting held by the registered manager to discuss the feedback and we saw that she had introduced dignity champions as a result. However, staff we spoke with told us that dignity champions had been introduced on the Weaver Unit, but staff were unaware that champions had been introduced onto the Silk Unit.

We found that people were supported and involved in planning and making decisions about their care. We saw that where they were able to, people had been involved in the development of their care plans and had signed them to say that they had been consulted with. One person told us that staff knew how they liked things done. Information and advice was also available in written format at the entrance to the home and on notice boards. This included information about some activities, entertainment, welcome brochure and how to complain.

People were involved in decisions about what end of life care and arrangements they wished to have. We saw that care plans were developed outlining people's preferences, including where they wished to receive care and whether they wanted to be resuscitated. We saw that these decisions were reviewed and care plans and do not attempt resuscitation documentation was updated in line with people's choices. We saw that the home had received some positive feedback from some about the end of life care that had been provided by the staff.

Is the service responsive?

Our findings

People told us that some aspects of the service were responsive. They said "They (Staff) come in all the time to see if I'm okay." A relative told us that they felt "happy" with the care being provided.

People's needs had been assessed both before and after admission to the home. The assessment considered people's needs relating to areas such as eating and drinking, mobility, personal hygiene and emotional wellbeing. We reviewed people's care records and found that they were personalised. We saw that the plans included information about people's health and social care needs, as well as their preferences, likes and dislikes. For example we saw that some plans said "I like one male carer to assist me with my personal care" and "I prefer to shower in the morning." The records demonstrated that plans were reviewed on a regular basis and updated when people's needs changed. People and their relatives had been involved in the assessment process. A visiting relative confirmed that he had been involved in their relative's assessment and had been asked to write down all about their relative's history, to help the staff to have an understanding of the person.

We found that the care records provided sufficient detail to enable staff to know how to meet the people's care and support needs in a way that they preferred. They reflected how people liked to receive their care. The records contained a "My choices" booklet, this documentation was being introduced and we saw in those that had been completed they contained detailed information. This included information about the person's preferences, what was important to the person and what a good day looked like. People who we spoke with told us that care was provided to them in a way that they preferred, one person commented "You can please yourself" (when getting up or going to bed). A relative explained that "People can choose what they want to do."

Handover records showed that people's daily care was communicated when staff changed duty at the beginning and end of each shift. We saw these covered areas including how the person had slept, their activities that day and any visits received by external professionals. Information about people's health and other issues were shared, which meant staff were aware of the current health and wellbeing of people. Staff told us that they were key workers for some people and tended to work with an allocated number of people on a unit. They told us that this meant that they "Got to know the residents." Relatives told us that staff communicated with them in a timely way if there were any changes to their relative's needs, including if their relative had an accident or needed to see a doctor.

We looked at documents in the bedrooms of the people living at the home. These included booklets which contained charts for positional changes, food and fluid intake, bed rails checks and night time checks. Many of these were completed accurately but we found that there were some gaps in the recordings and that the recordings had not always been written at the time that the care was provided. For example we saw that one person's food and fluid chart had not been completed when we initially reviewed it at 11am, however when we looked at the chart again later in the day we saw that an entry had been made retrospectively for a drink that had been provided at 8.20am. This meant that records had not been completed when the support had

been provided. We were told that the provider's policy was that records should be written at the time that the care was carried out. We also found that there were some gaps in the records relating to positional changes and could not evidence therefore that the care had been carried out as identified in people's care plans

There were mixed views expressed by people in relation to social activities at the home. Some people and relatives were pleased with the type of activities on offer. The home employed three activities coordinators and we saw that activities were displayed, these included drawing, quizzes, games and music. One person told us that they were going to take part in an art class and exercise class later in the week. However other people told us that the activities could be better. Comments included "There's supposed to be one on every day, but you never really know what's going on, what time or where they'll be." And someone else told us that they would prefer to spend more time going out. There was a garden, which staff told us people could use if they wished, although we didn't see anyone out the garden during the inspection and one person told us that they had "only been out in the garden twice." We were told that the funds provided for activities enabled the staff to arrange only one outside entertainer per month.

We observed that people living on the Silk Unit spent the majority of their time in either one lounge or the dining room at meal times. People were sat around the television with little interaction taking place until mid-afternoon. We saw that one person asked for a pencil and then attempted to do some drawings on a piece of tissue. Staff were able to tell us that the person was a talented artist, and then went to find some paper, but this wasn't readily available.

We spoke with the activities coordinator who was based on the Silk Unit from 2.30pm to 6.30pm Monday to Friday. She explained that activities were tailored specifically for people with dementia needs. She had been developing individual folders for people to monitor and record the activities that people had taken part in, to help identify what people enjoyed. We observed that one to one activities were carried out with people. We saw later in the day that the coordinator played the keyboard and some people were smiling and singing. The activities co-coordinators had arranged a summer fair at the home which was due to take place soon. The registered manager told us that the activities coordinators had been tasked with completing the "My choices" booklet with people, specifically to look at an activities lifestyle plan. We saw that one of these had been completed and contained person centred information, it read "(Name) really loves the keyboard being played." We found overall that the activities on offer could be developed and improved.

People said that they felt able to raise any concerns with staff. The provider had a complaints procedure in place, which was on display in the entrance area of the home. We saw that the manager had a system for logging any complaints, there was a folder in place which was recorded the details of complaints. There was a record of how any complaints had been dealt with, as well as details of any further actions that were taken.

We saw that some resident and relatives meetings had been held but that these has been less frequent more recently. Some people told us that they weren't aware that these meetings took place. The registered manager told us that she had been seeking feedback from people on an individual basis and we saw records of meetings/ discussions that had been held with relatives over the past six months. We saw that feedback had been sought and actions taken in the response to this feedback.

Is the service well-led?

Our findings

Staff told us that the management team were supportive. They told us that the registered manager was "approachable and supportive." Someone else explained that "Things are a lot smoother now that Val is here, she does twice weekly meetings with the unit managers."

There was a management structure in place. The registered manager had been in post since February 2015. She explained that she had identified areas which required improvement when she came into post and told us that she had focused upon making improvements to the quality of the care. The manager understood her responsibilities and was supported by a wider team of staff, including a deputy and regional manager. We saw that a number of changes had been made and new systems had been implemented. The registered manager emphasised that a lot of work had been carried out to make improvements and said there were plans for further improvements. The registered manager told us that she had focused upon the recruitment of new staff and recruitment was on-going. However there were on-going issues with staff absences. Staff told us that the staffing issues continued to be significant issues, despite attempts being made to address this.

We saw that the provider had appropriate policies and procedures in place. These included adult safeguarding, complaints and medication and these were available to staff.

The staff spoke positively about the manager, who they said was approachable. They told us that they had seen improvements in the running of the home since the current manager had been in post. One staff member told us "I love it here" and someone else said that the registered manager was very responsive. The registered manager and deputy manager told us that they undertook a daily walk around of the building to speak to people and to check what was happening on the units. Someone said "Val comes round the units to see what's happening."

Some people living at the home told us that they knew who the registered manager was, one person commented "The manager comes around every day." However not all of the people who we spoke with were familiar with her and one person told us that they didn't know who the manager was.

We saw that meetings had been held with the staff. We reviewed the minutes of meetings and saw that these meetings were used to discuss any concerns the registered manager had and any improvements that needed to be made to the care provision. The registered manager provided clear expectations for staff within these meetings. We saw that there had been a focus upon teamwork in a recent staff meeting and staff were encouraged to support each other.

Flash meetings had also been introduced three times per week, with the management team. Issues such as staffing, new admissions and weekly audits were discussed. The registered manager told us that this had improved communication and meant that staff were up to date with people's changing needs. We saw that employee of the month had also been introduced where members of staff and residents voted for whom they thought had gone the extra mile in supporting people and staff.

The management at the home had some processes in place which sought people's views and used these to improve the quality of the service. The registered and deputy manager used an I-pad to seek feedback, this feedback was also monitored by the provider's head office. They ensured that a number of people were asked to provide feedback on a regular basis. The system enabled the management team to receive information immediately and if there were any concerns these could therefore be acted upon. We saw an example of this regarding the introduction of dignity champions.

The service had systems in place to monitor and review the quality of care delivered. There was a range of audits undertaken, including reviewing care records, medicines, infection control and health and safety arrangements. A weekly audit was completed using the I-pad system. Management visits were also undertaken at night.

We saw an example of the latest audit which had been carried out by the regional manager, who told us that these were carried out monthly. He told us that any required actions were flagged up electronically and reviewed until the action has been completed. Through these systems the registered manager had identified some of the concerns that we found during our inspection. They had started to work on and improve the quality of service delivery. However, there were issues such as people's dining experience and the quality of the food, which did not appear to have been identified or addressed. A number of people at the home told us that they were unfamiliar with the registered manager. Whilst the registered manager informed us that they carried out a daily walk round of the building, it may be beneficial to spend more time with people living at the home to help understand their experiences. We found that the provider had not made sufficient improvement to ensure people received a high standard of care that was consistently provided and kept people safe.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

The management team were aware of the requirements of their registration with the Care Quality Commission and submitted statutory notifications as required.

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 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	Not all staff had an understanding of the MCA and we saw that mental capacity assessments had not always been completed appropriately.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	People could not be sure that they were fully protected from harm and abuse.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Diagnostic and screening procedures	People's views of the food varied and some feedback was very negative about the quality and variety of food. We found that the dining experience was not a particular cheerful or sociable experience. We also unable to evidence from people's records and charts that they had always received adequate drinks
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	We found that the provider had not made sufficient improvement to ensure people received a high standard of care that was
Treatment of disease, disorder or injury	

consistently provided and kept people safe.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

We found that there wasn't always adequate staffing to meet the needs of people.