Southfield Health Care Limited

Southfield Care Home

Inspection report

Belton Close
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Bradford
West Yorkshire
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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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

Our last inspection of this service took place on 2 June 2015. At that time we identified no breaches of legal requirements. However, we recommended that the registered provider and registered manager make improvements to some aspects of the service.

This inspection took place on 7 and 8 March 2017 and was unannounced.

Southfield Care Home provides accommodation and personal care for older people. Most people who live at the home live with dementia. The service is registered to accommodate up to 54 people. On the day of our inspection there were 42 people living at the home. The service is situated in Great Horton on the outskirts of Bradford.

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

We found the home was poorly maintained and not always cleaned effectively which put people's health and safety at risk. In December 2016 the registered provider had been served a fire enforcement notice due to poor fire safety at the home. There was no action plan in place to address these concerns. Window restrictors did not comply with current health and safety guidance.

We saw some good practices in relation to how medicines were managed and administered in the home. However, we identified concerns in relation to the management of medicines prescribed to be given on an 'as required' basis.

We saw evidence that action was being taken to reduce risks in relation to people's health and wellbeing. However, what was happening in practice was not reflected within risk assessments and care plans. This risked that staff would not take consistent and effective action to reduce risks.

People told us they felt safe living at the home and there were sufficient staff to ensure their needs were met. The registered provider did not use a formal method to continually assure levels of staff were sufficient to meet people's needs.

Recruitment systems were not sufficiently robust to ensure only staff suitable to work with vulnerable people and in the caring profession were employed.

Safeguarding procedures were in place and staff had attended training and were able to explain their responsibilities with regard to keeping people safe

People told us the food was good quality and they received a healthy and varied diet. Where people were nutritionally at risk we saw they were closely monitored and staff ensured they consumed a fortified diet. We found information within care records was often duplicated or not up to date in relation to people's nutritional needs. This put people at risk of receiving inconsistent and inappropriate care.

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 Mental Capacity Act 2005 (MCA). Staff had completed Deprivation of Liberty Safeguards (DoLS) applications where they needed to deprive people of their liberty. However, we could not be assured that staff consistently worked in accordance with the principals of MCA. Where staff had made decisions on behalf of people who did not have capacity, they were not always able to evidence these decisions were in the person's best interest.

Staff received regular training, however, the training provided was not effective. We saw examples where staff would have benefitted from additional training and were concerned that staff had to complete training on seven key topics in one day. We were unable to see evidence that new staff had received induction training or that staff had received effective supervisions.

Staff worked closely with a range of health and social care professionals to ensure people maintained good health. However, we saw that the relationship with the local district nursing team had broken down and the registered manager had not taken appropriate action to resolve issues and improve communication with them.

People spoke about staff in positive terms and told us they were very caring. Staff knew people well and had worked hard to develop positive relationships with the people they cared for. Staff interacted with people in ways which were appropriate to people's individual preferences.

People told us they were treated with respect and we saw staff helped to promote and preserve people's independence, privacy and dignity.

People who used the service and their relatives told us they felt involved in making decisions about their care and felt they had control over their day to day routine. Their feedback was regularly sought and used to improve the quality of care.

Care records were not always accurate, complete and contemporaneous. This meant they did not always reflect people's preferences and needs. We also found a lot of duplicated information in people's care records which made reviewing the person's current needs difficult.

Although we found quality assurance systems in place designed to continually monitor the service provision, these were not sufficiently robust or fit for purpose. The office used by the registered manager was disorganised and information was at times difficult for them to provide on request.

The registered provider had not addressed some areas for improvement previously raised by the Commission and other organisations. We found a lack of clear accountability for driving improvement and poor communication between the registered manager and registered provider.

The registered provider did not effectively monitor the quality of the service or hold the registered manager to account.

People who used the service and staff spoke highly of the registered manager and we found they were open

and honest. However, their leadership was often reactive, rather than proactive. This meant they did not always seek opportunities to continually improve the service. The registered provider had recently employed an external consultant to support the registered manager in their role and carry out audits.

We identified four breaches of legal requirements. You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

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

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

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

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

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.

We had concerns regarding the maintenance and cleanliness of the building which posed potential risks to people's health and safety.

Risk assessments and care plans were not always up to date or comprehensive. This risked staff did not always have the information they needed to effectively reduce risk.

We saw some good practices in relation medicines management but improvements were required to the management of 'as required' medicines.

The systems for recruiting staff were not sufficiently robust. We concluded there were sufficient staff on duty to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People told us they received a varied and healthy diet. People's dietary needs and nutritional risk was not always clearly recorded.

We could not be assured that staff consistently met the requirements of the Mental Capacity Act 2005.

Staff did not receive robust training and development to enable them to perform their role effectively.

People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

Staff knew people well and had worked hard to develop positive relationships with the people they cared for.

Staff treated people with respect and dignity and helped to support people's individual needs.

Staff involved people in making decisions about their care and supported people to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care records did not always reflect people's preferences and needs.

A range of activities were provided on both an individual and group basis.

Staff listened to people and where they raised concerns or complaints these were promptly investigated and resolved.

Is the service well-led?

Inadequate

The service was not well-led.

The quality assurance systems in place were not robust or fit for purpose.

Areas for improvement previously raised by the Commission and other organisations had not been addressed.

We found a lack of accountability for driving improvement and poor communication between the registered manager and registered provider.

The registered provider did not effectively monitor the quality of the service or hold the registered manager to account.

People's feedback was sought and used to improve the quality of care.

Southfield 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 7 and 8 March 2017 and was unannounced.

The inspection team consisted of two inspectors. An expert-by-experience was also present on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of caring for older people.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams to ask for any information they had received about the home.

On this occasion we did not ask 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.

During the inspection we spent time observing the care and support delivered in communal areas. We spoke with seven people who were living at the home, three relatives, six care workers, the administrator, the registered provider and the registered manager. We spoke with three health professionals and the fire safety inspector who served the fire enforcement notice.

We looked at six people's care records, four staff files, medicine records, the staff training matrix as well as other records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Inadequate

Is the service safe?

Our findings

We identified concerns regarding the maintenance of the building which posed potential risks to people's health and safety. This included areas of uneven flooring and exposed wires which posed potential trip hazards for people moving around the home. Some furniture within bedrooms had not been appropriately secured which posed a risk of injury as it could have fallen on people.

During our last inspection we recommended the registered provider consulted relevant health and safety guidance to ensure all window restrictors in the home complied with the most up to date advice. During this inspection we saw a number of the restrictors on windows in second floor bedrooms and corridors did not comply with current health and safety guidance. The restrictors could be disabled which enabled the window to be fully opened which posed a significant risk to people. We raised our concerns with the registered manager and registered provider. They said following our last inspection new window restrictors had been fitted to the bedrooms in the annex. They did not realise the Commission's recommendation related to all windows. Following this inspection the registered manager sent us an action plan which included assurance that more robust window restrictors had been ordered and would be fitted as an immediate priority.

The registered manager told us all radiators in the old section of the building were covered with protective panels and radiators in the new annex were of cool panel design to prevent them getting too hot. In the dining room and conservatory we saw some protective radiator panels had come loose. The maintenance worker had tried to fix them by putting tape along the edges of the panel, however there were still exposed sharp edges which posed a risk of injury to people.

On 13 December 2016 the West Yorkshire Fire and Rescue Authority served a fire enforcement notice on the registered provider due to poor fire safety. This was to be complied with by 13 April 2017. We saw the majority of actions identified in the notice had not been addressed. Such as changes to the fire warning system and works to ensure appropriate compartmentation. The fire safety risk assessment had also not been revised to ensure it captured and addressed the risks for the premises. The registered provider told us they needed to find a contractor who could complete the necessary work. There was no action plan or interim risk assessment to show how the requirements would be met to ensure people were safe from the risks associated with fire safety.

We also identified a number of concerns regarding fire safety in the home. In the annex a new fire exit door had been fitted which did not have signage to show it was a designated fire exit. The fire exit door at the other end of this corridor was significantly damaged and had a large gap at the bottom. We were concerned this damage compromised people's safety and security. We reviewed records relating to fire safety. They showed the last recorded fire drill was 3 February 2016. We were concerned that all staff had not received up to date practice in what to do in the event of a fire. Following our inspection we shared our concerns with the Fire Safety Inspector. The registered manager sent an action plan which stated the registered provider would ensure the requirements of the fire safety notice would be met as an immediate priority.

This was a breach of Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

Maintenance and checks of equipment were in place, such as fire safety equipment, the lift, water temperatures and gas and electrical appliances. On the day of our inspection a contractor came to check the hoist, they had no concerns about the safety of this equipment.

We saw poor standards of cleanliness throughout the home. The skirting boards and walls in the dining room were dirty and stained with food and drink. We noted a number of areas which smelt strongly of urine, including bedrooms, communal areas and bathrooms. We also found the inappropriate storage of incontinence pads within people's en-suite bathrooms. This meant they could easily become contaminated with bacteria and prevented the area from being thoroughly cleaned. Most en-suite bathrooms had wooden toilet seats many of which were stained and dirty.

Some areas were poorly maintained which meant they could not be effectively cleaned. In one downstairs communal toilet we saw a dirty wooden cupboard around the sink. The cupboard was significantly worn and cracked which would have made cleaning it difficult. The flooring around the toilet was heavily stained and smelt strongly of urine. In another downstairs toilet the edges of the flooring around the toilet were peeling back, this meant it would be difficult to effectively clean. The high riser around the toilet was dirty and stained around the handles and legs with a dried brown substance which looked like faeces. This showed us ongoing checks were not being made to ensure that appropriate standards of cleanliness were maintained.

This was a breach of Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

We found the systems in place to manage risks were not always effective. We saw risk assessments were in place for areas such as nutrition, pressure area care, falls and moving and handling. However, we found these were not always up to date, accurate or comprehensive.

Risk assessments did not always include plans for managing the identified risk. For example, one person had a crash mat on the floor by the side of their bed. Staff told us it was there because the person was at risk of rolling out of bed. The person's 'sleeping' care plan written in December 2014 stated, '[The person] has rolled out of bed, however cot sides are not an option due to risk of entrapment.' There was no information about the crash matt being used to help reduce the risk of the person injuring themselves if they rolled out of bed again.

Risk assessments were regularly reviewed. However these reviews were not always effective because they did not identify areas where changes had occurred. Staff told us one person could sometimes walk for a couple of steps but needed a wheelchair if they were going from their bedroom to the lounge. They told us they had used the wheelchair for a "number of months." However this person's moving and handling assessment and mobility care plan, which had been written on 25 January 2017, did not mention this person used a wheelchair.

We saw this person was sat on a pressure cushion and in a specialised chair. Staff told us they used a specialised chair due to the risk of them slipping out of a normal armchair. There was no information about them using this specialised chair in their care records. Staff also told us the person always sat on a pressure cushion in their chair and had a similar cushion under their feet when in bed. They said this helped reduce the risk of them developing a pressure sore. There was no mention of this within the person's care records.

Their 'sensitive skin' care plan stated the person had no pressure reliving equipment. This risked staff did not have appropriate information to ensure they consistently mitigated these risks.

The Maelor risk assessment was used to assess people's risk of developing a pressure sore. However, there was no information to show what each score meant for the individual person.

This was a breach of Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

We found accidents and incidents were usually recorded and there was evidence to show what action had been taken to minimise the risk of similar incidents occurring again. However, we found there were no incident reports completed for three incidents recorded in the daily handover log. This had not been identified through the audit system in place. This meant we could not be confident the audit system was robust and that all accidents and incidents were being recorded.

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

We looked at how people's medicines were managed within the service. We found medicines were stored safely either in locked drug trolleys or in the treatment room. Drug refrigerator and room temperatures were checked and recorded.

We looked at the medication administration records (MARs) and found medicines had been signed for correctly. Some medicines were prescribed with special instructions about how they should be taken in relation to food. We found there were suitable arrangements in place to make sure there instructions were followed.

On the first day of inspection we observed a senior care assistant supporting people to take their medicines. We found they were competent, caring and medicines were administered in line with people's individual prescriptions.

None of the people living in the home received their medicines in a disguised, covert, form.

The senior staff we spoke with told us they had recently completed medicines training and said the registered manager would not allow them to administer medicines until they were competent and confident to do so.

We saw 'as needed' (PRN) medicines were supported by brief written instructions. We looked at the instructions and found they did not always describe the situations, frequency and presentations where PRN medicines could be given. However, the senior staff we spoke with were able to explain under what circumstances they would administer the medicines but confirmed this information was not always recorded. This risked that care staff did not always have the information they required to ensure they administered 'as needed' medicines in a consistent, person centred and safe way. This was discussed with the registered manager who confirmed they would address this matter immediately.

We checked the stock control figure for five medicines prescribed on a PRN basis which had been dispensed in individual boxes and found one discrepancy. However, after further investigation we concluded this was a recording error and the actual amount held in stock was correct.

We also found some PRN medicines were being given on a regular basis. For example, one person was prescribed Paracetamol 500mg as required up to four times a day. However, a handwritten note on the MAR stated '[Name of person] likes to take two tablets at bedtime.' There was no indication who had made the entry or that the medicine had been offered at other times of the day. This was discussed with the registered manager who said these changes had been made following discussions with the individual person and the community matron. However, they acknowledge there was no documentation to evidence this.

We noted the date of opening was recorded on all liquids, creams and eye drops that were being used and found the dates were within permitted timescales. Creams and ointments were prescribed and dispensed on an individual basis. However, we found that although care staff were applying creams and ointments they did not sign the MAR; instead the MAR was signed by the senior care assistant on duty.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These are called controlled medicines. We found controlled drugs administered by care staff were accurately recorded and accounted for. However, some controlled medicines stored at the home were given by the district nurses. There were no records to show when these medicines had been given. The registered manager explained that the district nursing team recorded what medicines they had administered on a computer system which the home did not have access to. Care staff did not keep their own records of when these medicines had been administered. This meant they did not have accurate records of all medicines stored in their controlled drugs cupboard. By not keeping accurate records staff would also be unable to update visiting GPs or ambulance staff in the event of an emergency. This put people at risk of receiving inappropriate medicines.

This was a breach of Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

The staff rota showed seven care staff including two senior care assistants were on day duty. Night duty was covered by one senior care assistant and three care assistants. The registered manager told us the service also employed sufficient numbers of cleaning, catering and maintenance staff. We saw a senior staff member also split the hours they worked between general administrative duties and working as a senior care assistant.

One healthcare professional we spoke with raised concerns that there were not always enough staff on duty. They told us they felt staff were not always deployed in the most effective way to ensure people received the support they needed. During our inspection we saw staff were available to promptly respond to people's needs and call bells were promptly answered. People who used the service and their relatives did not raise any concerns about there not being enough staff. People told us staff helped them whenever they needed support. One person said, "Staff always come quickly when you need them, which is reassuring." One relative descried how staff checked their relative every hour to ensure they were kept safe. They told us there were always staff around in the communal areas whenever they visited.

The registered manager told us sufficient care staff were employed for operational purposes and staffing levels were based on people's needs. They told us staffing levels would be increased if people were on end of life care or on admission were found to require additional support. The registered manager also told us staff had a flexible approach to ensure annual leave and sickness was always covered without the use of agency staff. They did not use a formal dependency tool to determine staffing levels but did ensure on each shift there was a good skill mix within the staff team. We were concerned that without a formal assessment in place there were insufficient systems in place to continually assure that staffing levels were sufficient to meet people's needs.

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 before all staff commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people.

The registered manager confirmed that while they carried out DBS checks for all new employees they did not routinely carry out checks for staff who had worked at the home for a long period. The administrator told us some staff had not had a DBS check for well over three years. This was discussed with the registered manager who told us they would address this matter immediately.

We looked employment files and found the process followed was not robust and did not ensure only people suitable to work in the caring profession were employed. For example, we found in one instance there was no record to show they had discussed at interview information recorded on a person's application form which may have affected their suitability to work in the caring profession. We also found they had only taken up one written reference for the same person.

In another instance we found the registered manager had allowed a person to take a reference form away and return it completed. The registered manager confirmed they had not contacted the referee on receiving the form and therefore could not be certain of its origin.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

Everyone we spoke with told us they felt safe and relatives raised no concerns about people's safety. One relative told us, "[Name of person] is living with dementia and can be quite difficult at times. However, the staff are wonderful with them, so patient and kind. When I leave I have peace of mind knowing they are well cared for." Another person told us, "I feel safe here if I lived at home by myself my family would be worried so this is the best option." Another person said, "I've been quite sick and the carers have been there for me which made me feel safe."

Safeguarding policies and procedures were in place. Staff told us they had attended training and were able to explain their responsibilities with regard to keeping people safe. They were also aware they could report suspected abuse externally to the Local Authority and to the Care Quality Commission (CQC). There was a whistle blowing policy in place for staff to report matters of concern.

Requires Improvement

Is the service effective?

Our findings

People told us the food was good quality. We observed both breakfast and lunch and saw mealtimes were a pleasant and sociable occasion. We saw where people required assistance or prompting to eat their meals staff sat with them and encouraged people to take an adequate diet. The food was hot, well presented and the portions were generous.

We saw people were offered and shown a choice of meals to help them decide what they wanted to eat. Hot and cold drinks were offered to people throughout the day. In between meals we saw staff sought opportunities to encourage people to consume additional calories to help reduce the risk of weight loss. For example, twice a day people were offered freshly prepared high calorie milkshakes. Staff told us these were given in addition to people's nutritional supplements and were developed following advice from the community matron and dietician.

The service used a range of tools to assess people's nutritional need including the Malnutrition Universal Screening Tool (MUST). This is an objective screening tool to identify adults who are at risk of being malnourished. However, the use of different tools increased the risk of mistakes being made. This was discussed with the registered manager who said they would address it.

People's weights were monitored and we saw evidence that where people were losing weight they were referred to the dietician. People who were at a higher risk of losing weight were weighed weekly to enable staff to monitor them more closely. Care records also showed the service referred people to a speech and language therapist if people required support with swallowing.

One person was unable to use the scales so staff took a measurement of their arm circumference to assess whether there had been any changes. There was no information to show what a usual measurement for this person would be or instructions for staff on when they should take action. We saw their arm measurements between December 2016 and March 2017 ranged from 28cm to 31cm. It was not clear what action had been taken when the measurement of 28cm was recorded.

During our last inspection we identified inconsistencies in how staff completed fluid intake charts. We saw there were still issues with how staff completed fluid charts. There were no individual daily targets which meant it was difficult to establish a typical intake for each person. The charts were not being totalled and regularly checked so it was difficult to monitor how much fluid people consumed. For example, one person was seen to regularly consume 1500ml or more. However, on 1 March 2017 it was recorded they had only consumed 800ml. There was no information to indicate if this was a low amount for this person or to show what action staff had taken. This person was at a high risk of infection which meant they should be encouraged to drink extra fluids.

We found information within care records was often duplicated or not up to date in relation to people's nutritional needs. This put people at risk of receiving inconsistent and inappropriate care. For example, one person was at risk of losing weight. They had two care plans in relation to their nutritional needs. Their

'eating and drinking' care plan stated the person had 'No specific dietary needs.' However, their 'weight loss' care plan stated the person required a fortified diet, was prescribed nutritional supplements and should be weighed weekly. With two conflicting care plans in place, this risked that the person would not receive appropriate support.

We saw one person's preadmission assessment stated they had diabetes and should be encouraged to have a low sugar diet. There was nothing about this within the person's eating and drinking care plan. A senior carer told us they had been advised by the community matron that this person could now have a normal diet. They said they could eat sugar but shouldn't have "loads of it". This information was vague, subject to interpretation and was not captured within the person's care records. We were concerned this meant staff did not have sufficient information to ensure that this risk was appropriately and consistently mitigated for this person.

We saw another person drinking out of a lidded cup. We asked two care staff about this person's dietary needs. Both told us they used a lidded cup as they often spilled their drinks. The lid ensured they were able to drink independently and enabled staff to monitor how much liquid they consumed. Staff also told us the person had a soft diet because they found it difficult to chew hard foods. The information about the lidded beaker and preferring soft foods was not within the person's eating and drinking care plan.

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

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.

The registered manager told us five people were subject to an authorised DoLS and fourteen applications had been submitted for authorisation or a renewal of an expired authorisation. We found the registered manager had not realised the DoLS for one person had expired in February 2017 as the wrong date had been put on the list displayed in the main office. However, at the time of inspection this person was in hospital therefore the registered manager told us a new DoLS referral would be made on their return to the home. They also told us they would review their procedures to ensure this did not happen again.

We saw only one of the DoLS in place had a condition attached which was to inform their GP about the DoLS authorisation. We asked the office administrator if the GP had been informed and they told us their GP would have been contacted but there was no documentation to evidence this.

Risk assessments and care plans did not always demonstrate how decisions had been carried out in accordance with the Mental Capacity Act 2005. For example, one person had a visual monitor in their bedroom. The registered manager explained this was turned on at night when the person was in bed and was only viewed by staff to enable them to quickly see if the person had fallen. They said they had decided to introduce it because the person was at risk of falling at night and the home's call system was not

compatible with pressure alert matts. We saw a copy of an email from the person's relative to say they were happy for the monitor to be used. However, there was no other information to show staff had followed a formal process to ensure this decision was made in the person's best interests. There was also no information to show when this decision would be reviewed to ensure it continued to be in the person's best interest. There was no information about the monitor within their sleeping care plan, falls risk assessment or falls care plan. Therefore it was not clear how this would effectively reduce the risk of them falling. A care plan was in place called 'monitor in room' which detailed staff should conduct regular checks of the monitor to ensure it worked correctly. However, this also did not contain information to explain how it reduced risk for the person or to demonstrate that the use of the monitor was in the person's best interest.

This was a breach of Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

The registered manager told us all new employees completed in–house induction training using the services own induction programme. However, when we looked at the recruitment files for the last four staff to be employed we found no documentary evidence to show they had completed any induction training. The registered manager told us the training would have been provided but acknowledged there was no documentary evidence to support this.

The registered manager told us staff were not supported or expected to complete the Care Certificate because they had been informed there was no need for them to do so if they were registered on a National Vocational Qualification [NVQ] or equivalent course following their probationary period. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We looked at the staff training matrix and found most staff had completed training in key areas in 2016. The administrator confirmed staff had started to update their key training for 2017 and there was a rolling programme in place. The registered provider told us key training was delivered through an external training agency and they booked five separate days a year for training in order to ensure all staff completed it. We saw staff attended seven mandatory training courses during one day including health and safety, infection control, safe people handling and safeguarding vulnerable adults. We were concerned this was a lot of content for staff to complete in one day.

We saw examples where staff would have benefitted from additional training. For example, whilst we found the registered manager and senior staff had a good understanding of their roles and responsibilities in relation to DoLS, the care staff on duty were not confident and not everyone had completed appropriate training. We also found care staff were not always aware which people in their care had DoLS in place. For example, three staff all named one person who they thought had an authorised DoLS in place, but they did not.

There had been a recent incident involving a syringe driver. A syringe driver is a small portable machine which administers medicines constantly (usually over 24 hours) via a small needle under the skin, so people don't have to take all their tablets orally. The investigation into the incident identified staff required additional training to ensure they were clear on their roles and responsibilities in this area. We saw some, but not all, senior staff had completed training on the correct use a syringe driver. More training was planned in the weeks after our inspection. We spoke with the health professional working with the home to improve staff's awareness and the home's protocols in this area. They told us the management team were now very responsive to address any concerns. But felt prior to the incident there was not adequate training and documentation in place to ensure staff provided appropriate support.

The registered manager told us individual staff training and personal development needs were usually identified during their formal one to one supervision meetings and their annual appraisal. However, they confirmed they no longer carried out supervision meetings as the provider had delegated this responsibility to a member of their family.

We looked at the supervision matrix and found the majority of staff had only had one or two supervision meetings in 2016 and none in 2017 up to the date of inspection. In addition, we found the documentation completed lacked detail and did not evidence staff received the support they required to carry out their roles effectively.

This was discussed with the registered manager who confirmed they did not have sufficient time to provide staff with formal supervision but acknowledged the present system was not adequate or meeting their needs.

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

The records we reviewed showed 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 nurses, tissue viability nurses, speech and language therapists, dieticians and dentists. We saw information within people's care records to assist staff to ensure people maintained good health. For example, one person was at risk of reoccurring infections. There was a care plan in place which provided details of what actions staff should take to help reduce the risk of an infection and what symptoms they should look for. People also told us staff helped them to maintain good health. One person told us, "I am aware of my needs and they [staff] meet them. If there is anything I need doing they do it."

The healthcare professionals we spoke with told us staff knew people well, listened to their advice and made timely referrals. We identified that staff's relationship with the district nursing team had broken down. We found a number of areas where staff told us information was recorded on the district nurse's own computer system which they did not have access to. Staff did not maintain their own records to ensure there was information to evidence people's current needs and decision making. The registered manager told us they were in the process of arranging a meeting with the district nursing team to discuss their concerns.

Good

Is the service caring?

Our findings

When we asked people to tell us about staff they all used positive terms to describe them such as, "smashing", "friendly," "helpful" and "lovely." We saw that staff spoke to people with warmth and kindness. One staff member told us, "The people who live here are our family so we treat them like they are one of our own family members." Relatives also told us staff were always welcoming whenever they visited. They said, "I come in when I want and they offer me a cup of tea, they are very accommodating."

We saw staff spoke and interacted with people in a calm and friendly manner. They used touch and humour in an appropriate and respectful manner. For example, we saw one person was very tactile and liked to hug staff when they needed reassurance. Staff provided this support in an appropriate and person led way. We saw lots of laughter and good humour in the home. One person described often enjoying a "good laugh" with staff. We repeatedly saw that staff responded to changes to people's moods and needs in a positive and appropriate way. They provided prompt and effective support to help calm people's anxieties and offer reassurance where required. For example, we saw one person began to shout and swear loudly. This was causing distress to a number of people who were sat in the same area. We saw staff politely asked the person not to swear and engaging them in singing a ditty. This effectively distracted them and made them smile.

We concluded that staff knew people well and used that knowledge to deliver personalised care. We saw staff took every opportunity to engage with people and knew people's individual needs and preference. We asked care staff many questions about a number of different people. They were able to give us the information we needed and detailed descriptions of how people preferred their care to be delivered. However, we found that the information staff knew and put into practice in the daily care they delivered was not always reflected within people's care records.

People who used the service and their relatives were involved in care reviews and told us they felt involved in making decisions about their care. We saw these were held at least every 12 months and were used as an opportunity to discuss any problems or concerns. The registered manager told us that these would be held more frequently if people requested it or their needs changed. They also said that they operated an open door policy where people could discuss issues with them at any time. The people we spoke with confirmed this. One relative told us if they had asked staff to do something, "We don't have to ask twice." They described how their relative had wanted to move to a downstairs bedroom and this was promptly arranged for them. Relatives also told us they felt their opinions were respected and they were kept informed of any changes to their relatives care needs.

People told us they felt in control of their day to day routine. One person told us, "I decide when to go to bed or sit in the room and read." Another person told us, "I have the freedom to go out with my daughter when I want to." Another person told us, "I am my own person really."

Overall we found people were appropriately dressed and groomed. However, we saw some examples where more attention to detail was required regarding people's personal care. For example, we saw one person

had a hole in their cardigan and another person had odd slippers on. We also noted a number of odours at various times throughout the day which indicated that people may have required more timely support with their personal care. However, we did observe staff encouraging people to use the toilet at various times throughout the day. This was always done in a discreet and respectful manner.

We saw staff knocked on people's bedroom doors before entering and spoke to people with respect. People told us staff respected their wishes and helped maintain their privacy and dignity. For example, one person described how they had recently seen their GP. They said staff arranged for the GP to come to their bedroom and enabled the person to speak with them in private. They said, "Staff are there when you need them, but otherwise let you get on and live your life." Another person described how staff tried to encourage them to maintain their independence in relation to their personal care. They said staff "Don't take that [responsibility] away from me." Before lunch we also saw two people who liked to keep busy being encouraged to help staff set the dining tables with cutlery. This showed us staff were mindful to ensure people retained life skills.

In the entrance to the home we saw a dignity tree on display. This included pledges from staff about how they would incorporate promoting and preserving people's dignity in their day to day work. The registered manager explained this was a useful activity to help share best practice and encourage staff to come up with innovate ideas.

People told us they had their religious beliefs met. Two people described how they enjoyed attending the church services and communion which were held every two weeks at the home. Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. People told us their individual needs were accommodated and the registered manager said they used preadmission assessments and care reviews to ensure individualised needs were continually met.

Requires Improvement

Is the service responsive?

Our findings

Care records we reviewed showed people's needs had been assessed before they moved into the home. Care plans and risk assessments were in place however we found these were not always accurate, complete and contemporaneous.

We saw one person was being cared for in bed. We asked staff how this decision had been made. They told us that the district nursing team had advised them the person should not be moved from their bed due to risks to their skin integrity. There was no information within this person's records to demonstrate that other people had been consulted to ensure this decision was in the person's best interests or to show when this decision was to be reviewed. Their care plans stated 'If changes occur a new care plan must be written and implemented.' However, we saw the majority of their care records were no longer fit for purpose because they had been written when the person was mobile. For example, their continence care plan stated, 'If staff observe [person's name] to have been incontinent they must ensure [person's name] is taken to their bedroom and assisted to wash and change their clothing.' This was no longer relevant information because the person spent all of their time in their bed. A note in the review section of their care plan from October 2016 stated '[Person's name] now nursed in bed, 3 hourly toileting cares carried out.' This important information could have been missed because it was not in the main body of the care plan. A new care plan was required which clearly reflected the person's current needs

Although we identified variance in the detail contained within care plans. We did found some good details to assist staff in providing people with personalised care. For example, in one person's care record we saw they preferred to wear trousers and a jumper rather than a skirt. Although care records were clearly indexed we found a number of areas where documentation and information was duplicated. For example, most people had care plans in place for self-medication. In one person's care file this assessment was dated 2008 and records showed they had never been able to self-medicate due to their dementia being advanced since moving to the home. This meant some care files were unnecessarily large and contained information which was not relevant so it was often difficult to locate information.

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

The home did not have a formal activities programme in place but instead ensured activities were person centred and spontaneous to people's needs. We saw numerous examples throughout the day where staff engaged people in meaningful and stimulating occupation. This included a mix of group based activities such as singing and dancing to music and a fitness class and support with quieter more individualised activities such as jigsaws, drawing and card games. We saw people had social interaction care plans which provided staff with prompts for how they could engage people in appropriate activities. For example, we saw one person's care plan detailed that they preferred quieter areas and one to one company, rather than group based activities.

People told us there was always something to do and one person told us they particularly enjoyed it when

there were quizzes. Staff also used activities to positively distract people and help calm their anxieties. For example, we saw one person tapping their hands on the side of their chair. Their facial expressions showed us they were anxious. Staff promptly recognised this and brought the person a tambourine which the person began playing. They began to smile and laugh which showed us they enjoyed this activity. Another person was pacing around and beginning to get agitated. Staff encouraged them to sit down and help them to clean come brasses. Staff provided them with encouragement and assistance and the person made comments that showed they were enjoying doing this task.

The registered manager explained they were planning an Elvis themed night for one person who really liked him. They brought a life sized cut out of Elvis to show people and tell them about what they were planning for the event. This caused much laughter and excitement and people told us they were looking forward to it.

We saw a livelier atmosphere in the main building, whereas the annex was much quieter. The registered manager told us they took this into account when people moved into the home to ensure they chose the environment which was right for them. We saw people moving freely between the different areas of the home. For example, we saw one person who lived in the main building came into the annex during the afternoon. They told us they were "visiting their friends." They were promptly welcomed by staff and made a cup of tea. They spent most of the afternoon happily chatting to two other people who lived in the annex. This person told us they preferred the "hustle and bustle" of the main building but also liked the fact they could come to the annex if they wanted some "peace and quiet."

We saw a number of cats came into the home. Many people enjoyed stroking the cats. The registered manager said they regularly wormed and flea treated the cats. However, there was no policy in place to identify who was responsible for ensuring the cats were cared for and that potential risks were appropriately mitigated. We raised this with the registered manager who said they would address this.

There was a complaints procedure in place. We looked at the complaints received since our last inspection and found they had been investigated and dealt with appropriately. All of the people we spoke with told us they had never had concerns about the standard of care provided and had not had the need to make a formal complaint. The relative of one person told us they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose. Another person told us, "If I had a complaint I would go to the staff and they would listen." People told us they felt the registered manager and staff were approachable and would resolve any concerns quickly and without having to make a formal complaint.

Inadequate

Is the service well-led?

Our findings

Although we found quality assurance systems in place designed to continually monitor the service provision, these were not sufficiently robust and had not identified the concerns highlighted in the body of this report. As part of a robust quality assurance system both the registered manager and the registered provider should actively identify improvements on a regular basis and put plans in place to achieve these and not wait for the Commission to identify shortfalls.

We found a number of areas where audits were completed but had not identified and addressed shortfalls in quality. Many of the care plans we reviewed had been audited but no issues or concerns had been identified. Checks had also been made on infection control, the environment, accidents and incidents and medicines. None of which had identified or addressed the concerns we identified during the inspection. This led us to conclude the quality assurance systems in place were robust or fit for purpose.

We found that the registered provider did not address some areas for improvement raised by the Commission and other organisations. For example, we looked at the environmental audits the person designated by the registered provider had completed. We saw they were very basic and did not identify and address the concerns we had identified in relation to the maintenance of the building highlighted in the safe domain of this report. The audits did not follow best practice guidance such as the Health and Safety Executive's guidance published in June 2014 'Health and safety in care homes'. Our last inspection report recommended the registered provider consulted this best practice to ensure that their environmental checks were based on best practice guidance.

We found a lack of clear oversight and accountability for driving improvement. For example, at the time of our inspection it was three months since the Fire Officer had inspected and issued the fire enforcement notice. There was no action plan in place and no interim risk assessment to ensure people were kept safe whilst works were completed. We found the majority of actions had not yet commenced and the registered provider was unable to provide a specific timescale of when they would be completed. This meant we were unable to be assured that appropriate action would be taken to meet the requirements of the notice by the deadline of 13 April 2017.

We found poor communication between the registered manager and registered provider. Our last inspection report highlighted that the registered provider did not have evidence to show their discussions with the registered manager and what they reviewed during their visits to the service. On this inspection we saw the registered provider kept a diary which they signed to show each date and time they had visited. However this did not include a record of what they had reviewed during their visit. We saw the registered manager completed a weekly report for the registered provider which included any concerns or changes to the service and topics they wanted to discuss. However, there was no evidence to show the registered provider had seen or reviewed these reports. We also saw issues were repeatedly being raised by the registered manager but were not addressed by the registered provider. For example, the registered manager told us they were not aware of the specific requirements of the fire enforcement notice as they had not been present when the inspection had taken place. We saw their weekly report repeatedly requested a meeting

with the registered provider so they could discuss the detail of the enforcement notice and how they would address it. This had not been arranged at the time of our inspection.

Where responsibilities had been delegated to other people the registered manager was not always kept updated. For example, we looked at the service records for the lift, boiler and cooker. We saw some recommendations for maintenance work were listed. The registered manager was unable to tell us whether this work had been completed as the responsibility for managing the environment had been delegated to a member of the registered provider's family. Both the registered manager and registered provider had a responsibility to ensure the safety of people who lived at the home. It was therefore essential to enable them to perform their duties that they were both kept informed of all aspects of the service delivery.

The registered provider told us the service had recently employed an external consultant who would support the manager in their role and carry out quality assurance audits.

The registered provider did not effectively monitor or hold the registered manager to account. We found no evidence to show the registered manager had received formal supervisions. The investigation into a safeguarding incident which occurred in September 2016 stated that a key outcome was that the registered manager received additional supervisions. We discussed this with the registered manager who told us the external consultant was going to hold their supervisions but had not been able to arrange one yet. We were concerned this meant the registered manager was not receiving appropriate evaluation and the support they required to fulfil their role effectively.

We found the office used by the registered manager was extremely disorganised and information was at times difficult for them to provide on request.

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

We found the registered manager to be open and honest throughout our inspection. However, their leadership approach was often reactive, rather than proactive. This meant they did not always independently seek opportunities to continually improve the service. They told us they did not have control or budgets over key areas in the home such as the environment so found it difficult to make improvements in these areas.

We saw the registered manager was visible in the home and staff told us they felt supported. All of the people we spoke with told us they knew the registered manager and felt able to go to them if they had concerns. One person told us, "If I need a word with her [the manager] she would make time for me." Another person told us, "The manager is good and would listen."

Annual surveys were sent out to people who used the service and their relatives. The last survey was completed in May 2016. The results had been displayed in the entrance so people could see what actions had been taken to respond to their feedback. Resident and relative meetings were held, however the registered manager told us few people attended. They said they regularly sought informal feedback from people as they walked around the service most days. We saw staff were committed to responding to people's feedback to help improve the quality of care provided. For example, one relative described how clothes were getting mislaid. They said they spoke with the laundry worker who apologised and named their relatives' clothes so this didn't happen again.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way. Regulation 12(1). Risks to the health and safety of service users were not always being assessed. Regulation 12(1)(a). Appropriate action was not always being taken to mitigate risks. Regulation 12(1)(b). Appropriate action had not been taken to ensure the premises were safe and fit for purpose. Regulation 12(1)(d). Care and treatment was not provided in a safe way because appropriate arrangements were not in place to ensure the proper and safe management of medicines. Regulation 12(1)(2)(g). Appropriate action was not always being taken to assess, prevent, detect and control the spread of infections. Regulation 12(1)(h). Where responsibility for the care and treatment of people was shared with other persons, appropriate action had not been taken to ensure timely and comprehensive care planning. Regulation 12(1)(i).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Systems and processes were not established and operated effectively to ensure they assessed, monitored and improved the quality of the service provided. Regulation 17(1)(2)(a)

The provider did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (1)(2)(b)

Accurate, complete and contemporaneous records were not maintained in relation to each service user Regulation 17(1)(2)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust recruitment processes were not being effectively operated to ensure that person's employed were fit and proper to work with vulnerable people. Regulation 19(1)(2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experience staff were not always being deployed. Regulation 18(1)(2)(a).