

Clevedon Care Ltd







# Teesdale Lodge Nursing Home

## Inspection report

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### Ratings

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

### Overall summary

The inspection visits took place on the 12th and 17th November 2014 the first day was unannounced. We last inspected Teesdale Lodge on 24th April 2014 and found the service was not in breach of any regulations at that time.

Teesdale Lodge Nursing Home is a 40 bedded purpose built, single storey care home. The service is registered to provide personal care and nursing care and the home

caters primarily for older people. All bedrooms are single rooms with en-suite facilities. The home is situated close to a bus service and within a ten minute walk from Stockton town centre.

There is a registered manager in post who has been registered with the Care Quality Commission since December 2012. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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 medicines were not appropriately managed. The quantities of medication recorded as being in the home were not always correct due to staff not carrying forward quantities from previous month. Handwritten entries on medication sheets did not detail full instructions and were not double signed, which is needed, as it shows that the entry has been checked by a witness and was confirmed as correct. Medicines were not administered at the times stated on the Medicine Administration Record (MAR). Staff did not record on the MAR what time they had actually administered medicine or why they were administered late. There were gaps on the MAR, where staff had not signed for medication. Some MAR charts had dosages missing.

People told us they received good quality care from staff who knew how to care for them. We found staff were knowledgeable about the people living in the home. Staffing levels required improvement to ensure that there was sufficient staff to cover for staff sickness and holidays and to prevent the usage of as much agency staff.

People we spoke with had mixed views about the quality of the food that was on offer. One person out of the 12 we spoke with said the food was excellent whilst five people said they did not like it at all. The menu displayed did not provide choice of a main meal. We observed two lunchtimes in the dining room and found it to be a task for staff, rather than making it a pleasure for people.

People's needs were not always fully assessed. Care plan documentation showed people's needs were assessed prior to admission and a number of care plans were put in place to guide staff. However, work was required to make sure care plans consistently reflected people's current needs. We looked at eight care records and each one showed appropriate care was not consistently delivered such as checking people's weights in line with the requirements of their care plans. Appropriate action had not always been taken following weight loss to ensure the cause of this was fully investigated. This meant there was a risk people's healthcare needs were not being met. Where people were at risk of pressure sore damage the service used the Braden Risk Assessment Tool. This is a clinical tool that can be used to assess risk

of a person developing a pressure ulcer. Where people scored high risk, it was documented in their care plan they were low risk, due to the recording being low, no plan of care was in place to prevent a pressure ulcer forming. Where people's care plans recommended half hourly observations, the observation charts were incomplete. People, who were on end of life, had no plan in place of preferred priorities of care.

People and their relatives said the home understands their relative's needs and staff were very good. We found staff were caring and treated people with dignity and respect.

People were kept safe as staff received safeguarding training and were aware of how to identify and report abuse.

The registered manager and staff had been trained and had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one. At the time of our inspection they had two DoLS in place.

Effective systems were in place to manage complaints. People said they knew how to make a complaint but so far had not needed to do so.

The registered manager had no clear vision or plan in place to make improvements to the home and seemed reluctant to add dementia friendly décor. Further work was required to develop quality assurance systems to ensure prompt identification of all care quality issues. For example, the lack of weight recording, lack of action following weight loss and recording data such as Braden Scale scores correctly none had been identified through the programme of care plan audits.

Improvements were required to some of the documentation used by the home namely the completion of records detailing people's daily lives, care plans and audits. Some of the care issues we had identified during the inspection such as poor recording of daily records, and lack of information in care plans had been not been identified by the registered manager and the registered manager carried out no environmental checks.

# Summary of findings

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we took at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

We found that the service was not safe.

People living at Teesdale Lodge told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people.

People were not protected against the risks associated with the use and management of medicines. Medicines were not always recorded properly.

Staffing levels required improvement to ensure that there was sufficient staff to cover for staff sickness and holidays. Agency staff were been used to cover whilst recruitment was taking place. The registered manager needs to have safer recruitment and induction processes for agency staff to make sure they have the necessary skills required.

Requires Improvement



### Is the service effective?

The service was not always effective. People told us they received good quality care from staff who knew how to care for them. We found staff were knowledgeable about the people living in the home. Staff received training appropriate to their job role, which was continually updated. This meant that they had the skills and knowledge to meet people's needs.

People had regular access to healthcare professionals as need dictated, such as GP's, Dieticians and Speech and Language Therapists (SALT). The registered manager needs to make sure they act on advice provided. Appropriate action had not always been taken following weight loss to ensure the cause of this was fully investigated. This meant there was a risk people's healthcare needs were not being met.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Requires Improvement



### Is the service caring?

The service was caring.

People told us they were happy with the care and support they received and their needs had been met.

Life history work had also not been undertaken for some people, which in turn did not help staff to gain a better understanding of people. Staff we spoke with seemed to understand the needs of people we asked them about, such as what they liked to do.

We observed that people were treated with dignity and respect.

Requires Improvement



# Summary of findings

## Is the service responsive?

The home was not always responsive.

People's needs were not always fully assessed. Although a range of care plans were in place, these often did not contain sufficient detail to ensure responsive care.

We found people's weights were not always checked in line with the requirements of their care plans, which meant there was a risk weight loss would not be promptly identified.

Documentation in relation to the care people received required improvement to ensure an accurate record for each person in the home was available.

An effective system was in place to manage complaints. We did not see any evidence of activities taking place

Inadequate



## Is the service well-led?

The service was not consistently well led. Staff spoke positively about the registered manager. Most of the people who used the service knew who the registered manager was and relatives said they had met the manager but did not see them often. We found they did not have a clear vision for improving the service.

Improvements were required to the provider's audit systems. The registered manager said they did not have any audits to check the quality of the service provision.

Accidents and incidents were monitored and the registered manager collated these on a monthly basis to recognise trends and make improvements. The collated figures did not match what had happened that month.

Inadequate



# Teesdale Lodge Nursing 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 was a responsive inspection due to concerns received by the Care Quality Commission.

This inspection took place on the 12th and 17th November 2014 and the first day was unannounced.

The inspection team consisted of an adult social care inspector, a specialist advisor and an expert by experience. A specialist advisor is someone who has a specialism the service being inspected such as a nurse and 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 in caring for older people.

Before our inspection, we reviewed the information we held about the home and contacted the Clinical Commission Group (CCG) to obtain their views after their recent audit.

During the visit we spoke with 12 people who used the service, eight relatives, the registered manager, the deputy manager, one nurse, five care workers, two laundry staff, one domestic and the domestic supervisor. We undertook general observations as many people who used the service had communication difficulties or were unable to communicate and we also reviewed relevant records. These included eight people's care records, four staff files, audits and other relevant information such as policies and procedures. We looked round the home and saw some people's bedrooms, with their permission, bathrooms, the kitchen, the laundry and communal areas.

# Is the service safe?

## Our findings

People who used the service and relatives we spoke with told us they or their relative felt safe in the home and did not have any concerns. One person said, "I am not happy here, it is noisy and it is cold." Another person said "I am fine, not sure how long I am staying here."

We spoke with members of staff about their understanding of protecting vulnerable adults. They had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All staff we spoke with said they would not hesitate to report bad practice. Not all staff we spoke with were aware of who to contact at their local safeguarding authority to make referrals or to obtain advice. Although the service had policies and procedures for safeguarding vulnerable adults these were in need of updating. The registered manager had also not notified CQC of safeguarding referrals as expected.

We discussed people who display behaviours that challenge with the registered manager. They said that they have one person who used the service who shows these behaviours and that they have had discussions with staff on how to manage these behaviours. We asked if these had been documented and the registered manager said they were not sure. During our inspection we found no documentation on behaviour that challenges and staff had not received training on this subject.

Risk assessments were in place, for example, for falls prevention, bed rails and moving and handling to keep people safe. Consent for using bed rails was not always sought. We asked the registered manager if they could provide us with any evidence of positive risk taking. Positive risk-taking is: weighing up the potential benefits and harms of exercising one choice of action over another, identifying the potential risks involved, and developing plans and actions that reflect the positive potentials and stated priorities of the service user. The registered manager said they did have someone who used to live there that took positive risks but at the time of inspection there was no one.

People's needs were not always fully assessed. Care plan documentation showed people's needs were assessed prior to admission and a number of care plans were put in place to guide staff. However, work was required to make

sure care plans were evaluated on a regular basis to consistently reflected people's current needs. Appropriate care was not consistently delivered such as checking people's weights in line with the requirements of their care plans or with the dietician's advice.

We looked at the recruitment records for three staff members. We found recruitment practices were safe and relevant checks had been completed before staff were employed. We did see that one reference had another person's name on as well as the person for whom the reference was sought; we highlighted this to the registered manager who said they would look into it.

The registered manager told us that each day there were always two nurses on duty, on the first inspection day the registered manager was one of the nurses on duty due to someone ringing in sick. The registered manager said they used agency staff to cover sickness and whilst waiting for new staff to start. The registered manager said they had five new staff about to start and they were awaiting DBS checks. Staff we spoke with said, "We sometimes struggle when people ring in sick." And "Some days there are enough staff and some days there are not." Another staff member said, "Yes there are enough staff on duty, we use agency due to sickness." The registered manager also explained that they had a new apprentice; we observed staff supporting the new apprentice throughout the day. The registered manager also said she employed 'feeders'. We explained that this terminology is derogatory.

We discussed the staff complement with the registered manager, they told us they had four senior carers. They then said none of the senior carers were trained to senior care level, one person was called a senior carer because they had been at the home a number of years. This person was not doing any training to become a senior. The other three senior carers were in the middle of their training.

The medication trolley was stored safely when not in use and the temperature was checked and recorded daily. The ordering procedure allowed plenty of time to sort out any discrepancies before the prescriptions went to the pharmacy. Medicines that are liable to misuse, called controlled drugs, were stored securely and records in the controlled drug register were accurate and fully completed.

We observed a lunch time medicines round. People were given their medicine safely and assisted where needed and staff stayed with the person until they had taken the

## Is the service safe?

medicines. Medicines administered at different times to what was stated on the Medicine Administration Record (MAR) did not document what time they were administered or why they were administered late. One person had received their morning medicines late due to liking a lie in. The record just stated 'morning meds late'. When it came to lunch time it was noted that no time was recorded as to when the morning medicines were administered, therefore information was unavailable to assist staff in determining what time the lunch time medicines should be administered. This information is critical to have, where a gap of four hours needs to be left in-between the administration of medicines. We discussed this with the registered manager who agreed to devise a sheet where exact times could be documented.

We found medicines were not appropriately managed. Medicines stocks were not always properly checked and recorded at the beginning of the current monthly medicines cycle, such as any medicines carried forward from previous month. This meant they could not be fully accounted for so we could not be sure if people's medicines were given to them correctly. Handwritten entries did not detail full instructions and were not double signed, which is needed as it shows that the entry has been checked by a witness was and confirmed as correct. The National Institute for Health and Care Excellence (NICE) guidance for care homes states as follows: Recommendation 1.14.9 Care home providers should ensure that a new, hand-written medicines administration record is produced only in exceptional circumstances and is created by a member of care home staff with the training and skills for managing medicines and designated responsibility for medicines in the care home. It is recommended that the new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.

Where when required (PRN) medicines had been prescribed such as pain relief, the service had no individual protocols explaining why and how each PRN should be administered. When medicines were not administered such as refused, there was nothing documented to state why.

There were gaps on the MAR administration times. The MAR chart was poorly printed which left blank spaces that care staff had to fill. Some MAR charts had dosages missing. We looked at the medicine policy, this needs to be updated to reflect current best practice and referenced to NICE guidelines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager had devised a system to assess staff competency, so they could be sure that trained staff were safely handling medicines at the home. At the time of our inspection this had not been introduced.

We asked to see the most recent in house audit of medicines; the most recent was completed on the 15th April 2014 where they had appointed themselves a score of 98%. The last pharmacy audit was carried out on the 24th April 2014; this highlighted some medication found not to be carried forward and a couple of entries not signed. No further audits had taken place this year. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked to see if people were protected by the prevention of infection control. We spoke with the cleaning supervisor who showed us their checks on jobs needed to be carried out weekly and monthly. We discussed a deep cleaning schedule as we had received complaints from the SPA that the lounge next to the dining room had a foisty smell and a chair smelt of urine. The cleaning supervisor agreed that there was an unpleasant smell and explained what they had done so far to eradicate it. There was no record of any deep cleaning taking place.

We discussed the different coloured cloths that were used around the home and noted that pink cloths were used for both the toilet and bath. There was a risk of cross contamination with the cloths being the same colour. The cleaning supervisor was aware of this and said they were going to discuss buying different coloured cloths with the registered manager.



# Is the service effective?

## Our findings

People were supported by staff that were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. This was evident as several training courses for 2013/2014 were seen to have taken place or due to take place, including dementia training.

For two staff supervisions were taking place quite regularly two others it was sporadic. The registered manager said they were working on being more consistent. We looked at the supervision/appraisal files for four staff, one staff member had not received any this year so far, another had received two, but in two other files staff had received monthly supervisions. We noted that during these monthly supervisions one member of staff had asked to do an NVQ 3, they asked this every month from June 2013 till they were eventually put on it in September 2014; the reasons why it took this long were not documented.

Another staff member raised concerns in April about lack of team work, lack of skill mix, work being too heavy and not enough time to complete care plans. The person doing the supervision wrote that they will discuss these concerns with the registered manager. These same concerns were raised again in May, July, August and September, other than stating they would raise the concerns with the registered manager, nothing had been documented to say what they had done.

A number of concerns had been raised from existing staff about agency staff, stating they don't know up to date techniques for example in moving and handling. One member of staff said, "Some (agency staff) are good for nothing." We asked the registered manager what checks they had in place to make sure the agency staff they employ are suitably trained, they said "the agency tell them they are." The registered manager had no written evidence that the agency staff were suitably qualified, if staff were to say a certain agency staff member did not seem able to work correctly, the registered manager would feed this back to the agency and request that the person did not come back to the service.

We observed the midday meal being served and saw that the dining room was a pleasantly lighted area with six

tables. We saw that there was only one sitting for the lunchtime meal and only 13 people who used the service were seated; the other 25 people who used the service had their meal either in their rooms or the lounges.

People who were in wheelchairs had a table fitted onto their wheelchairs so were not actually eating from a shared table. We were not able to communicate with these people to find out if it was their choice to stay in their wheelchairs. These people could not reach any condiments nor were they offered any. We discussed this with the registered manager who said, "We have one person who unscrews the top off the salt and puts it all over their food." The registered manager realised that other people's needs were not being taken into account and would rectify this.

We observed that people were not provided with a pleasant and enjoyable experience. People had their meals put in front of them with no explanation of what they were having, or a check to see if it was what they wanted. We discussed the lack of any conversation at lunch time with the registered manager, who said it was due to them being agency staff.

We saw staff supporting people to eat, one of whom tried to feed two people at once, which meant neither person received the support they needed. Two people tried to eat on their own but observations showed they were struggling with a knife and fork. We observed that the staff members who were supporting people to eat, had to leave the individuals they were assisting to go and help other people. People's meals were therefore interrupted. The two individuals who we observed needing support did not receive any due to staff not being aware or observing the signs themselves. This was a breach of Regulation 9 (care and welfare of people who use services) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We received a mixed response to the food that was on offer. The menu displayed did provide a choice of starter which was always soup or melon, no choice of a main meal and pudding was for example sponge and custard or a choice of yogurt or ice cream. One person who used the service said the food was good and five said they did not like it at all. One relative said, "The food is smashing." One person we spoke with said that they do not like the food and their relative had brought them a small fridge. On the day of inspection a member of kitchen staff asked this person if they wanted what was on the menu that day. They asked

## Is the service effective?

for some soup that a relative had brought in; it transpired that this had all been eaten the day before, they were persuaded to have the soup on offer, some bread and a little pudding. We asked the kitchen staff why they had not offered an alternative main dish, they said that sandwiches or salad were always on offer and they (the people who used the service) knew that. Another person in the dining room did not want the main course but they were gradually persuaded to have some, they were not offered an alternative.

We did not observe any fresh fruit. We were told that the people who used the service can have fruit salad at tea. We were told by one member of staff this was tinned, the manager said it was fresh. We questioned the manager about this at the end of inspection and they said that is what they are told by the kitchen staff.

We spoke with staff in the kitchen and they showed us a list of residents and their dietary requirements such as diabetic, pureed and allergies. They stated that one person who used the service was a vegetarian. We asked if they are made a vegetarian meal, they said they would most likely be offered the vegetable without the meat, nothing special was prepared. We discussed this with the registered manager who denied having anyone who was a vegetarian; there was one person who could not eat meat due to problems with teeth. We looked at the records the home kept on each person's diet and no one was documented as being a vegetarian.

There was no choice of main meals but we did hear the cook offer one person another bowl of soup or an alternative of egg on toast, as they did not want the main meal. The cook was the only person who interacted with the people at lunch.

We spoke to the chef who said they were trying to improve the dining experience. They asked one person who came in that day what they would like for tea, they asked for egg and bacon and the chef said they would make it for them.

One staff member said, "They always get choice, if they don't like the main meal they can have egg on toast."

We were informed that the kitchen used Canderel, an artificial sweetener, low in calories for all cakes and puddings, so that the diabetics can enjoy these food items. At the time of our inspection they had four people with diabetes. This meant that people who were in need of gaining weight were given food low in calories, the

registered manager said that they compensate with other high calorie foods. This was a breach of Regulation 14 (meeting nutritional needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who could speak with us told us that they received the support they required to see their doctor. One person said, "If I need a doctor they come in good time." People were also referred to additional support such as the Speech and Language Therapist (SALT) if for example they had difficulty swallowing.

We observed some good interactions between people who used the service and staff, there was some good banter and rapport, staff were friendly but sometimes it was clear they were rushed. Although one person who used the service said, "Some staff are offhand, my tea went cold one day and I asked for it to be warmed, I was told they do not have time."

Another younger person who had limited speech told us at 3pm that they had been waiting to get up all day, they were quite agitated. We informed the staff who then got them out of bed, they immediately looked brighter. We discussed this with the registered manager; they denied that they will have been asking 'all day'.

We found the layout of the home to be quite confusing with no clear distinction between corridors. We discussed putting clear signs up with the registered manager. Bedroom doors were not personalised apart from a small name plate. There was a lot of dark woodwork and the foyer and corridors seemed dark. A relative we spoke with also mentioned how dark the home was. There was a garden that people could use and one person who was a smoker used this regularly.

We asked the manager if they had anyone with a dementia type illness, they said they had two people. We observed there were more than two people living with a dementia; the manager then said they class them as 'elderly confused.' We were provided with a pen picture of each person who used the service; this stated that 10 people were living with dementia. There was no evidence of dementia friendly adaptations. We discussed brightening the home up and adding colour and dementia friendly adaptations with the registered manager and they agreed it

## Is the service effective?

was required but it was up to the owner of the home. This was a breach of Regulation 17 (respecting and involving people who use the service) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager and staff had been trained and had knowledge understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness,

brain impairment or a learning disability. If a person lacks the capacity to make a decision for themselves, the decision must be made in their best interests. At the time of the inspection, two people who used the service had an application for Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

# Is the service caring?

## Our findings

Feedback from people and their relatives was positive regarding the staff. People said staff were kind, considerate and treated them well. For example one person said, “I like it here, they are all good staff in here.” Another person said, “They do anything for me, they are on the ball, first class.” Relative we spoke with said, “The staff are friendly, it is a good home.” And “They understand X needs, we cannot fault this place it is spot on.”

One person who used the service said, “I don’t like some staff, they are not caring enough, especially the male staff.” We did ask for examples but they did not reply.

Staff we spoke with said, “I think everyone is well looked after.” And “This is their home; I am here to look after them.”

People and their relatives said the home understands their relative’s needs and staff were very good. People who used the service said, “They do anything for me, they are on the ball, its first class.” One relative we spoke with said, “The girls are smashing, their attitude is right.” We found staff were caring and treated people with dignity and respect.

People’s preferences and likes and dislikes were not recorded in their care plans to ensure staff delivered appropriate care. Life history work had also not been undertaken for seven out of the eight peoples care files we looked at, which in turn did not help staff to gain a better understanding of people. This was a breach of Regulation 20 (records) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with seemed to understand the needs of people we asked them about, such as what they liked to do. This showed us staff understood the people they were caring for so they could provide personalised care but these were not documented so everyone was aware. We discussed the need for more personalised care plans with the manager.

One person who used the service we spoke with told us the name on their bedroom door was not their name. They showed us a family history book with their name in. We discussed this with the registered manager and staff we spoke with, this came as a surprise to them and they said they were ‘not aware they had a different name.’

Staff said they support people to be as independent as possible, one staff member we spoke with said, “If people can do things for themselves, I let them; I offer choice of clothes when I am supporting them.”

The home manager told us the service had an open door policy and visitors could attend at any time, and discuss any issues with the home manager. People and relatives we spoke with confirmed this was the case and said they could visit the service whenever they wanted to. One person spent every day with their loved one and stayed for lunch.

We asked the registered manager about advocacy services. They said at present they don’t use an advocacy service but have access if need to or they feel someone requires an advocate.

People’s dignity and privacy is maintained. Doors were closed when personal care was being carried out. We saw evidence of a locked drawer in people’s rooms where they held the key. The home have a policy in place for privacy and dignity, this needed to be updated.

About 20 people who used the service were in bed all day and we noted no interaction from staff. Care files we looked at did not state why they were in bed all day. We asked staff and were told ‘it was their preference,’ although nothing was documented. Risk assessments for pressure care was inconsistent where a person was at high risk of developing a pressure ulcer it was documented they were at low risk and there was no evidence of a plan in place to ensure people had access to social stimulation.

We did find that care files were left open in the office when nobody was there and the office door left open. This meant that people’s confidential information could be seen by anyone. We discussed with the registered manager the need to keep these locked away when not in use. This was a breach of Regulations 20 (records) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We were told at the beginning of inspection that four people who used the service were on end of life care and were mainly required to have tender loving care. We looked in one care file and we could find no evidence in care files to show that people had expressed preferences and choices for their end of life care or that they had access to specialist palliative care services. We could see nothing was in place to support a comfortable dignified death. We

## Is the service caring?

discussed this with the registered manager who said, “That person is in denial.” This was a breach of Regulations 9 (Care and welfare) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service responsive?

## Our findings

Care plan documentation was inconsistent, for example, some people had information on their life history, and others did not. The home manager had recognised that work was required to make care plans more relevant, consistent and reflective of people's needs. There was some evidence people had contributed to their assessment or the planning of their care as these documents had been signed. This was a breach of Regulations 20 (records) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Where care needs had been highlighted for example one person needed weekly urinalysis, this was only done four times between 14th September 2014 and the 9th November 2014. In one file we noticed a comment to say this person had a sore on their neck, no body chart was completed and we found no further documentation. Where people were at risk of pressure sore damage the service used the Braden Risk Assessment Tool. This is a clinical tool that can be used to assess risk of a person developing a pressure ulcer. Where people scored high risk, it was documented in their care plan they were low risk. One person was assessed as high risk on the 26th October 2014 but had not been assessed again. One person's care file stated 'to weigh weekly and to refer to dietician if weight loss continues' it was noted that no weekly weights had been taken. Four people were on end of life care. We looked at two of these people's care plans, neither had a plan in place of preferred priorities of care. No preferences or wishes had been documented. This was a breach of Regulations 9 (Care and welfare) and 20 (1) (records) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

When call bells were pressed staff responded in good time. However some people were clearly unable to press the call button, for example on person said, "I shout when I need help." We observed this happening later in the day and they shouted for some time, we pressed the call button for them and staff did come promptly. We discussed putting something in place for people who could not use the call button with the registered manager.

We did not see any evidence of activities taking place; most residents dozed all day either in their beds or in the lounges. For those who are in bed all day, except for meals, they had little if any social interaction. The atmosphere was

of an acceptance of boredom. This meant that people could feel lonely and isolated. We discussed this and the lack of activities with staff they said, "No there are not a lot of activities, we have a lot coming up at Christmas though." Another said, "No they don't do much, but I am not sure if they want to." And, "It has been difficult since the activity coordinator left and they were not replaced." We asked when the activity coordinator left, they said, "Five years ago."

One member of staff said, "They need more activities, they (the people who used the service) would love it and not look so sad." We questioned if they were sad, but they did not know it was just their observation. We discussed activities with people who used the service, one person said, "I have played bingo and had my nails done." People who were able to communicate said they prefer to stay in their rooms.

One person who used the service was sat in their room watching television, we asked what they were watching they said, "Oh I am not sure, I prefer to read, I like a good murder mystery, I love going to the library and choosing a new book." We asked if they still go to the library and they said no. We found some books in the lounge area and took them to this person, they were thrilled. We discussed if visits from the mobile library were still available with the manager, they said they would look into something. The registered manager contacted us after inspection and said they had made arrangements for this person to be in touch with the library.

The notice board stated that bingo is played every Monday; we looked around to see where this was happening. We were told that the Monday we were there a couple of people played dominoes in the dining room. We did not observe this during our visit.

Teesdale Lodge was home to a few people under the age of 60. We found no relevant activities in place for this age group. We discussed activities with the registered manager, and they said they have lots happening, such as at Easter they all made Easter bonnets.

The daily routine for people was not necessarily person centred but more task led. People were taken in their wheelchairs or walked to the dining room, they were then taken to one of the lounges and left alone till lunch, when they were again taken to the dining room before going back to the lounge or their bedroom. Over the two day

## Is the service responsive?

inspection we did not see one member of staff sitting and chatting to people, the only discussion we heard was 'are you ready to go back to your room.' This was a breach of Regulations 17 (respecting and involving people who use the service) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Where peoples care plans recommended half hourly observations, the observation charts were incomplete. On the first day of inspection at about 12:30md we saw one person's half hourly observation chart had been completed at 7:30 am and then nothing had been added for the rest of the day. We discussed this with the registered manager during our feedback and when we were leaving staff showed us the same chart but this was fully completed to show half hourly observations had been undertaken. On the second day of inspection we observed another person's half hourly observation chart, this again was completed for early morning, but nothing from approximately 9:00 am until 16:00. This person was in the lounge in a reclining chair for most of the day and we did not observe any staff undertaking the half hourly observations. Again we discussed this with the registered manager, this time taking

the chart with us. We discussed the urgency of the registered manager putting a system in place to make sure that if staff needed to complete observations of people every half hour this was documented. The registered manager agreed to put daily checks in place.

We found complaints were appropriately managed. Systems were in place to record and take action following verbal and written complaints. People told us they were aware of how to make a complaint. We looked at how a recent complaint had been managed and saw evidence that appropriate action had been taken. People who lived at the service and relatives we spoke with told us they did not have any complaints but were confident any issues raised with the home manager would be addressed. The service had received seven complaints so far this year which had been handled appropriately.

We looked at the complaints policy and the complaints information on the notice board, both were in need of updating due to having out of date information documented.



# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since December 2013. On the first day of inspection the registered manager had to work on the floor as a nurse due to someone phoning in sick. On the second day of inspection the manager was due to be supernumerary but because a member of staff having to attend a training session, they had to work on the floor as a nurse in the afternoon.

People we spoke with said they knew who the manager was and relatives said that they had met them initially but did not see them often subsequently. Staff we spoke with said, "I feel supported in my role." And "I am supported by my manager."

The registered manager did not have a clear vision of improvements they wanted to make to the service. We asked if they had a refurbishment plan, but they said, "If we want anything we just ask the owner to buy it, we would like to decorate and brighten the place up but I don't have anything documented." Therefore there was no system in place to identify improvements needed.

Some of the care issues we had identified during the inspection such as poor recording of daily records, and lack of information in care plans had been not been identified through audit by the registered manager. The registered manager said they do care plan audits once a month on a selection of care plans and hope to see each care plan at least once a year. We did not see evidence of any action plans from these audits, which therefore made them ineffective.

Further work was required to develop quality assurance systems to ensure prompt identification of all care quality issues. For example, the lack of weight recording, lack of action following weight loss and recording data such as Braden Scale scores correctly none had been identified through the programme of care plan audits.

The registered manager carried out no environmental checks. We asked to see any audits, the registered manager provided us with the handyman's clip board which showed weekly water checks and weekly bed/profiling/bed rails checks. These had last been carried out on the 28th October 2014. Other checks such as weekly room checks for maintenance and weekly/monthly checks for

emergency lights were blank. We asked the registered manager if the checks had been done but not recorded, they could not confirm the checks had been done. This was a breach of Regulations 20 (1) (records) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were monthly medication audits in place, the last completed one was in April 2014, which meant that there were risks associated with the management of medicines, which we found during this inspection.

There was an overall analysis of incidents, on a monthly basis, to look for themes and trends such as pressure areas, violence and aggression or falls. But this was not fully documenting what had happened during the month and provided inaccurate figures.

The director carried out 'registered provider monthly visits'. The audit was a one page document which stated that they had spoken with residents and members of each department during the visits, no documentation of what they spoke about or any findings from these conversations. They documented that 'throughout the month residents enjoyed films, bingo and games, and that a Macmillan coffee afternoon had taken place in September. Staffing consisted of a couple of sentences stating recent vacancies. They also highlighted on the two months audits we looked at for September and October that they were still awaiting supervisions for nursing staff and had reminded nurses and the registered manager on several occasions but still had not been done. For maintenance they stated that the general day to day maintenance is carried out by the handyperson and listed what repairs had taken place. They then looked at occupancy levels and any concerns/incidents and investigations that were taking place. They then signed to say they were in the opinion that the home is being run in an efficient and professional manner and that the standard of care remains at a high level. There was no evidence that the provider completed any checks to come to the findings they documented.

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

People who used the service and relatives were encouraged to make their views known about the care provided by the service. The home had invited people living in the home and relatives to complete a customer



## Is the service well-led?

satisfaction questionnaire in July 2014. 16 people returned the questionnaire. We asked the registered manager how many had been sent out; they said they just leave them in people's rooms.

The feedback was positive in most areas of care, the issues raised were no choice with food, chairs look tired and need an uplift, lack of activities not happening, five people said they were not able to continue with hobbies and two people said they were not happy with the activity programme, the action plan stated that these comments would be discussed at the next resident meeting. The next residents meeting was to be held a week or two after our inspection. Another comment which was made on the questionnaire was the bed was uncomfortable, the action plan stated that a new mattress had been bought.

There was a mechanism in place to gain the feedback of people who used the service. The registered manager told us they leave the surveys in people's rooms. We discussed ways of making them more visible to relatives and people who used the service. Some issues raised in the July 2014 survey were waiting to be discussed at the next meeting which was to be in the next couple of weeks after inspection. This meant people have waited five months for some acknowledgement of their feedback.

Staff meetings were to take place three times a year, so far this year there had been two, one in February and one in October. Topics discussed were documentation, laundry, safeguarding, training and call bells, staff also discussed agency staff not following procedures. There was evidence of a good turn out from staff to these meetings.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations  
2010 Management of medicines

The registered person was not protecting service users against the risks associated with the unsafe use and management of medicines, as appropriate arrangements were not in place for the recording,

Handling, using, safe keeping and safe administration of medicines.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations  
2010 Care and welfare of people who use services

The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate as they had not consistently carried out a full assessment of the needs of service users nor consistently planned and delivered appropriate care.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 14 HSCA 2008 (Regulated Activities) Regulations  
2010 Meeting nutritional needs

People were not supported where needed and choice was not offered

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA 2008 (Regulated Activities) Regulations  
2010 Respecting and involving people who use services

This section is primarily information for the provider

## Action we have told the provider to take

The registered person had not taken proper steps to ensure people understood the care and treatment choices available to them.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered person had not ensured that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them as there was inconsistencies in the maintenance of an accurate record of their daily lives.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

People were not kept safe and their health and welfare needs were not met due to insufficient numbers of the right staff.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

The registered person had not protected service users, against the risks of inappropriate or unsafe care and treatment, as it was not regularly assessing and monitoring the quality of services provided, nor identifying, assessing and managing all risks relating to the health, welfare and safety of service users.

There was no consistent analysis of incidents that resulted in, or had the potential to result in, harm to a service user.

This section is primarily information for the provider

## Action we have told the provider to take

The registered person was not regularly seeking the views of people who used the service and those acting on their behalf.