

Sunny Okukpolor Humphreys

# The Beeches Nursing and Residential Care Home

## Inspection report

Church Lane  
Kelloe  
County Durham  
DH6 4PT

Tel: 01913773004

Date of inspection visit:  
08 November 2017  
15 November 2017  
22 November 2017

Date of publication:  
14 February 2018

## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

The Beeches Nursing and Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides nursing and personal care for up to 31 people some of whom are living with a dementia. Care is provided over two floors. On the first day of the inspection there were 23 people who used the service, reducing to 18 people on day three of the inspection.

This inspection took place on 8, 15 and 22 November 2017. The inspection was unannounced (all of the inspection days), which meant that the staff and provider did not know we would be visiting.

At our last comprehensive inspection in September 2015 we rated the service as Good. However, we found a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at that time, as the provider was not always maintaining an accurate, complete and contemporaneous record in respect of each person who used the service as some care records had not been updated or evaluated for several months. We revisited the service in June 2016 to check if improvements had been made and found that action had been taken to address the breach.

At this inspection of the service in November 2017 we rated the service as Inadequate.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not receive safe care and treatment. Staffing levels and the deployment of staff did not ensure people's care needs were met. Staffing levels were not effectively monitored. We spoke with the provider after the first day of the inspection who agreed to increase staffing levels. Recruitment procedures were not robust to ensure those staff working with people who used the service were suitable to do so.

Risks to people were not appropriately assessed and managed. The provider was not ensuring that people

who had behaviour that challenged were appropriately supported, and that incidents were analysed, which exposed them as individuals, and other people, to the risk of harm.

We looked at the arrangements in place for the management, storage, recording and administration of medicines and found serious concerns with the management of medicines. There were unexplained gaps in people's medicine administration records (MAR) which records when people are given their medicines. There were no records for those medicines prescribed to be applied to the body in a patch (for example for pain relief) to confirm where and when the patch had been applied to different areas of the back, upper arm or chest. Medicines prescribed as a patch should be rotated to avoid applying to the same area for 14 days. Some people had not received their medicines as these had been out of stock. People had not always received their medicines at the time they were prescribed.

The provider was not ensuring the premises and equipment were clean and properly maintained. Infection control was poor. We found toilets stained with faeces and furniture, walls, sinks, carpets and floors which were dirty and stained. The service had a malodour and many of the carpets were worn and dirty. We pointed this out to the registered manager and provider at the time of the inspection and they took some action to address our concerns, however further work was needed.

The provider did not protect people from environmental risks. Throughout the inspection we found concerns with premises safety. We found the medicine room unlocked. There were unlocked doors leading to a boiler room and another door which then led to a door where access to the grounds of the home was possible. The sluice room on the first floor of the service was not locked. There was an unlocked room on the first floor of the service used as storage which led to the oil boiler.

The fire authority visited the service on 15 November 2017 and found non-compliance with fire regulations highlighting major deficiencies. The provider was not ensuring that suitable fire safety and emergency arrangements were in place. The emergency evacuation plans were not available for all people who used the service or readily available to emergency services in the event of an emergency. We contacted the fire authority after our inspection who informed us they had visited again on 8 December and were satisfied the major deficiencies had been resolved. They also told us improvement into resolving minor deficiencies was well underway.

The certificate to confirm that there had been professional testing of the electrical systems, circuits and any other service carrying electricity around the building was not available. The building was not suitably heated and environmental risks were not managed.

Examination of records and discussion with staff identified staff were not up to date with their training and induction records were incomplete. There were insufficient nurses with the right clinical skills to care for current and potential people who were to use the service. Appropriate checks had not been made to confirm all bank and agency nurses were suitably trained with the right clinical skills to care for people who used the service.

Nurses employed at the service had not received clinical supervision and the registered manager had not received supervision and an annual appraisal.

We looked at care plans of people who had been identified as lacking in capacity to make an informed decision. We found they had mental capacity assessments for care and accommodation; however, staff were making other decisions for health, personal care and continence care without capacity assessments or best interest decisions being undertaken. Care plans were insufficiently detailed to ensure the care and

treatment needs of people who used the service were met. Care plans were not reviewed and updated on a regular basis.

Systems and processes for monitoring the quality of the service provision were poor. The provider had not ensured that appropriate governance structures, systems and processes such as audits were in place. This failure to appropriately audit the operation of the service resulted in the provider not identifying the shortfalls that we identified during our inspection.

Staff knew how to identify signs of abuse and understood the procedure they needed to follow if they suspected abuse might be taking place.

The handyman had carried out some safety checks of the building and service, however, we did note there were still some cold water coming from hot taps. In addition, we found sinks in other areas had hot taps that were reading low temperatures.

Staff were aware of their responsibilities to raise concerns about people's care and to record accidents. A monthly accident audit was completed. The registered manager told us that lessons were learnt when they reviewed all accidents to determine any themes or trends.

People were supported to eat and drink in sufficient quantities to remain healthy. Feedback about the quality of meals was mixed. Special diets were catered for, and alternative choices were offered to people if they did not like any of the menu choices. Examination of records informed that some people had lost weight and some people had not been weighed on a regular basis.

We observed examples of when staff were kind, caring and courteous. In general privacy and dignity of people was promoted and maintained by staff. Explanations and reassurance was provided to people throughout the day.

Staff encouraged people to actively participate in recreational activities that reflected their social interests and to maintain relationships with people that mattered to them. There were limited activities available for those people living with a dementia. The service had a clear process for handling complaints.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. This standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. They told us they provided and accessed information for people that was understandable to them. The registered manager and staff had worked with speech and language therapists who had developed communication books to assist and improve communication, especially for those people living with a dementia.

The overall rating for this service is Inadequate and the service is therefore in special measures. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying

the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

During the inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely, need for consent, safe care and treatment, good governance, fit and proper persons employed and staffing. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

There were unexplained gaps on people's MARs and people did not always receive their medicines as prescribed.

There were insufficient staff on duty to ensure the needs of people who used the service were met. Recruitment procedures were not robust.

There were concerns regarding cleanliness, infection prevention and control and health and safety. The fire authority had visited and found non-compliance with fire regulations highlighting major deficiencies. People's emergency evacuation information was not accurate or up to date.

Some areas of the service were cold as the heating had broken.

### Is the service effective?

**Inadequate** ●

The service was not effective.

Staff were not up to date with their training and induction records were incomplete. Nurses employed at the service had not received clinical supervision.

Mental Capacity assessments were not decision specific. Best interest decisions were not recorded.

We received mixed feedback from people who used the service about the food provided. Examination of records informed us that some people had lost weight and some people had not been weighed on a regular basis.

The home environment had not been maintained to ensure it was fit for purpose.

People had access to healthcare professionals and services.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

The provider was not ensuring adequate standards of care were being met.

People and relatives were happy with the care delivered by staff.

Staff were respectful and engaged well with people throughout the inspection.

### Is the service responsive?

The service was not always responsive.

Care plans were insufficiently detailed to ensure the care and treatment needs of people who used the service were met.

The service employed an activity co-ordinator to arrange activities for people; however these activities were limited for those people living with a dementia.

Relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Staff at the service worked closely with other health care professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

The provider had not ensured that appropriate governance structures, systems and processes such as audits were in place.

This failure to appropriately audit the operation of the service resulted in the provider not identifying the shortfalls that we identified during our inspection.

There were regular staff meetings. Staff we spoke with told us they were encouraged to speak up and share their views.

Staff told us the registered manager was approachable and supportive.

**Inadequate** ●

# The Beeches Nursing and Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 8, 15 and 22 November 2017. The inspection was carried out by four adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider.

We requested and the provider submitted a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included five people's care records and other medicines records. We also looked at six staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service and at lunch time. We spoke with 12 people who used the service and five relatives.

We spoke with the registered manager, deputy manager, provider, a senior care assistant, the activities co-ordinator, the domestic staff member, three nurses and five care staff. During and after the inspection we



also gathered feedback from a social worker, representatives from the local authority safeguarding team, the Clinical Commissioning Group (CCG) safeguarding lead, a representative from the fire authority and a representative from NHS Durham and Darlington CCG's infection prevention and control team.



## Our findings

During the inspection we looked at the recruitment records of six staff and found that recruitment procedures were not robust. We found insufficient evidence to confirm the appropriate checks had been made on staff to make sure they were safe to work with vulnerable people who used the service. For two staff we found gaps in employment that had not been explored. For another staff member there was only one reference. In addition, there were no recruitment records for one nurse who was employed at the service. We asked to see this nurse's application form, references, proof of identity and the Disclosure and Barring Service (DBS) check, but these could not be found. The DBS checks the suitability of applicants to work with vulnerable adults and children, which helps employers to make safer recruitment decisions.

The service had vacancies for nurses and as such relied on the use of agency nurses to cover some of the shifts. We asked the registered manager how they ensured agency nurses were suitable, of good character and were safe to work with vulnerable people. They told us when requesting staff from the agency they would ask for a nurse profile confirming that the agency had undertaken recruitment checks. However, they were unable to provide us with agency nurse profiles for all agency nurses that worked at the service.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 19: Fit and proper persons employed.

At our inspection of the service on 8 November 2017 we found there were insufficient staff on duty to care for people who used the service. Staff were extremely rushed and had little time to spend with people due to them completing physical care tasks. In addition, due to limited ancillary staff, care staff were pulled away from their caring duties to carry out other duties such as serving food on an evening, processing laundry and answering phones and enquiries from visitors.

People told us there were not enough staff on duty to support them with their care needs and they often had to wait for their care to be delivered. One person told us their dignity was often compromised as they had to wait for staff to support them. They said, "When I want to get up I press my buzzer and ask to go to the toilet but they say I haven't got time, I'll be back in 10 minutes." When speaking with this person they told us before we went into their bedroom they had called for staff but they were still waiting. Whilst in their bedroom we called for help, but it was the laundry assistant who answered as care staff were busy elsewhere. This person told us they frequently had to wait for staff to support them. They also told us they had not been washed that day as staff did not have time. We checked their hygiene chart and found this had not been completed. We stayed with this person until care staff arrived to assist them with their personal

care needs.

On the first day of the inspection people did not receive their morning medicines until after 10am. The nurse on duty told us the medicine round had been delayed as they had been too busy supporting people, speaking with doctors and involved in other tasks. People were prescribed time specific medicines to ensure their medical condition was well controlled and other people required medicines for their pain relief. This medicine round took two hours and people did not receive their medicines on time. Staff told us that people often received their medicines late.

During our discussions with staff they confirmed there were insufficient staff on duty to meet people's needs and this had resulted in care being compromised. One staff member said staffing levels were, "Not at all enough. They [people] are getting cared for but it's not how it should be, there's no quality time to spend with them." Another staff member commented, "It has been two to three staff with 26 residents; we've been stretched to the max."

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18: Staffing.

We contacted the provider on the first day of our inspection who agreed to one nurse on duty and to increase to five care staff on duty during the day and evening.

Throughout the inspection we found there to be issues with cleanliness and infection control. There was a malodour in all areas of the service. We found toilets were stained with faeces and furniture, walls, sinks, carpets and floors which were dirty and stained. In bathrooms where the flooring met the walls there was staining and dirt. We found some of the taps were brown and dirty underneath. In one bedroom there were missing tiles from around a sink. The conservatory was dirty and above the window frames there were spiders, cobwebs and dirt. The floor was very sticky.

The registered manager told us the service only had one cleaner who was contracted to work 16 hours a week. They told us they had recruited another cleaner; however were awaiting recruitment checks to be completed prior to commencement of their employment. The registered manager told us the laundry assistant was helping out with cleaning duties. We saw one member of staff, who wasn't wearing personal protective clothing walk out of a bedroom room with dirty clothes. The clothes were not in a bag they were directly next to their uniform. We found no hand wash in most of the toilets and bathrooms.

The service was visited by an infection control nurse after the second day of our inspection. They also found concerns in relation to cleanliness and infection control and left an action plan detailing 16 areas for improvement.

We looked at cleaning schedules in use within the service, which did not reflect all areas of cleaning, for example the changing of toilet brushes. There was no quality monitoring tool for the registered manager to audit cleaning or cleaning schedules. There was no hand wash, hand towels or gloves in the treatment room / medicine room.

People were not protected from the risks associated with inappropriate or unsafe care and treatment because the service was unclean and infection control was poor. On our third visit to the service we saw some improvement in the standard of cleanliness; however further work was still needed.

On our inspection visits we found other concerns with environmental safety. We found the medicine room

unlocked. We pointed this out to the nurse on duty who locked this immediately. There were unlocked doors leading to the boiler room and rooms containing fuse boxes, and another door which then led to a door where access to the grounds of the home was possible. On numerous occasions during the inspection these doors were left ajar despite staff locking these at our request and us telling staff they needed to remain locked. There were some people who were living with a dementia who could have come to harm had they accessed these areas and potentially left the service. The provider had failed to ensure the safety of people who used the service and they had therefore placed people at risk.

We asked the registered manager and provider to see the certificate to confirm that there had been professional testing of the electrical systems, circuits and any other service carrying electricity around the building to confirm that they were safe. This certificate could not be found despite numerous requests for this.

At the Commission's request a representative from County Durham and Darlington Fire and Rescue Authority visited the service on the second day of our inspection and found non-compliance with fire regulations highlighting major deficiencies. We contacted the fire authority after our inspection who informed us they had visited again on 8 December and were satisfied the major deficiencies had been resolved. They also told us improvement into resolving minor deficiencies was well underway.

The emergency evacuation plans for people were not readily available to emergency services in the event of an emergency. We looked at these and saw that there were seven people who did not have an evacuation plan. This meant staff and emergency services did not have the essential written information they would need to move this person in the event of an emergency.

On our first visit to the service we found that in parts of the building there was no heating or hot water. The registered manager told us the heating had broken on 3 November 2017 and replacement parts were on order. There was no heating in eight bedrooms, six of which were occupied. One person was in their room which was very cold. We asked if they would like to move bedrooms until the heating was fixed and they told us they would like to move rooms. This person moved rooms while we were at the service. The registered manager told us they had asked this person if they had wanted to move rooms prior to our inspection, however they had declined.

The registered manager had purchased portable heaters when the heating had broken. We asked the registered manager if they had undertaken a risk assessment to make sure these heaters were safe for people who used the service taking into account the risk of burns and fire. The registered manager told us they hadn't. After the first inspection day the registered manager told us that apart from two people who had refused to change rooms, people had been accommodated in other rooms. When we returned for our second inspection visit the heating was still broken.

When we visited on 22 November 2017 plumbers were on site fixing the boilers and addressing the heater problems. However, we did note there was still some cold water coming from hot taps. In addition we found sinks in other areas had hot taps that were reading low temperatures of 29, 36 and 37 degrees Celsius.

During the inspection we looked at the care plans of two people who displayed behaviours that challenged. We saw that staff had documented when this had happened but these incidents were not monitored or analysed to see if there were any lessons to be learned. This exposed both the people and other people who used the service to increased risk.

We found the management of medicines to be poor. We looked at the medicine records for people who

used the service and found that the recording of the administration or non-administration of medicines was not robust. We found gaps when medicines had not been signed for as given.

For one person prescribed eye drops we noted there were occasions when the person had refused to take their eye drops for more than three days but no action had been taken by staff to contact this person's General Practitioner (GP) to seek advice in respect of this. The provider's policy for non-compliance with medicines advises that if people refuse their medicines for three consecutive days they should be referred to their GP.

We found there were occasions when people had not been given their prescribed medicine as staff had not been able to locate this or it was out of stock. There were no records for those medicines prescribed to be applied to the body in a patch (for example for pain relief) to confirm where and when the patch had been applied to different areas of the back, upper arm or chest. Medicines prescribed as a patch should be rotated to avoid applying to the same area for 14 days.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12: Safe care and treatment.

We asked people who used the service if they felt safe. One person said, "At home I was always falling over, but I haven't fallen here for over three years." Another person told us they had been without the main lighting in their room. They told us they had to leave their toilet light on as it was dark and they were frightened of falling. This person said, "I've asked until I'm sick, they just say it's on order; I could have made one myself." We discussed this with the registered manager and when we returned for our second visit the lighting was fixed.

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

Staff were aware of their responsibilities to raise concerns and to record accidents. A monthly accident audit was completed and for one person who had fallen on three occasions a referral had been made to the falls team in May 2017, however, no response had been received and staff at the service had not followed up on this. The deputy manager told us they would take action and contact the falls team immediately. The registered manager told us that lessons were learnt when they reviewed all accidents to determine any themes or trends.



## Our findings

Examination of records and discussion with staff identified staff were not up to date with their training and induction records were incomplete. The registered manager provided us with two training charts that had not been updated to include new staff who had started work at the service from March 2017. Staff were not up to date with their training in health and safety, safeguarding, equality and diversity, end of life, infection control, fire, first aid, behaviour that challenged, food safety, MCA and DoLS and moving and handling. We asked the registered manager if a staff member qualified in first aid was identified on the rota for each shift. The registered manager could not provide us with reassurance that a suitably qualified staff member with appropriate first aid training was always available should an emergency situation arise.

During the inspection we contacted visiting professionals to seek their views on the service they told us they thought staff's knowledge of dementia was limited. They told us some staff struggled to understand the symptomatic behaviours which can be displayed as a result of dementia and that staff were unable to manage behaviours effectively.

There was no evidence or written record to confirm that agency or bank staff had received an induction. This meant, bank and agency staff were not provided with important information such as what to do in the event of an emergency situation. We spoke with a nurse who told us they had worked some shadow shifts observing another nurse when they first started; however, they had not received an induction or any other training.

At the time of the inspection the service employed one registered general nurse (RGN) and two registered mental health nurses (RMN's). The registered manager told us they were actively recruiting to fill two other vacant nursing posts. We found that the RMN's employed at the service did not have any clinical skills and were not trained to do procedures such as venepuncture and male and female catheterisation. In addition these RMN's were not familiar with how to use a syringe driver or PEG feeding. A syringe driver is used to administer a steady flow of injected medicine continuously under the skin. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth. This meant there were insufficient nurses with the right clinical skills to care for people using the service.

We raised our concerns about the lack of nursing staff with clinical skills to the provider during the first day of the inspection and spoke with them again on 9 November 2017. Following our discussion the deputy

manager contacted the district nursing service to ask if their nurses would be willing to support with people's clinical needs should they arise (twenty four hours a day). In addition they told us they had contacted the Macmillan nursing service and asked for their support should anyone who used the service need end of life care. Both services had agreed to provide clinical and end of life care and support on an ad hoc basis when required until nursing staff with the right skills were in place

There was no evidence to confirm nurses employed at the service had received clinical supervision. Clinical supervision is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. The registered manager was not a nurse and there were no other arrangements in place to ensure nursing staff received clinical supervision.

We asked to see supervision and appraisal records for the registered manager. They told us they had not received any supervision or an appraisal since they were employed as registered manager. The registered manager provided us with appraisal preparation forms they had completed in August 2015 and January 2017. However, the provider had not given any feedback to the registered manager on their performance at these times.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18: Staffing.

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 authorisation 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. The registered manager told us one person's DoLS application had been authorised by the local authority and six were pending.

During the inspection we looked at the care plans of three people who had been identified as lacking in capacity to make an informed decision. We found they had a MCA assessment for care and accommodation (DoLS), however, staff were making other decisions for health, personal care, continence care, safety arrangements and the use of equipment but there were no MCA assessments or best interest decisions in place. Throughout the inspection we saw examples of staff making decisions that were in the best interests of people they knew well, for example supporting people with their personal care. Our judgment was that staff did act in the best interest of the people they supported, but that processes had not been followed to formally assess and record this.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 11: Need for consent.

We looked at records and spoke with care staff who confirmed that they had supervision and appraisals and the registered manager and other senior staff were always available for support. Supervision sessions give staff and their line manager the opportunity to discuss performance and any areas for development or where further support may be needed. One staff member said, "[Name of registered manager] is very

supportive."

The service had a four week menu plan. We asked people about the food provided and received a mixed response. One person told us, "I love my food and it's always very good here." Another person said, "I have no complaints with the food." Another person commented, "There are lots of things I don't like on the menus. I am sick of chicken casserole. I get chops but I can't chew them. I can ask for something else." Another person said, "The food is okay."

On the second day of the inspection we saw some records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. The deputy manager told us those people who were at risk of malnutrition were identified and kitchen staff were informed. We saw that the kitchen staff had a list of people who needed additional nutrition; however this was not up to date. We discussed this with the registered manager who told us they would update kitchen staff immediately.

Discussion with the registered manager and examination of records informed us that some people had lost weight and some people had not been weighed on a regular basis. Following examination of people's weight records we identified a number of people who had lost weight and asked the registered manager and deputy manager to contact their GPs to make a referral to the dietician, or if the dietician was already involved, to get back in touch with them to obtain further advice. When we returned for our third inspection visit the registered manager and deputy manager told us they had taken action to contact people's GPs and dieticians. The registered manager and deputy manager thought that some of the weight losses were possibly due to the inaccuracy of the weighing scales and told us they would arrange to have these recalibrated. The registered manager told us after the inspection that the weighing scales had been recalibrated.

We saw that people had access to healthcare professionals to ensure their health and wellbeing was maintained. Records showed details of appointments with, and visits by, health and social care professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, their doctor, community nurses, social workers and chiropodists.

The service is set in attractive grounds close to the village of Kelloe. The service was previously a vicarage which has been extended to accommodate a maximum number of 31 people. As reported under the safe section of this report, we found the premises and equipment were not clean or well maintained. Many areas of the service had not been upgraded or decorated for some time and carpets were marked and dirty. Furniture was showing signs of wear and tear. The home environment had not been maintained to ensure it was fit for purpose.





## Our findings

We observed staff to be caring throughout the inspection, however, it was evident from the issues we found that the provider was not ensuring the service was caring overall.

People told us they were happy and that the staff were caring. One person said, "They [staff] are very good and really do go out of their way to help you." Another person commented, "They [staff] are very kind." A relative told us, "[Person] was in a terrible state when [they] came out of hospital, but now [they] are improving so much. [They] should be able to get out in [their] wheelchair that will make a world of difference to [them]." Another relative commented, "I think the standard of care here is excellent, otherwise my relative would not be here."

During the inspection we spent time observing staff and people who used the service. We observed staff engaging with people in a kind and caring way. During observations we saw people occasionally became upset, agitated or angry. Staff knew how to reassure them. They spoke to them respectfully in a soft tone until the person became calm again or alternatively staff distracted them to another area or task.

Where people were anxious or in need of reassurance we saw staff interacted with them in a kind and compassionate way. One person who used the service became very distressed when they thought they had not been given their medicines. We saw how staff reassured the person and de-escalated their anxieties whilst providing the person with reassurance. Staff demonstrated a good knowledge of people's individualities and how best to support them.

On one occasion one person who used the service needed help to blow their nose and staff were quick to get a tissue for the person. The staff member respectfully encouraged the person to blow their nose, however as they were living with a dementia they were struggling to understand. The staff member then showed the person the action of how to blow their nose. Eventually the person needed support to blow their nose but the staff member did this in a very discreet but caring way. At the end of this process the person smiled at the staff member to show their appreciation. This showed staff were caring.

Staff demonstrated a good knowledge of the people they cared for; they addressed people by name and interacted with them in a relaxed and friendly way.

People and staff engaged in conversation, general banter and there was laughter. We observed staff accepting physical contact such as holding hands and hugs to ensure people were emotionally supported.

Staff respected people's dignity and lowered themselves to eye level when speaking with people who were sat down. Staff explained where they were going with people, or how they intended to help them. People were supported to be independent with their mobility. Staff provided reassurance and support when people were walking with their mobility aids such as walking frames and sticks.

The registered manager informed us that they had arranged for representatives from the local church to visit every six to eight weeks to carry out a service at the home. This arrangement was to support those people who were unable to access the local church but anyone who used the service was encouraged to join in. The activity co-ordinator told us how one person who used the service liked to play the piano during the service and how other people would join in and sing the hymns.

At the time of the inspection there was nobody who required the services of an advocate. An advocate is someone who supports a person so that their views are heard and their rights are upheld. There was information available on local advocacy services for those people who might require this support in the future.



## Our findings

Care plans were insufficiently detailed to give support and guidance for staff to appropriately meet the care and treatment needs of people who used the service. We looked at the care plan of a person who had been diagnosed with a sleep disorder. This person did not have a care plan with written guidance for staff to refer to in order to keep this person safe. We noted that a person was bedbound, and their mobility care plan informed they could reposition themselves in bed. However, there was no mention of skin integrity or if they were at risk of pressure damage. A person who used the service required the support of staff to help with their washing and dressing, however there was no information within their care records detailing what the person was independent with or what support they needed from staff. We found that some care plans were more of a task list and were not personalised. They did not give insight into the individual's personality, preferences and choice.

We looked at the care records of one person who displayed behaviour that challenged. The care plan detailed that staff should 'monitor' this person, however, did not inform what this 'monitoring' looked like or how often this should take place. This meant staff did not have the written guidance to keep the person and other people who used the service safe.

Examination of records informed us that care plans were not reviewed and updated on a regular basis.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good governance.

People and relatives told us they felt the service provided personalised care. One person said, "I am happy here and settled in." Another person commented, "I have everything I need and the staff are very good."

People who used the service and relatives we spoke with were content with the level and range of activities available. The service employed an activity co-ordinator who worked 30 hours a week and covered five days a week from Monday to Friday. We spoke with the activity co-ordinator who told us about the range of activities people took part in. They told us that people enjoyed music, singing, bingo, giant snakes and ladders, arts and crafts and reminiscing. One person told us, "I like arts and crafts." Another person thought there was too much bingo but joined in as other people who used the service liked it.

The activity co-ordinator told us some people who used the service took part in a monthly exercise session. They told us this exercise class was delivered by an external company who had people trained in fitness and

well-being to deliver fun exercise sessions to people with different abilities.

The activities co-ordinator told us they were planning for Christmas. A party had been arranged and an entertainment company were visiting the service to put on a pantomime for people who used the service.

We asked the activity co-ordinator about activities for those people living with a dementia. They told us these were limited and an area which could be improved upon. The activity co-ordinator showed us a memory box which contained memorabilia such as old toys and cake decorating equipment which were used to generate discussion and general activity. A general discussion took place with the activity co-ordinator about stimulating activities and those most suitable for people living with a dementia.

We asked the registered manager if they were aware of the Accessible Information Standard that was introduced in 2016. This standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The registered manager told us when people are first admitted to the service they obtain information and staff speak with people, their relatives and other professionals about any needs relating to communication. They told us for those people who were blind or had a sight impairment they could arrange for information to be provided in braille. They told us they had worked with speech and language therapists who had developed communication books to assist and improve communication, especially for those people living with a dementia.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns.

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. The registered manager told us they had recently worked closely with Macmillan nurses who had supported the nursing and care staff in ensuring the highest quality of care for one person who was receiving end of life care. In addition they told us they ensured relatives were provided with compassionate care and support.



## Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal requirements. The registered manager told us they carried out regular checks of the service, which included regularly walking around the service to check on health and safety. We saw records to confirm the registered manager and deputy manager had walked around the service on three occasions in October 2017 and recorded issues with the premises however, there was no actual health and safety audit detailing the checks to be undertaken and the actions needed to rectify any issues found.

We asked to look at audits for infection control, the kitchen, mattress checks and audits of systems and processes such as recruitment records. The registered manager told us they did not do such auditing. The registered manager told us the provider visited the service on a regular basis, but there was no structure to these visits or auditing undertaken. This failure to appropriately audit the operation of the service resulted in the provider not identifying the shortfalls that we identified during our inspection. The provider did not have effective systems and processes in place designed to identify failings and drive improvements.

The registered manager told us care plan audits were undertaken yearly. These audits were ineffective as they did not pick up on concerns with care records that we identified during our inspection. The infrequency of the care plan audit meant that many care plans for those people who were admitted for a short period of time, for example 21 days to six weeks, would not have their care plans audited at all.

The provider had arranged for a registered nurse to work at the service on a consultancy basis to observe and find out how the service was functioning and report on their findings. We saw records of one visit in July, one other in August, three visits in September and two in October 2017. The visits identified improvements were needed with care planning, other records, staffing, the cleanliness of the service and medicines. However, these visits were ineffective as we identified serious concerns at our inspection of the service.

Surveys for relatives had been undertaken in August / September 2017. We were provided with individual survey responses; however an analysis of findings had not been undertaken. The surveys we read informed us that people wanted to receive more baths and that the heating at the service was unreliable.

The previous staff survey had taken place in August 2016 and from the 10 responses received, five staff thought the service was understaffed. We looked at records of meetings between people who used the

service and relatives. At the last meeting in April 2017 it was thought that more staff were required, however no action was taken in respect of this.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good governance.

We saw records to confirm there were regular staff meetings. Staff we spoke with during the inspection told us they were encouraged to speak up and share their views.

We asked people who used the service and relatives if the service was-led. One person said, "Everyone is lovely and pleasant. They [staff] make me feel welcome and are always popping in with a cuppa. This is my home." Another person commented, "I don't know who the manager is but the carer's look after us." One person we spoke with expressed dissatisfaction with the service they received.

Staff told us the service was well-led and the registered manager was approachable and supportive. One staff member said, "I think [registered manager] does a fantastic job, [they] just need more support." Another staff member said, "The home is well run we have got a good manager who is supportive."

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and provided the information and documents that we asked for.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission by law and these had been received where needed.