

# Maria Mallaband Limited

# Troutbeck Care Home

## Inspection report

Crossbeck Road  
Ilkley  
West Yorkshire  
LS29 9JP  
Tel: 01943 489724  
Website: [www.mmccarehomes.co.uk](http://www.mmccarehomes.co.uk)

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

Troutbeck Care Home is located in the Wharfe Valley on the edge of Ilkley Moor and only a short distance from the town centre. The service provides accommodation for up to 54 people who require either residential or nursing care. Of the 47 people using the service on the day of inspection 10 required residential care and 37 required nursing care.

This inspection took place on 4 and 8 December 2015 and was unannounced. At the last inspection on 11 December 2014 we found three breaches in regulations. These related to the management of medicines, consent to care

and treatment and complaints. The overall rating for the service was “Requires Improvement.” Following the inspection we received an action plan from the provider detailing how improvements would be made including timescales. During this inspection we checked to see if the required improvements had been made.

A registered manager had been appointed since the last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered

# Summary of findings

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 home had a safeguarding policy in place which made staff aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and what might constitute abuse. The required checks were done before new staff started work and this helped to protect people from the risk of being cared for by staff unsuitable to work in a care setting.

We found the service was not meeting the requirements of the Mental Capacity 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation is used to protect people who might not be able to make informed decisions on their own. This had been a breach of regulation at the last inspection in December 2014 and should have been addressed and monitored by the service through the quality assurance systems in place.

In addition, we found the service had employed 39 staff including qualified nurses, care assistants and auxiliary staff since the last inspection. We found this had been done without proper consideration of the how this would impact on people who used the service.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists.

We found the care plans and risk assessments in place were person centred but staff did not always use them as working documents. This meant people were at risk of receiving inappropriate care and treatment. We found that care and support was not always delivered in line with people's agreed care plan. This was a breach of regulation because there was a risk people would not receive care and treatment which was appropriate, met their needs and took account of their preferences.

We also found that relatives were not always involved in specific aspects of people's care and treatment including end of life care and staff did not always respect people's right to confidentiality.

We found that although medication policies and procedures were in place medicines were not always

available or administered as prescribed. This had been identified a breach of regulation at the last inspection in December 2014. Therefore, this was a continued breach of regulation because the provider was not making sure people's medicines were managed safely and properly.

We found some records relating to people's nutrition and hydration had not been completed correctly or could not be found. This was a breach of regulation because providers are required to keep complete and up to date records about people's care and treatment.

We saw staff were patient and caring toward people in their care. People who were able told us they were happy living at the home and were complimentary about the staff. There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or treatment they received.

We found the quality assurance monitoring systems in place were not robust as not all shortfalls in the service highlighted in the body of this report had not been identified through the internal audits system. This was a breach of regulation because we could not be assured the service was managed effectively and in people's best interest.

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

The overall rating for this service is 'Inadequate' and the service is 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.

# Summary of findings

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

The people we spoke with told us they felt safe living at the home but we found some practises which compromised people's safety.

We found that although medication policies and procedures were in place medicines were not always available or administered as prescribed.

There were sufficient staff to ensure people's needs were met. However, the service had employed a total of 39 new staff in the last 10 months including qualified nurses, care assistants and auxiliary staff without taking in to account the impact this had on service delivery.

Inadequate



### Is the service effective?

The service was not consistently effective.

We found that some documentation relating to people's dietary intake and the level of assistance they required to safely eat and drink unsupervised had either not been completed correctly or could not be found.

The service was not meeting the requirements of the Mental capacity 2005 and the Deprivation of Liberty Safeguards (DoLS).

Requires improvement



### Is the service caring?

The service was not consistently caring.

Staff were caring in their interactions with people who used the service and their visitors and treated people with respect.

However, there was little evidence to show that relatives were involved in specific aspects of people's care and treatment including end of life care and staff did not always respect people's right to confidentiality.

Requires improvement



### Is the service responsive?

The service was not consistently responsive.

We saw people had access to the full range of NHS services and staff worked closely with community based healthcare professionals in specific areas of people's care.

However, we found that although person centred care plans were in place at times the care and treatment people received was not delivered in line with their care plan. This meant the people were at risk of not receiving care and treatment that was appropriate and met their needs.

Requires improvement



### Is the service well-led?

The service was not well-led

Inadequate



# Summary of findings

The provider had quality assurance monitoring systems in place which were designed to identify any shortfalls in the service and non-compliance with current regulations.

However, they were not working effectively which meant people were at risk of receiving care and treatment which was not safe, effective, caring and responsive.

# Troutbeck Care Home

## Detailed findings

### Background to this inspection

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

The inspection took place on 4 and 8 December 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case experiences of services for older people.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home.

We usually send the provider a Provider Information Return (PIR) before the inspection. 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 did not send a PIR to the provider before this inspection.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at six people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with ten people who use the service, nine care staff including senior care assistants, three qualified nurses including the deputy manager, the registered manager, the quality manager and the regional manager employed by the organisation. We also spoke one visiting healthcare professional

Following the inspection we contacted the local authority safeguarding and commissioning teams.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at the home and said all the staff were kind and caring. One relative of one person said, “They look after my relative very well. I’ve never had any concerns at all.” Another person said, “I have no concerns but if I did I would go straight to the office and tell them.”

We saw the provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse.

There was also a whistle blowing policy in place for staff to report matters of concern. In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and staff were aware that they could contact them at any time if they had concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed was reduced.

At the previous inspection in December 2014 we found a regulatory breach in relation to medicines. This was because nursing staff did not always follow the correct procedures when administering medicines and medicines were not always administered as prescribed. At this inspection we found a continued breach in regulation. For example; we saw one person had been prescribed Lorazepam 1mg as and when required (PRN). The bottle carried an expiry date for the medicine of 19 November 2015 yet was still in use on 4 December 2015. When checked the quantity of Lorazepam in stock against that which had been administered we found the tablets to be degrading. Some tablets had expanded in size with others reduced to part tablets or complete disintegration. This also meant these medicines were not available to be administered when the person may have needed them.

We saw creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. However we found some liquid preparations had not been dated upon opening and others where the date had been recorded the medicine was out of date.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. Whilst we saw controlled drug records were accurately maintained there was a risk of errors occurring due to the use of two registers.

We checked the medication administration records (MAR) and found medicines were not always available for people when they needed them. For example, we saw one person was prescribed Amlodipine 5mgs daily. The MAR sheet showed the medicine had not been available for two days due to the supply being exhausted. On another occasion we saw a person was prescribed Gaviscon Liquid 5mg/10mls to be administered four times a day. We saw from the MAR the prescribers instructions were not being followed and the nursing staff were administering the Gaviscon on a PRN basis. We also saw the supply had become exhausted two days previously and no replacement medicine had been delivered at the time of our inspection.

We observed a registered nurse whilst they conducted a medication round. Whilst discussions with the nurse indicated they had a good knowledge of safe medicine administration our observations indicated this knowledge was not always translated into good practice. For example, a GP had given written guidance to staff around the administration of Lansoprazole. The letter was attached to people’s MAR sheets. The written guidance said “For patients who are prescribed Lansoprazole in a morning 30 to 60 minutes before food this time can be varied for patients receiving palliative care”. We discussed this with the GP who was visiting at the time of the inspection and they indicated their intention was for the nursing staff to administer the medicine at a time convenient to the person but still to observe the need to administer the medicine 30 to 60 minutes before food. Our observation of medicine administration showed the Lansoprazole was being administered in a morning but without any regard to administering before food. Furthermore nursing staff were using the letter to vary the prescription whether or not the

## Is the service safe?

person was receiving palliative care. They were also using the criteria to apply to people who did not have the letter attached to their MAR sheets. The registered manager told us they would ensure nurses were aware of people's specific needs and ensure this was effectively communicated to all concerned.

We found gaps on the MAR's where nurses had not recorded medicines administered. For example, a person was prescribed Co-Careldopa 25mgs yet on four occasions the medicine had not been signed for. Another person was prescribed Prednisolone 5mgs daily yet this was not signed for on the four days proceeding the first day of our inspection. However, an audit of medicines currently in stock indicated it was highly likely the medicines had been administered.

We saw the provider's medicines policy required all PRN medicines to be supported by written instructions which described situations and presentations where PRN medicines could be given. Our observations showed this was not consistently the case. For example, we saw people prescribed Lorazepam, Midazolam, and Morphine Sulphate did not have PRN protocols in place.

Most medication was administered via a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medication which had not been dispensed in the monitored dosage system. We carried out a random sample of four supplied medicines dispensed in individual boxes. We found on two occasions the stock levels of the medicines did not concur with amounts recorded on the MAR sheet.

### **This was a breach of Regulation 12 (1) (2)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw there was a recruitment and selection policy in place. The registered manager told us as part of the recruitment process they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people.

We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately. The registered manager told us if they found

a member of staff was no longer suitable to work in a health or social care setting they would make a referral to the appropriate agency, for example; the Disclosure and Barring Service.

We looked at five employment files and found all the appropriate checks had been made prior to employment. The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable adults had been made.

The registered manager told us sufficient staff were employed for operational purposes and staffing levels were based on people's assessed needs. They told us since taking up post in February 2015 they had recruited a total of 39 new members of staff including qualified nurses, care assistants and auxiliary staff. However, the registered manager acknowledged that the introduction of so many new staff over a relatively short period of time had brought its own problems and perhaps could have been better planned and co-ordinated by the organisation. The registered manager confirmed that some agency staff were still used to cover for leave and sickness but when this did occur they always tried to employ the same members of staff so that people received continuity of care.

The staff we spoke with had differing views of the staffing situation. One staff member said; "It can sometimes be a problem if the skill mix within the staff team is not right but it is something the manager is aware of." Another staff member said; "I think things are improving and we seem to be using less agency staff. However, it would be good if we could do some team building exercises to make sure we are all working in the same way."

We completed a tour of the premises as part of our inspection. We inspected a random selection of bedrooms, bath and shower rooms and various communal living spaces and the laundry area.

All radiators in the home were covered, or were of a cool panel design, to protect vulnerable people from the risk of injury. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions.

We saw upstairs windows all had opening restrictors in place. However, not all restrictors were tamperproof and we found it easy to fully open some windows. We found all floor coverings were appropriate to the environment in



## Is the service safe?

which they were used. All floor coverings were of good quality but on two occasions we found wear was posing a trip hazard. We found one short flight of stairs trip hazards existed due to protective strips on the stairs being loose. The registered manager assured us the issues identified

would be immediately rectified and following the inspection we received confirmation these matters had been addressed. However, these issues had not been picked up through the internal system.

We reviewed environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be compliant and within date.

# Is the service effective?

## Our findings

At the last inspection in December 2014 we found the service was not meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This was because the registered manager in post at the time of the inspection had failed to recognise that the accumulative restrictions being experienced by some people may have amounted to a deprivation of their liberty.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

On this inspection we saw one person was subject to a standard authorisation in which was included three conditions. We found two of the conditions were being met with one condition incorrectly applied. The DoLS approval was dated March 2015 but correspondence with the home was not received until 27 July 2015. The condition required the person to be weighed weekly. Our observations showed their weight was being recorded monthly and significant weight loss was not being accurately recorded or acted upon. We found monthly weight checks had concluded there to be 'No weight problems' yet on the same weight record staff had recorded weight loss in October 2015 as 2.5 kgs and in November 2015 as 3.6kgs. This approximately equated to a 10% weight loss over three months. This meant the service failed to meet the condition applied to the DoLS and this was potentially having an impact on the person's well-being.

We spoke with the registered manager about the use of restraint. They were able to demonstrate their knowledge and knew the difference between lawful and unlawful

restraint practices. We spoke also about the use of bed-rails. The answers we received demonstrated when people had capacity they were consulted on the use of bed-rails and understood the action was proportionate to the potential harm. Where there was a lack of capacity or the person's capacity fluctuated, family members were consulted before bed-rails were used. This demonstrated they were acting in people's best interests.

We were informed one person had a relative who had Lasting Powers of Attorney (LPA). We looked at the care plans and found there was only one mention of this where a care worker had recorded "[relative] has lasting powers of attorney." However, other documents in the record contradicted this statement. The care record contained a proforma to record when people had made advanced decisions or where an LPA attorney had been appointed. The form was blank. Furthermore from discussions with staff and looking at written records we gained no assurance that even if an LPA was in place this applied to their health and welfare or property and financial affairs or both.

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. When people were not able to verbally communicate effectively we saw staff accurately interpreting body language to ensure people's best interests were being met. Our discussions with staff, people using the service and observed documentation showed consent was sought and was appropriately used to deliver care.

People who were able told us they enjoyed the meals provided at the home and that they were good in both quality and presentation. We asked one person if the food was hot enough and whether they got enough to eat; they answered, "It's very good and yes, it's hot and oh, yes, I get enough. I don't have a big appetite." We asked another person if snacks were offered in between main meals. They said; "We have biscuits and a drink in the morning and in the afternoon."

However, at lunch time we saw that one person was brought a dinner plate on a tray that was far too hot for them to safely handle. Fortunately this was also observed by a staff member who realised that there was a potential risk and sent the food back to the kitchen before it was actually given to the person. This was discussed with the registered manager who told us that mealtimes were

## Is the service effective?

generally well organised and felt staff may have been nervous because an Inspector was present. However, they confirmed that they would monitor the situation and take action to address the concerns raised if required.

In addition, records showed one person with an indwelling catheter needed to have a 'good' fluid intake and for staff to monitor urine output. The care plan required this to be recorded on a daily chart. Our observations showed the emptying of the catheter bag was commonly recorded as a 'tick' and in the four days prior to our visit recorded only a 400ml output. Likewise fluid intake was infrequently recorded by amount and again a drink of tea was merely recorded with a 'tick'. We saw charts where a column existed to show position changes recorded anything the care staff chose to record; for example, "lunch", "drink given", "leg bag emptied". The lack of accurate record keeping meant it was difficult to establish if people's care and treatment was being delivered effectively and in line with their care plan.

Records showed arrangements were in place that made sure people's health needs were met. We saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community mental health nurses, social workers, tissue viability nurses, chiropodists and dentists. During the inspection we had the opportunity to speak with one visiting health care professional who told us they had no concerns about the care and treatment people's received and staff always followed their advice and guidance.

The registered manager told us that all new staff completed induction training on employment and staff who had not previously worked in the caring profession completed the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager also told us new staff always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised.

The registered manager confirmed that training was discussed with staff during their formal one to one supervision meetings. However, they confirmed that not all staff had received supervision in line with the organisations guidelines although they were in the process of addressing this matter. Following the inspection we received confirmation that all members of staff had attended at least one supervision meeting with their line manager.

The staff we spoke with told us they were happy with the level of training provided at the home and the majority told us they had one to one supervision meetings with the registered manager. However, the registered manager acknowledged that with so many new staff taking up post in a relatively short period of time it would have been more effective to have enlisted the support of other departments within the organisation to ensure that new staff received the training and support they required to carry out their role effectively.

# Is the service caring?

## Our findings

We saw each bedroom was a single room which gave people privacy. We saw rooms were personalised with people's own possessions, photographs and personal mementos. This helped to make each room personal and homely for the person concerned. One person said, "I love my room; it has everything I need and is nice and cosy. I prefer to spend most of my time in my room." Another person said, "This is my personal area where I can quietly sit in my chair and watch television."

People also told us that staff respected their privacy and dignity and we observed this throughout the day of inspection. The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They were also able to explain how they helped to maintain people's dignity, privacy and independence. For example by addressing them by their preferred name and always asking for their consent when they offered support or help with personal care.

We saw some warm interactions between staff and people who lived at the home and saw staff generally responded to people's needs promptly. The staff we spoke with told us that having a designated staff team on each floor of the home had made a big difference as staff were now responding quicker when people requested assistance.

Whilst all people at the home had the support of families and friends our discussion with the registered manager showed they had a good insight into the requirements to provide unsupported people with lay advocacy. The registered manager also demonstrated their understanding of when an Independent Mental Capacity Advocate (IMCA) may be appointed.

We looked at four care plans which recorded whether someone had made an advanced decision on receiving care and treatment. The care files held 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions. The correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions

held of the healthcare professional completing the form. We spoke with staff that knew of the DNACPR decisions and were aware that these documents must accompany people if they were to be admitted to hospital.

However, two visitors we spoke with told us they had not been involved in discussions about end of life care for their close relative even though they had a DNACPR in place and had been admitted to the home on end of life care. One person said "End of life care has never really been discussed. Communication has been poor in the home." The second visitor told us they had also been upset by comments made by a staff member who had told them that another person who used the service was going to die that day. They said "I thought that this was totally inappropriate, especially with my relative being on end of life care." This was discussed with the registered manager who confirmed they would take immediate action to make sure this did not happen again.

We observed the meal service in the dining room at lunch time and found the lunchtime experience for some people who required assistance to eat their food was poor. For example; we saw at one point four staff were sat with people assisting and encouraging them to eat their meals. However, while two staff remained with the person they were assisting throughout the meal the two other staff kept leaving to do other things. In addition, one person who was struggling to eat their meal and clearly needed a plate guard was not offered one until we intervened and suggested that a plate guard might be beneficial.

**This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The registered manager told us there were no visiting restrictions and family and friends were encouraged to visit their relatives anytime and join in the social and leisure activities. The relatives we spoke with told us they were always made to feel welcome when they visited the home and offered a drink and light refreshment. One relative said, "I visit on almost a daily basis and I am always made to feel welcome. The staff know me and always greet me warmly." Another visitor said, "I feel very comfortable visiting the home. The staff are friendly and approachable and seem genuinely pleased to see you."

# Is the service responsive?

## Our findings

We looked at six people's care records which indicated care planning commenced prior to admission and everyone had a life history completed. We saw relatives had been included in the initial care planning process and staff had access to relevant information to allow them to construct individual care plans suited to people's needs. Care planning used established tools to ensure object measures could be used to track people's improvements or declines in health status. Examples included Waterlow Scores for pressure sore assessments and the use of pressure-relieving mattresses and cushions.

The care plans, risk assessments and daily records of care and care delivery showed the process of care planning had the ability to direct care staff to meet people's individual needs. However, we found care planning was not always being translated into effective care nor was there an effective auditable trail of care delivery. For example; we saw one person had specific needs which the care plan required care staff to ensure took place. The care plan required staff to ensure the person wore their spectacles, wore their dentures and had short clean finger nails. Our observations throughout a complete day showed none of these needs were being met.

On another occasion we looked at records for a person receiving end of life care. The daily record described the person sleeping, largely unresponsive and not taking fluids or diet. On another form a member of care staff had recorded the person could take warm drinks without the need for support from care staff.

We also found issues which directly conflicted with risk assessments. For example, we saw the same person had a history of falling out of bed. Care records showed the problem had been identified and appropriate action in the form of a physiotherapy assessment had taken place. The outcome of the assessment had concluded the use of bed-rails would be unsafe as the person would probably try to climb over the rail. All the information indicated a good

assessment process. In practice we saw in the person's bedroom there existed a form where, on 3rd December 2015, care staff had checked and recorded the bed-rail was correctly fitted and in place; no bed-rail existed.

### **This was in breach of the Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The service employed activity co-ordinators to help ensure a range of activities were provided which met people's social needs. We spoke with the activity co-ordinator and it appeared they enjoyed their role and wanted to ensure people led a full and active social life. We saw a weekly list of planned activities and entertainment was on display within the home. The activity co-ordinator confirmed that if people were reluctant to join in group activities they engaged with them on a one to one basis to ensure they did not become isolated.

People who used the service spoke positively about the activities provided and confirmed that whilst they were encouraged to participate they did not feel pressured to do so. One person said; "There are activities but I like being alone. I read a lot, my daughter brings me books." Another person said; "I always join in activities in the afternoon; you are not just dumped in your room all the time. I've been to Ilkley and I've been on a boat ride; it's very good."

At the last inspection we found the service did not have suitable arrangements in place to ensure complaints were dealt with appropriately. On this inspection we found the registered manager had addressed this issue and complaints were now dealt with in line with the policies and procedures in place.

The relatives we spoke with told us that they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose. One person said, "If I have a concern I go straight to the manager, they are very approachable and will sort things out quickly." Another said, "I have never had to make a complaint but I know the procedure and would use it if necessary."

# Is the service well-led?

## Our findings

We saw since the last inspection in December 2014 a new manager had been appointed and registered with the Commission in August 2015. We also that a deputy manager had appointed since the last inspection both to support the registered manager and provide a clinical lead. The registered manager told us they were aware the service had not had a consistent senior management team in place since 2013 and acknowledged that it would take time to move the service forward.

Throughout our inspection we observed the registered manager interacted with staff, relatives and people who lived at the home in a professional manner and had a visible presence throughout the two day inspection. They told us that they were trying to develop staff's roles so that they could provide more support to each other. For example, they were developing lead roles for some care staff and designating more experienced staff to mentor new starters.

People who used the service and their relatives told us they had confidence in the manager and staff team and that they could speak with them if they had a complaint or concern. One person said; "The manager is approachable and very nice." Another person said "I'm quite impressed with the new manager. My opinion of the home and management has improved." Although we received mainly positive feedback from people and relatives about the care they received we found systems and processes in place to ensure people received safe and appropriate care were not always being followed.

We saw there was an audit schedule in place designed to identify any shortfalls in service delivery and that the registered manager completed a range of audits to monitor the quality of the service. These included health and safety, medication, care plans and infection control audits. In addition, we saw the quality manager employed by the organisation carried out internal audits at the home on a monthly basis and produced a report which highlighted both good practices and areas for improvement.

However, we found the shortfalls in the service identified in the body of this report had not always been identified through the quality assurance monitoring systems in place. For example, we found medication was not always available or administered as prescribed, some records and

reports relating to people's care and treatment had not been completed correctly or could not be found and staff did not always provide care, treatment and support in line with the care plans in place.

We found the service had failed to ensure the action plan forwarded to the Coroner following a serious incident at the home had been checked and monitored to reduce the risk of a similar incident occurring again.

The service had also failed to meet one of the three conditions placed on one person's Deprivation of Liberty Safeguard (DoLS) and this was potentially having an impact on their well-being.

We found that although the registered manager immediately addressed the issues we raised about the environment in the "safe" domain of this report they had not been highlighted through the internal audit system.

In addition, through discussions with the registered manager it was apparent that although they had recruited thirty nine staff since taking up post the organisation had not considered the detrimental impact employing so many new staff including qualified nurses; care assistants and auxiliary staff may have on service delivery.

Had the quality assurance systems in place been robust all these areas of concern would have been identified sooner and without them being brought to the attention of the registered manager through the inspection process.

**This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The registered manager told us as part of the quality assurance monitoring process the service sent out annual survey questionnaires to people who used the service and their relatives and on an annual basis.

We looked at the results of the most recent survey carried out in July 2015 and saw fifteen questionnaires had been returned. We saw that while people were generally happy with the service provided they had also identified several areas that they considered required improvement. The registered manager told us the information received from the annual survey was fed in to the overall quality assurance monitoring system and an action plan put in place if appropriate.

## Is the service well-led?

The registered manager told us the service usually carried out an annual staff survey to seek their views and opinions of the service and to establish the level of engagement they have with the organisation. However, they confirmed that no staff survey had been carried out in 2015.

We found the registered manager was open and transparent with the inspectors about where they recognised improvements were still required and had a clear vision about how they wanted the service to develop in the future.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Diagnostic and screening procedures	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person did not have suitable arrangements in place to ensure people received person centred care to meet their needs and reflect their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
Diagnostic and screening procedures	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The registered person did not have suitable arrangements in place to ensure people were treated with dignity and respect.



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<b>Regulation 12 HSCA (RA) Regulations 2014</b>
Treatment of disease, disorder or injury	<b>Safe care and treatment</b>
	The registered person did not have suitable arrangements in place to ensure people who used the service received their medicines as prescribed.
<b>The enforcement action we took:</b>	
Warning Notice - To be met by 29/02/2016	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	<b>Regulation 17 HSCA (RA) 2014</b>
Treatment of disease, disorder or injury	<b>Good Governance</b>
	The registered person did not have suitable arrangements in place to regularly assess and monitor the quality of the services provided and to identify, address and manage risk.
<b>The enforcement action we took:</b>	
Warning Notice - To be met by 29/02/2016	