Care Quality Commission

# Croft Care Homes Limited

# Croftland Care home

## Inspection report

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## Ratings

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|---|---|
| **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? | **Requires Improvement** |

## Overall summary

The inspection of Croftland Care Home with Nursing took place on 14 October 2014 and was unannounced. We also visited a second time on 20 October 2014, this visit was announced. We previously inspected the service on 23 April and 1 May 2014 and, at that time; we found the provider was not meeting the regulations relating to consent to care and treatment, care and welfare of people who use services, meeting nutritional needs, staffing and records. We asked the provider to make improvements. The provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Croftland Care Home is a nursing home currently providing care for up to a maximum of 55 older people. The home has four distinct units providing care and support for people with nursing and residential needs including people who are living with dementia.

The service has a manager in place however; they are not yet registered with the Care Quality Commission. The

# Summary of findings

manager had applied to the Care Quality Commission for registration and was awaiting the outcome of their application. 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.

The deployment of nursing staff within the service was inconsistent. We had concerns that people who were assessed as having nursing needs were not receiving adequate supervision or where appropriate, the intervention of a registered nurse. This demonstrated a continual breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found the provider's recruitment processes were not thorough. There was no evidence that gaps in peoples' previous employment history had been fully explored. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. This demonstrated a continual breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff understood their responsibilities for safeguarding people.

Training was not up to date and staff had not received regular management supervision. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Not all the care plans we looked at were compliant with the requirements of the Mental capacity Act 2005. This demonstrated a continual breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw improvements had been made in meeting people's nutritional needs. People were offered choices and support was appropriate to their needs. We found the home had been inspected by the Food Standards Agency in September 2014 and had scored a five star rating.

People looked well cared for. We heard staff interacting with people in a caring, discreet manner.

We saw improvements had been made to people's care plans. The files were organised and there was evidence they were being reviewed on a regular basis.

The manager had taken action to gain the views of people's relatives. They had held relatives meetings and sent out surveys for them to complete. The manager had at time of inspection not yet received the completed surveys.

We observed that the manager had just begun to implement systems to monitor the quality of the service provided to people. The system however was not yet robust enough to ensure people's safety and welfare was maintained.

This demonstrated a continual breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**

Inadequate

The service was not safe.

The deployment of nurses was inconsistent.

We found the providers recruitment processes were not thorough and we were unable to evidence people had been properly checked to make sure they were suitable and safe to work with people.

We observed a member of staff who did not administer medicines safely. This meant we could not be assured that people who used the service were protected against the risks associated with medicines.

**Is the service effective?**

Inadequate

The service was not effective.

New staff shadowed experienced staff when they began employment but we did not see evidence that new staff received any formal induction.

Not all staff had received regular supervision with their manager and staff training was not up to date.

Not all the care plans we looked at evidenced the provider was acting in accordance with the Mental Capacity Act.

People's nutritional needs were met. People were offered a choice of food and drink throughout the day.

**Is the service caring?**

Requires Improvement

The service was not always caring.

People were cared for and were supported by staff who encouraged them to make simple lifestyle choices.

People told us staff were nice to them and treated them with dignity and respect.

Some of the staff we spoke with were concerned about the lack of continuity for themselves and people as staff did not work on a dedicated unit.

**Is the service responsive?**

Requires Improvement

The service was not always responsive.

Care plans provided detailed information about people's individual needs and preferences.

The provider had increased the staff and hours dedicated to the provision of activities. However, we observed an activity on one of the units where not all the people were engaged in the activity.

# Summary of findings

The manager had taken steps to gain the views of visitors to the service

**Is the service well-led?**

**Requires Improvement** 

The service was not always well led.

There was a manager in place on the day of our inspection. They had applied to be registered with CQC and were awaiting the outcome of their application.

There was a lack of evidence that the service had a robust quality monitoring system in place to ensure people's safety and welfare.

There was evidence the service was beginning to engage with staff and ask for their opinions.

# Croftland 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 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 14 October 2014 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor with experience in dementia care and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for an older person or a person living with dementia. One inspector visited the service again on 20 October 2014.

Before the inspection we reviewed all the information we held about the service. We also spoke with the local authority safeguarding team, the local authority contracting team and the infection prevention and control team. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people who were living in the home and three visitors. We also spoke with the area manager, the manager of the service, two nurses, seven care staff, a cook, an activity organiser and an agency care worker. We also spent some time looking at eight people's care records and a variety of documents which related to the management of the home.

Inadequate

# Is the service safe?

## Our findings

Our inspection on 23 April and 1 May 2014 found the provider was not meeting the regulations relating to staffing. On this visit we checked and found there were still concerns about how the service was staffed.

We asked people who used the service if they felt there was enough staff. Two people told us they did not think there was. One person said, "I ring the bell and no one comes". One relative we spoke to said, "It's ok. There are normally two staff about".

We asked four members of staff if they felt there were enough staff to meet people's needs. One member of staff said, "Redwood is a particular issue due to the number of people who need two staff, we have to leave the others unsupervised. I feel it is risky". Three members of staff said they would not choose to place their relative in the service. One staff member said, "It is not about individual staff but what we are able to do…every day is different… [today] had to stop assisting [person] and go to [another person]". Another member of staff said, "There aren't enough staff. The rota is done around numbers not dependency".

When we visited the service on 23 April we expressed concern about the number of night staff who were on duty. As a result of our visit the provider increased the night staff numbers from five to six. We asked the manager if this had been maintained and they said it had.

We asked the manager how the staffing levels were decided for the service. They told us the staffing numbers were decided upon people's dependency. We asked if there was a formal system of logging this assessment and the manager said there was not. This meant there was no documented evidence of the rationale behind the numbers and skill mix of staff on duty at the service.

The service is split into four units on four floors. On the first day of our inspection there were 27 people who were assessed as having nursing needs. On our previous inspection we were concerned that people who were assessed as needing nursing care may not be receiving the supervision or intervention of a qualified nurse. Prior to the inspection we spoke with an external healthcare professional. They said they had expressed concern in recent weeks to the deputy manager about this issue in regard to a particular unit. During the first day of our inspection we did not see the nurse on two of the units we were present on. We were present on these two units for a period of at least 2 ½ hours. We spoke to a nurse on duty and they told us they were satisfied with the nursing input when there were two nurses on duty however, they felt it was not good practice to have only one nurse on duty. We looked at the duty rota for the period 6 October to 19 October 2014. The duty rota recorded three days in that period when there was only one qualified nurse in the building. This showed that the provision of nurses was not balanced.

There were not always enough qualified, skilled and experienced staff to meet people's needs.

This demonstrated a continual breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the recruitment records for three members of staff. We saw each person had completed a series of pre-employment checks prior to their job offer being confirmed. These checks included; carrying out a Disclosure and Barring Service ( DBS) check (formally known as a Criminal Records Bureau (CRB) check), taking up written references from previous employers and checking evidence of the identity of new members of staff. In one of the personnel files we looked at we could only see one reference on file. We spoke with the administrator who told us they were confident a second reference had been obtained and thought it must have been misfiled. We asked the administrator to scan a copy of the second reference to us so we could evidence this had been obtained. The administrator did this and we were satisfied that two references had been obtained for this member of staff.

Two of the personnel files we looked at were for staff who had been employed for less than twelve months. We could not see documented evidence that gaps in their employment history had been explored. For example, in one person's file they had detailed they had ceased working for an employer in December 2011. They had recorded the next entry as February 2013. This left a gap of thirteen months which had not been explained. Schedule 3 of the Health and Social Care Act requires a full employment history, together with a satisfactory written explanation of any gaps in employment to be obtained.

Inadequate

# Is the service safe?

Suitable arrangements were not in place to ensure appropriate checks had been undertaken before staff began work. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Our inspection on 23 April and 1 May 2014 found the provider was not meeting the regulations relating to management of medicines and we issued a warning notice to the provider. On this visit we checked and found the provider had addressed many of the concerns we had raised previously however, we still had concerns about the management of people's medicines.

We looked at the medicine policy for the provider. This was a corporate policy reviewed in April 2014. The policy was generic and contained no information on procedures for handling medicines at Croftland Care Home. The policy referred to the Healthcare Commission and the Primary Care Trust which are no longer in existence. There was no entry in the policy regarding senior carer staff administering medicines to service users who were assessed as having nursing needs and no statement about the lines of accountability regarding this matter. The policy also stated all staff who administered medicines should be "trained to level 3". The area manager told inspectors at the end of the first day of inspection that 'this was not yet the case'. This meant the providers policy was not reflective of the practices being undertaken at Croftland Care Home.

The manager told us qualified nurses and senior care staff were responsible for medication administration. We asked the manager about the training staff received in regard to medicines management. The manager told us each member of staff with responsibility for administering people's medication had undergone an annual assessment of their competency in medication management. We saw documented evidence of competency assessments for three senior carer staff who administered medicines, however, one of the competency assessments was not dated. The manager also told us all staff with responsibility for administering medication received training annually. We saw the providers training matrix listed a total of eight registered nurses and senior care staff. The training matrix did not evidence any of these staff had up to date medication training. This meant we were unable to confirm staff had received appropriate training in the management of medication.

We saw that some medicines were not administered safely. For example at about 12.20pm on the first day of the inspection we looked at all the MAR charts for one of the units. We saw there were no 'gaps' in the administration records and all medicines due that morning had been signed as given. We saw no medicines were prescribed to be administered at lunchtime on this unit. A member of the inspection team observed the agency worker administer four tablets to a service user at 12.55pm. We checked this person's MAR again but the record had not been changed and there was no explanation recorded on the back of the MAR chart for the late administration. Two of the medications the person was prescribed were anti-convulsants and were prescribed to be administered at breakfast time and at bedtime. The British National Formulary states these particular tablets should be taken daily in one or two divided doses and the doctor's prescription for these two tablets was recorded as 'twice a day'. We asked the agency worker about this and they told us they had signed the MAR when they gave the tablets at lunchtime. We asked the agency worker why they had not written the actual administration time on the back of the MAR. They told us they normally would have done but they had been called away on that occasion. They added they realised these tablets were a 'priority medicine' but the person had been asleep earlier. This meant we were not able to clearly evidence people were receiving their medication at regular intervals throughout the day.

On the second day of our inspection the manager told us that as a result of the concerns we had raised with them, they had ceased using this agency worker.

We also observed a nurse administering medicines to some people. We saw these medicines were given safely and administered in line with the Nursing and Midwifery Councils' (NMC) guidance. We observed the nurse delayed administering some people's medicine until they were awake and up from bed. The nurse told us if any people were prescribed medicines where the timing of administration was critical the words 'priority medicines' were printed on the handover sheet. This meant people were receiving their medicines at appropriate times.

We reviewed a random sample of seven of the fourteen current months Medication Administration Records (MAR) and cross referenced the administration with blistered and boxed medication. In each case we found the charts were completed correctly and a running balance of tablets

remaining was kept. The stock tallied with the number of recorded administrations. If a medicine was not administered (including a medicine prescribed 'when required') the code C was entered on the MAR and an explanation written on the back of the MAR. This demonstrated the home had a system in place to ensure medication was administered as prescribed.

We observed the agency worker measuring the dose on a person's two insulin pens. The agency worker told us the person checked the setting on the insulin pens themselves and then self-administered their insulin. We also spoke with this person and they confirmed that staff set the dose on their insulin pens but they checked the dose before they self-administered the medication. We asked to see the person's care record but it could not be found on the first day of our inspection. On the second day of our inspection we looked at the person's care plan. We saw it detailed the name of medication, the dose and the time it was to be administered. It also detailed that staff set the insulin pen to the correct dosage. It did not clearly record that the person checked the dose before they self-administered. Following the inspection we asked the service to provide us with this person's risk assessment for self-administering medication. The service sent us a care plan and a consent form but did not provide a risk assessment. This meant there was no evidence to show the service had taken reasonable steps to prevent harm to the person.

We looked in a person's bedroom and saw they had three 'creams'. Zerocream which did not have a pharmacy dispensing label on. A tube of drapolene had the person's first name hand written on the tube and the box, there was part of a pharmacy label on the box but the details, including the name of the person the cream belonged to was not legible. They also had a tube of cavilon; this was clearly labelled as belonging to that individual. We checked the person's current MAR chart and saw the only topical application recorded was white soft paraffin. This meant the person may be at risk of having creams applied which they were not prescribed.

We found that appropriate arrangements were not in place to ensure medicines were administered safely. This demonstrated a continual breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw the service had a policy for safeguarding vulnerable adults. The policy gave information on the different types of abuse and informed staff of the actions they should take if they suspected a person in their care was suffering abuse. This included reporting the abuse to their manager as soon as possible.

Staff we spoke with were able to describe a number of different types of abuse. One member of staff said, "I would 100% recognise abuse". Staff were also aware they could escalate their concerns to the local authority or CQC. We looked at the staff training matrix and saw that of the 55 staff listed on the matrix, 41 had completed recent training in safeguarding people from abuse. The manager told us all the staff had been registered to complete on line training. This meant the provider had plans in place to ensure all staff received up to date training in safeguarding vulnerable adults.

One relative we spoke with told us they felt their relative was 'safe'. People we spoke with who used the service told us they felt safe.

We looked at eight sets of care records and saw each person's support plan included a number of risk assessments which identified risks associated with their care and support. Risk assessments included moving and handling, falls, nutrition and tissue viability. For example, we saw one person had been identified as high risk of falls. We saw documented evidence the person had been seen by the 'falls' team. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

We asked the manager how the building and equipment were maintained. They told us a file was kept in the reception office for staff to records any maintenance issues. The manager told us the maintenance person visited the home two days per week. We looked at the maintenance log and saw that items logged in the file were repaired in a timely manner. On the first day of our inspection we saw a significant number of light bulbs required replacing in two of the four lounges. On our second visit we checked to see if these bulbs had been replaced. We saw that while some bulbs still needed to be replaced, the majority of the light bulbs were now working. This demonstrated the manager had a system in place to ensure minor maintenance matters were dealt with in a timely manner.

The manager showed us a file they had set up which provided evidence of service records for equipment which required external contractors. We looked at a random

Inadequate

# Is the service safe?

selection and saw a current gas safety check certificate and records detailing the servicing of the fire alarm and equipment. The manager also told us they had implemented regular checks on the water temperatures throughout the service.

The manager said they had set up a system of monthly equipment checks. We saw these included checks on the hoists, passenger lift and nurse call system. We looked at the check sheet for the first aid boxes located throughout the service. We saw that one of the audit sheets detailed items that were missing, however, the following month's audit sheet detailed these items had been replaced. This demonstrated the manager had a system in place to ensure people's safety was maintained.

We asked an agency worker what action they would take in the event of the fire alarm sounding. They told us the senior member of staff on each unit, along with all catering and domestic staff went to the fire panel in the reception area. They said this was so they could find out where the fire was and the most senior staff member in the building would then decide on the course of action to be taken. We also asked the manager and they confirmed the response the agency worker had told us. This demonstrated staff were aware of the action they should take in the event of the fire alarm sounding.

Inadequate

# Is the service effective?

## Our findings

We asked one member of staff who had been employed at the service for less than a year if they had received an induction. They told us they had shadowed a more experienced member of staff when they had first started at the service. They said they had asked if they could shadow for a bit longer than originally planned and they said the manager had accommodated this. Two more experienced staff we spoke with confirmed that new staff shadowed more experienced staff when they commenced employment. One member of staff said new staff spent a couple of shadowing shifts on each unit, however, they said, "They need longer on one unit to learn skills and knowledge before they move on." This demonstrated that new employees were supported in their role.

We looked at the personnel files for two staff who had been employed for less than a year. Each record had an 'induction record' document. This had not been completed for either member of staff. We spoke to one of the staff members who was on duty on the second day of our inspection. We asked them if they had received any induction when they commenced employment. They told us they had not. This demonstrated the provider did not have an effective system in place to ensure new employees received formal induction into their role.

We asked staff if they received regular supervision. Feedback was mixed. One staff member told us they had received supervision two months ago. Another member of staff said it had been 'about a year' since their last supervision. We spoke with the manager who told us staff supervision was not up to date. They said they were currently developing a system to ensure all staff received regular supervisions. This meant at the time of our inspection staff had not received regular management supervision to monitor their performance and development needs.

We asked the manager about staff training. They told us they had an 'in house' moving and handling trainer and all staff were up to date with this training. They said they had enrolled all staff on an 'online' training system to enable all staff to update their training. They explained the system allowed them to see which courses staff had completed and where people may need some further assistance. We saw the provider had a training matrix. This detailed a number of topics for staff training, including; moving and handling, food hygiene, dementia, fire and infection control. We saw of the 55 staff listed on the training matrix 43 staff had completed training in dementia and 49 staff had competed training in behaviours which challenge. However, 18 staff had no record of food hygiene training and 24 staff had no record of fire training.

Although the registered provider had plans in place for staff to update their training requirements, at the time of our inspection not all staff had completed their training. This meant staff may not have the appropriate knowledge and skills to perform their job roles. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Our inspection on 23 April and 1 May 2014 found the provider was not meeting the regulations relating to consent to care and treatment. On this visit we checked and found the provider had taken some action to address our previous concerns, however, there was still evidence the provider was not acting in accordance with legal requirements.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We asked staff if they had received training in MCA and DoLS. Two members of staff we spoke to told us they had completed on line training in MCA and DoLS. Two members of staff told us they had not received training in this subject. We checked the training matrix and saw that according to the training matrix they had completed this training. This demonstrated that the style of training used by the provider may not be a suitable learning method for all staff. We discussed with the area manager on the first day of our inspection. They acknowledged our comments and said they wanted to ensure all staff received basic training in the subject and then they would look into more in depth training for staff. This meant not all staff may be aware of their responsibilities under this legislation.

We looked at people's care plans to see if the provider was assessing and recording people's mental capacity. Our findings were varied. In one person's care plan we saw we saw a mental capacity care plan which made no reference to the person's mental capacity. However, we also saw one person's care plan which recorded, 'can make decisions by nodding for yes and shaking for no… [person's] best interest should always be used'. We saw another care plan

which evidenced staff acknowledging a person's right to refuse care and support. This demonstrated that that not all people's care plans evidenced the provider was acting in accordance with legal requirements under the MCA Act 2005.

There were not suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. This demonstrated a continual breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Our inspection on 23 April and 1 May 2014 found the provider was not meeting the regulations relating to service user's nutritional needs. On this visit we checked and found improvements had been made.

On three of the units we saw the days menu had been written on the white board. This meant staff and people were aware of the menus for the day.

We observed breakfast on two of the units. We saw people were eating a range of breakfasts, including, cereal, porridge and toast. We heard a member of staff ask a person if they would like some more toast before they left the dining room. The person said yes. We heard the staff member ask them if they would like 'jam, lemon curd, marmalade or just butter' on their toast.

We also saw staff offer people drinks and snacks throughout the day. For example, people were offered a range of cakes and biscuits. This evidenced that people were supported to eat and drink throughout the day.

We also observed lunchtime on three of the units. We saw staff ask people if they would like to wear a protective apron and respect peoples decision if they did not wish to wear one. People were asked which of the two choices they would prefer for their lunch. People were also offered a choice of pudding and drinks to have with their meal. However, we did not see staff offer condiments to people. This demonstrated people were encouraged to make decisions about what they would like to eat and drink.

We saw one person required a pureed meal; staff heated the meal up for them in the microwave. We saw the member of staff check the temperature of the food with a probe before serving the meal to the person. We asked the member of staff what the food was they were serving the person and they were unable to tell us. This meant they would be serving the meal to the person and not be able to describe to them the food they were about to eat.

We asked people who used the service if they were happy with the meals. Two people told us they were happy and another person said, "The food is excellent".

We spoke with a cook on the first day of our inspection. They told us there was always plenty of stock and they 'never ran short'. The cook explained they used a range of suppliers and served both fresh and frozen vegetables. This demonstrated the provider ensured the service offered a choice of suitable and nutritious food and drink.

We saw evidence in each of the care files we looked at of people who used the service having access to other healthcare professionals. For example, G.P, dietician, district nurse, optician and chiropodist. We also saw evidence people were supported to attend hospital appointments. This showed people using the service received additional support when required for meeting their care and support needs.

Requires Improvement

# Is the service caring?

## Our findings

Our inspection on 23 April and 1 May 2014 found the provider was not meeting the regulations relating to the care and welfare of people who use services. On this visit we checked and found some improvements had been made.

We asked people if staff were nice to them. Each person we spoke with said yes. One person said, "Staff are nice, they are patient." Another person said, "There are one or two brilliant carers, but some are not so good". One relative we spoke with told us they were 'very happy with how they [staff] cared for [relative]'. Another relative said, "They [staff] are caring and helpful. They help [relative] to do everything'.

We saw people looked well cared for in their appearance. For example, people wore socks or stockings, gentlemen were clean shaven, people had clean finger nails and were dressed appropriately. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity.

Many of the people who lived at the service had complex needs and were unable to tell us about their experiences. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. We heard staff explain tasks and interventions to people. For example we heard staff explain what they were about to do before they moved a person.

We overheard staff supporting people to make simple lifestyle choices. For example, we heard a member of staff asking a person if they wanted to stay in bed a little longer. However, we also observed that staff changed the channel on the television and did not ask people what their preference was.

In each of the care plans we reviewed we were unable to evidence the involvement of either the service user or their families in the development and review of the document. This meant we were unable to evidence that people who lived at the home had been consulted about the care and support provided for them.

We observed that a member of staff noticed a person needed support with their personal hygiene, the member of staff discreetly asked another care assistant to assist them with the person. People we spoke with told us staff treated them with dignity and respect. We also saw one person was supported to speak with their wife on the telephone; however, they spoke to their wife in the communal area while an activity was going on. The person was not supported to go somewhere a little quieter and more appropriate for a personal conversation. This demonstrated not all staff were aware of how a person's privacy and dignity may be compromised.

We spoke with the manager about advocacy. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves. The manager was aware of the role of an advocate and how to access the advocacy service should it be required.

During both days of our inspection we saw visitors to the home throughout the day. The manager told us people could visit whenever they wanted.

We asked three staff if they worked on a regular unit within the home. All three staff told us they worked on different units. Feedback from staff included, "Would be better if we had continuity of units", "I would prefer to just work on two units for continuity". Another member of staff said, 'There were issues with continuity of staff and felt this could be better'. This meant people may not always be supported and cared for by staff who knew them.

We asked the manager how they planned to ensure people received consistency of care staff. They told us some staff wanted to work on a particular unit however, other staff preferred to work on different units. They told us they had allocated a particular senior carer to work on one unit. The manager felt the senior carer had developed 'ownership' of the unit and there had been improvements to people's care and welfare since this had happened. For example one person had had less falls, they also said another person had been 'more settled'. This demonstrated the benefits of having some staff working on dedicated units within the service.

Requires Improvement

# Is the service responsive?

## Our findings

We saw evidence in each of the care records we looked at that support plans and risk assessments were reviewed and updated on a regular basis. The manager told us each nurse and senior care worker had been allocated a number of people's care plans. They said these staff were responsible for ensuring these allocated care plans were reviewed and updated on a monthly basis. This showed care planning took account of people's changing care needs.

Each of the care plans we looked at provided detail about the person's individual needs and preferences. For example, one care plan recorded, '[resident] responds well to male staff'. Another care plan detailed, '[resident] likes to sleep with the light on and the curtains closed'. These details help care staff to know what is important to the people they care for.

We spoke with an activities organiser who told us there were now two activity organisers instead of one. They said their rota was planned so there was an activity organiser on duty every day. They explained they had a joint role and assisted with care related duties at the beginning of their shift and then did activity related work from mid-morning. The activity organiser spoke to us with enthusiasm and spoke knowledgably about individual people. For example, they said the family of one person had pictures on her wall of different members of her family. They said they spent time with this person looking at the pictures and the person enjoyed talking about the people in the photographs.

One relative said, "Recently they [relative] went to the theatre and they have entertainers in". Another visitor told us their relative had recently been on a canal trip.

We observed one of the activities co-ordinators sat with three people, trying to encourage them to draw firework pictures. We noted that only one person was engaged with the activity. This demonstrated the provider needed to ensure that activities were meaningful and appropriate to people's individual needs.

We looked at how the provider dealt with complaints. We saw the provider had a complaint procedure in place which detailed who was responsible for dealing with complaints and the timescales for the provider to respond within. We asked the manager if they had received any formal complaints since our last inspection. They told us they had recently received a complaint and they were currently investigating the issues raised. We asked the manager if they logged verbal concerns that may be raised. They told us they did not. We asked one person if they would be confident to raise a concern to staff, they said' "Yes I would". One visitor we spoke with said, "If I had a problem, I'd speak with [manager], they would sort it out straight away". This demonstrated people were aware of how to raise concerns about the service to the provider.

We asked the manager how they gained the views of people who used the service. They told us relative and service users meetings had been held in June and September 2014. They said a copy of the meeting minutes were posted to all the relatives. We looked at the meeting minutes and agenda items had been staffing, staff training and activities at the home. The manager told us a further meeting was planned for January 2014. We saw a poster on display in the entrance to the home providing details of the meeting. This is an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home.

The manager told us they had sent out 46 surveys to relatives, in June 2014. They said 20 surveys had been completed and returned. We asked the manager if they had correlated the information from the surveys and provided feedback to people who used the service and/or their relatives. They told us they had begun to analyse the completed surveys but had not yet provided feedback to people. This meant that people had not received timely feedback to their comments on the quality surveys. The manager provided us with a copy of the analysis sheets they had completed for the returned surveys. We took these away to enable us to look at them in detail after the inspection. When we looked at the analysis we saw people's responses were a mixture of positive feedback and areas for improvement. Positive comments included; 'people are always willing to speak to you if you have any queries', 'staff are always cheery and welcoming' and 'had occasion recently to ask for the carpet to be cleaned, all credit to staff, it was done within half hour of asking'. Comments where the service could improve included; 'at the end of the day the lounge becomes dirty with food spills on the floor', 'sometimes an issue with tidiness of the room and the way clothes are thrown in drawers' and 'I was listened to but not given feedback'.

Requires Improvement

# Is the service well-led?

## Our findings

Our inspection on 23 April and 1 May 2014 found the provider was not meeting the regulations relating to records and assessing and monitoring the quality of service provision. On this visit we checked to see if improvements had been made. While we found a number of improvements had been made to address our concerns there was not enough evidence in place to demonstrate robust governance systems were yet in place. This was evidenced from the on-going failure of the service to meet regulatory requirements.

Prior to the inspection, we asked the provider to complete a Provider Information Return (PIR). However, this was not submitted by the registered provider in line with the time frame that we had requested.

The manager of the service had been in post since the beginning of 2014. The manager had applied to the Care Quality Commission for registration and was awaiting the outcome of their application.

We asked the manager about staff meetings. The manager told us that each day a management briefing was held. They said this involved the manager, deputy and administrator. They said it was a quick update for each other and addressed issues around staffing, entries in the diary requiring action and any other urgent matters that needed to be dealt with. The manager said nurse and senior meetings were held on a regular basis. We saw minutes of meetings held in May, August and September 2014. We saw topics discussed included; care plans, documentation and weighing service users. The manager told us the last general staff meeting had been held in July 2014 and they said the next meeting was scheduled for the end of October 2014. We saw a notice on display in the reception area to inform staff about this.

The manager said they had also had a 'brain storming session' in September 2014. They explained between six and eight staff from different departments within the home, for example, care staff and domestic staff, had been invited to the session. They explained the purpose was to discuss what was good about the service and what needed to be improved. The manager told us positive feedback was 'job satisfaction' and 'because we care', they said areas highlighted for improvement were 'team culture', communication' and 'training'. This showed the manager was giving opportunities for open communication with staff about changes within the service and opportunities for staff to raise issues for discussion.

We also spoke with staff about staff meetings. One member of staff we spoke with said they had 'only just had staff meetings' they said they did feel able to speak up, but did not see any changes as a result. Another member of staff said, "when you suggest stuff, it goes nowhere. Nothing changes or gets dealt with". When we asked another member of staff if they felt valued, they replied, "Yes", another person we spoke with said they did not feel valued. A total of five of the staff we spoke with expressed negative comments about the service. This evidenced staff did not consistently feel supported and listened to by senior management of the organisation.

We spoke with the manager about how they monitored the quality of the service they provided. They told us they completed a daily 'walk around' of the service. They explained this was to check people were appropriately dressed and the units were clean. The manager told us this had been effective and they were looking at reducing the number of these checks to enable them to concentrate on other issues. This demonstrated the quality check had been beneficial and the manager was aware of the need to look at other areas which may require their attention.

The manager told us that the deputy manager was spending time discussing the content of people's care plans with care staff. They explained this was to ensure care staff were aware of the content of people's care plans and provided then care and support that was detailed with the plan.

We looked at the mattress audits completed each month by the service. We saw the audit checked cleanliness, damage and effectiveness. We looked at the audits dated May, July and September 2014 for one of the units. We saw an entry for one bedroom which stated 'unable to remove stains'. When we looked at the entry for this bedroom for the following month there was no record of any stains. The manager told us the bed had been replaced when the problem was identified. We discussed with the manager on the day of our visit the need to ensure actions taken as a result of identified issues are clearly documented. This

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meant the provider had failed to ensure that audits completed by the manager were clearly evidencing not only the problems identified but the actions taken to resolve them.

As part of our inspection we looked at how accidents and incidents were recorded and analysed. The manager told us all accidents and incidents were documented by staff onto a form which was then sent to them. They told us they completed a monthly analysis of the forms. We saw this analysis looked at each service user's accidents per month. We saw 14 entries for one person from March 2014 to the day of our inspection. The manager told us they had taken action to assess this persons needs and they had been seen by the community matron and the falls team. We noted the analysis only addressed individual people and did not look to see if there were any trends relating to location or times of falls for the service. This meant there was a risk that opportunities to reduce the risk of people's falls may have been missed. We discussed this with the manager on the day of the inspection.

We asked the manager how they knew the service was providing care and support in line with good practice guidelines. They told us they had started to look at the National Institute for Clinical Excellence (NICE) guidelines in regard to medication management in care homes. The manager also said they were developing positive relationships with the district nursing service, community matron and the GP's. They explained the service had recently had guidance from a team who were assigned to reducing falls in people who lived in care homes. They had also met with the local GP surgery to discuss the protocols for when and how to request a GP visit to the service. This demonstrated the manager was developing links with other healthcare professionals to develop standards of practice at the service,

We also asked the manager how they were supported in their role. They said the area manager and two of the company directors were regular visitors to the service. They said the area manager had visited the two days a week to provide support to the service while the manager had been on holiday.

The area manager told us they visited the service regularly and had completed audits of care plans and medications. They said they were working toward each person's care plan being re-organised to ensure that documentation was easily located. They said they were also checking the files contained the necessary records and they were being reviewed and updated. However, these audits had failed to ensure that a person who self-medicated had a risk assessment in place and had not ensured the provider's medication policy was fit for purpose. This showed the service did not have a robust system in place to ensure consistent and accurate documents were being maintained.

When we checked the provider's recruitment procedures we found recruitment and induction records were incomplete. The administrator told us the area manager had recently audited some people's personnel files. We were unable to find evidence to support that the records we had inspected had been audited; although the audit process was in place to ensure that these records met regulatory requirements.

We saw the audits completed by the area manager during May and August. We asked to see a record of the visits for September but the manager was unable to locate them. However, we saw evidence of the feedback from the first day of our inspection which the area manager had provided for the manager.

These examples demonstrated that people who used the service were not always protected from unsafe or inappropriate care as the quality of services provided was not always robustly assessed and monitored. This demonstrated a continual breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing<br><br>**The registered person did not have suitable arrangements in place to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.**<br><br>**Regulation 22.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers<br><br>**The registered person did not have suitable arrangements in place to ensure appropriate checks were undertaken before staff began work.**<br><br>**Regulation 21(b)** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff<br><br>**The registered person did not have an effective system in place ensure staff received receiving appropriate training, professional development, supervision and appraisal.**<br><br>**Regulation 23(1)(a).** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment |

This section is primarily information for the provider

# Action we have told the provider to take

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers<br><br>People who use services were not protected from unsafe or inappropriate care as the registered person did not regularly assess and monitor the quality of services provided.<br><br>Regulation 10(1)(a) |
| | The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.<br><br>Regulation 18. |

This section is primarily information for the provider

# Enforcement actions

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

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines<br><br>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration and recording of medicines.<br><br>Regulation 13. |

**The enforcement action we took:**
A Warning Notice was issued.