

## The Abbeyfield Kent Society

# Abbeyfield - Rogers House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection was carried out on 11 and 12 October 2016. Our inspection was unannounced.

Abbeyfield – Rogers House is a care home providing accommodation and personal care for up to 41 older people. Abbeyfield – Rogers House also offers a respite care service to enable people to stay in order to give their relatives and carers a break. At the time of our inspection 39 older people were living at the home, many of whom were living with dementia. Some people had sensory impairments and some people had limited mobility.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our previous inspection on 28 October 2015 and 02 November 2015 we found breaches of Regulation 12, Regulation 13, Regulation 15, Regulation 17, Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. We asked the provider to take action to meet the regulations.

The provider sent us an action plan in February 2016 which stated that they would comply with the regulations. They told us that they had already met four of the regulations and the final date to meet one of the regulations was 01 May 2016.

At this inspection we found there had been some improvements to the service. However there were still issues in a number of areas and some new breaches of Regulations. People and their relatives were positive about the service they received. People told us they felt safe and well looked after.

The provider did not follow safe recruitment practice. Essential documentation was not available for all staff employed. Gaps in employment history had not been explored to check staff suitability for their role.

Medicines had not always been administered as they should be. Staff administering tablets and creams had been trained to do so and did this in a safe way. However staff had been administering Insulin injections which they had not been trained to do. Medicines records were not always complete and accurate. Records relating to topical creams and some pain relief were not always completed to evidence people had received their medicines as prescribed.

Staff had been given training in essential areas. Staff had not always been given training relating to people's individual health needs. We made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. The provider had submitted Deprivation of Liberty Safeguards (DoLS) applications for some people, but had failed to reapply for these in a timely manner when these had expired and had failed to meet conditions within these. We made a recommendation about this.

Action taken when people had lost significant amounts of weight was not always timely. One person's had low sodium levels, information in their care file detailed that they required additional salt to be added to their diet. This had not been communicated to the kitchen staff which meant this person was at risk of receiving meals that did not meet their assessed needs.

People's care plans detailed what staff needed to do for a person. The care plans did not always include information about their life history and were not person centred. Some care plans had not been updated in a timely manner when people's needs had changed.

Records relating to care and support provided were not accurate and complete. Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Audits undertaken had not always picked up the concerns about staff recruitment records, medicines administration, fire safety, dependency assessments, DoLS applications, person centred care and records and action to address issues identified in audits was not always timely.

There were suitable numbers of staff on shift to meet people's needs. The provider had a dependency tool in place to check that staffing levels were appropriate to meet people's needs. However, some people's dependency levels had not been reassessed and checked regularly. We made a recommendation about this.

The home was clean and smelt fresh. Appropriate checks had been carried out on equipment. Fire drills had not taken place regularly. Some staff did not know what to do in the event of a fire. We made a recommendation about this.

People's safety had been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity. Actions taken after accidents and incidents did not always follow the provider's policy. Post falls assessments had not taken place. We made a recommendation about this.

The registered manager sent us an action plan on 19 October 2016 to detail how they planned to address the issues we had found during this inspection.

Staff had a good understanding of what their roles and responsibilities were in preventing abuse. The safeguarding policy gave staff all of the information they needed to report safeguarding concerns to external agencies.

Improvements had been made to the environment which meant the ground floor of the home met the needs of people living with dementia, further improvements to the decoration of the upper floors were planned to ensure the environment meets everyone's needs.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

Meals and mealtimes promoted people's wellbeing, meal times were relaxed and people were given choices.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the home was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People were given information about how to complain and how to make compliments. Complaints had been dealt with appropriately. People's views and experiences were sought through review meetings and through surveys.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Staff had received regular support and supervision from their line manager.

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

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

The provider had not always followed safe recruitment practices.

Medicines had not been appropriately managed and recorded. People were at risk because staff had been administering Insulin which they had not been trained to do.

Risk assessments were clear and up to date so staff had clear guidance in order to meet people's needs. Action taken following accidents and incidents did not always follow the provider's policies.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

Enough staff had been deployed to meet people's needs. The registered manager and provider had not regularly reassessed people's needs to make sure that staffing was adequate.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority by the provider. However, systems to track and monitor these were not robust.

One person's important information about their food had not been communicated to the kitchen staff, which put this person at risk of receiving meals that did not meet their assessed needs.

Staff had received essential training they needed to enable them to carry out their roles. However, staff had not received training relating to people's individual health conditions.

Staff had received supervision and support from the management team. Staff had a good understanding of the Mental Capacity Act.

People had choices of food at each meal time which met their

likes, needs and expectations.

People received medical assistance from healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring.

The staff were kind, friendly and caring towards people and their relatives.

People were supported to maintain relationships with their relatives and friends. Relatives were able to visit at any reasonable time.

People were treated with dignity and respect, their records and information about them was stored securely and confidentially.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care plans were not person centred. Care plans did not always detail people's important information such as their life history and personal history. Some care plans had not been updated when people's needs had changed.

People were encouraged to participate in meaningful activities, which were person centred and included community trips.

People and their relatives knew how to raise concerns and complaints. The complaints policy was prominently displayed in the home. People and relatives had opportunities to feedback about the service through meetings and surveys.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Records relating to people's care and the day to day running of the service had not been completed effectively. There were gaps in records.

The management team and provider carried out regular checks on the quality of the service. Action to address issues was not always timely. The audits and checks carried out had failed to identify the quality concerns within the service.

The service had a clear set of values and these were being put into practice by the staff and management team.

Staff were positive about the support they received from the management team.

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# Abbeyfield - Rogers House

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 11 and 12 October 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the service does well and improvements they plan to make. We reviewed previous inspection reports, actions plans and notifications before the inspection. A notification is information about important events which the service is required to send us by law.

We spent time speaking with eight people and five relatives. We spoke with six staff including care staff, senior care staff, the cook, the deputy manager and the registered manager. We tried to contact four other staff outside of the inspection visit to gain feedback; we received feedback from one member of staff outside of the inspection visit.

Some people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. We received feedback from the local authorities' quality assurance team and a GP.

We looked at records held by the provider and care records held in the home. These included nine people's



care records, medicines records, risk assessments, staff rotas, six staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including some policies and training records. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

At our last inspection on 28 October 2015 and 02 November 2015, we identified breaches of Regulation 12, Regulation 13, Regulation 15, Regulation 18 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not followed safe recruitment practice. The provider had not protected people from risks to their safety. The provider had not ensured medicines were well managed or recorded effectively. The provider had not ensured that premises and equipment was suitably maintained, some areas of the home were unclean. People were not protected from abuse or the risk of abuse. Safeguarding incidents had not always been appropriately reported to the local authority. We asked the provider to take action to make improvements. The provider sent us an action plan which stated they would meet Regulation 19 by 26 January 2016, Regulation 15 by 01 May 2016, Regulation 13 by 16 November 2015 and Regulation 12 by 16 January 2016.

At this inspection we found that there had been some improvements to safeguarding and to maintenance of the premises. However, there were still some areas of concern regarding recruitment records, management of medicines and risk management.

People told us that they felt safe. Comments included, "Yes I feel safe and if I had a problem I would go straight to the horse's mouth. Straight to [the registered manager]"; "I've never had a cold or illness since I've been here; I think that is an indication of how clean a place is"; "It's a lovely atmosphere", and "They make family and friends very welcome".

Relatives told us their family members were well cared for and were safe. Comments included. "Medication is given at regular intervals which is much better than when [person] had carers, at home"; "She [person] has settled in here very well and I know that she's safe here because when I leave to go home they watch [person] closely as it sometimes she gets upset". One visitor said, "I never leave here feeling worried" and "The cleanliness is excellent".

At the last inspection we found that the provider had employed staff and had not explored reasons for gaps in employment. At this inspection we found that four out of six staff recruitment files showed gaps in employment which had not been explored. Gaps ranged from 11 months to 24 years. The provider had not carried out sufficient checks to explore the staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. References had been received by the provider for all new employees. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff employment files showed that references had been checked.

This was a breach of Regulation 19 (2)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that the provider had not managed medicines effectively to keep people

safe. At this inspection we observed a medicines round. Medicines were administered safely during this round. Accurate records were made of the medicines administered. However we found that there were gaps and inconsistencies in the medicines administration records (MAR) for people in relation to people's topical creams and some pain relief for dates before our inspection. We checked the medicines in stock and found that people had received their tablets as prescribed. Where people had not received their medicines, an entry had been made on the MAR to evidence why they had not; for example when a person was due to have surgery. We observed one person taking their prescribed painkillers. The advice on the MAR chart showed that the person should not drink alcohol with their pain killer. The person had drunk beer prior to receiving their pain killer. Medicines were not always appropriately stored in the service. New medicines had been delivered by the pharmacy before the first day of our inspection, these had been placed in an office. We checked this office and found it to be unlocked and unattended. This put people at risk of harm.

The provider's medicines policy dated August 2015 gave clear information for staff in relation to administering medicines, reporting errors, ordering and disposal. It stated that 'Residential care staff are not permitted to administer rectal medication or medicines administered by injection'. We spoke with staff who told us that they had been administering insulin injections to a person. We spoke with the registered manager about this and advised them to cease this practice immediately; they agreed that staff had not been trained to do this. They explained that the person administered their own insulin injections but on occasions they had asked staff to do it. People were at risk because medicines were not well managed in a way that kept people safe.

This failure to ensure that medicines were suitably administered and recorded was a continued breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that the provider had not appropriately reported alleged safeguarding concerns, incidents, had not followed the local authorities' policy and had not put in place systems to protect people when incidents had occurred. At this inspection we found that staff had a good understanding of their roles and responsibilities in relation to keeping people safe and reporting abuse. Staff told us they would report safeguarding issues to the senior staff or the registered manager, they told us they had confidence that concerns would be reported appropriately. The registered manager had appropriately reported safeguarding incidents that had occurred. The provider's safeguarding policy dated October 2015 gave staff information about types of abuse, prevention and their roles in reporting abuse. However the provider's policy didn't give the contact details for the local authority, the section where this should have been was blank. The local authorities safeguarding adult's policy, protocols and guidance dated April 2016 was available to staff and was stored in the registered manager's office. This contained up to date and relevant telephone numbers and information about how to report abuse.

At our last inspection we reported that risks to people's health and safety had not been appropriately managed. The provider had failed to protect people from the risk of infection or to maintain a clean environment. During this inspection we found that the home was clean and smelt free from unpleasant odours. A GP told us, "The place is clean". The sluice rooms were also clean and odour free. Staff wore appropriate personal protective equipment (PPE) when they needed to.

Most people's care plans contained individual risk assessments in which risks to their safety were identified such as skin integrity, moving and handling, pain, medicines, risks of altercations with other people and mobility. The risk assessments had been reviewed regularly and updated when required. Accidents and incidents had been recorded and monitored. Completed records showed the action that had taken as a result of accidents and incidents such as contact with families and paramedics. The provider's falls prevention policy detailed that if a person had fallen, staff would complete a post fall assessment. We

checked the records for people that had fallen. No post falls assessments had been completed.

We recommend that the registered manager reviews post falls processes to ensure that the policy is followed.

At our last inspection we reported that the home had not been maintained adequately. During this inspection we found that the ground floor had been redecorated. There was a schedule of planned redecoration work to the upper floors. Records showed that regular checks were made on the gas safety within the home, electrical equipment and fire extinguishers. The lift had been refurbished. The water was monitored to prevent legionella. Fire alarms were tested regularly, however fire drills had not taken place for some time. The last recorded fire drill had taken place in 2014. Staff we spoke with were not clear what action they would take in the event of an actual fire as they had never had a full drill where they needed to evacuate the building. We spoke with the registered manager about this, they told us they had planned to carry out fire drills to ensure that all staff knew how to support people to safely evacuate the premises. The service had a fire box which contained important information about people's needs and skills during an emergency. There was a personal emergency evacuation plan (PEEP) in place for each person. These detailed what care and support people would need in an emergency. One person's plan did not detail that they were at added risk during an emergency such as a fire due to them using oxygen.

We recommend that the provider and registered manager follows good practice in relation to fire safety.

Where there had been concerns about staff practice or conduct suitable action had been taken by the provider. Disciplinary procedures had been followed and thorough investigations conducted, outcomes of investigations were clear and supervision records showed that performance had been monitored.

There were suitable numbers of staff on shift to meet people's needs. The registered manager had increased the staffing levels to ensure people's needs were met. There was a call bell system in place which people could use if they required help and support. Agency staff were used when required to fill vacancies. One person told us; "It's a double-edged sword really with agency staff, some know what to do, some don't". We observed call bells were answered quickly. The provider had a dependency tool in place to check that staffing levels were appropriate to meet people's needs. However, some people's dependency levels had not been reassessed and checked regularly. For example one person's dependency assessment had been reviewed on the 28 March 2014. This showed that they were independent with eating, they had no pressure areas and they had no concerns with socialising with others. However, this did not reflect the person's current care needs. The person needed support to eat, had a pressure area and spent long periods of time in their room. This evidenced that people's dependency assessments had not been reviewed and updated when their needs changed.

We recommend that the provider and registered manager implement systems to accurately monitor people's care and health to ensure that staffing levels meet people's needs.

# Is the service effective?

## Our findings

At our last inspection on 28 October 2015 and 02 November 2015, we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The premises were not suitable for the needs of people living with dementia. We asked the provider to take action to make improvements. The provider sent us an action plan which stated they would meet Regulation 15 by 01 May 2016.

At this inspection we found that there had been improvements to the decoration of the home, this work was still ongoing.

People gave us positive feedback about the service they received. They were mostly complimentary about the food and stated that they had choice in what they ate and they could choose to eat their meals in their rooms. Comments included; "It's not like you cook at home, but it's nice"; "On the whole it's good but it can become a bit boring, but we're all getting older and not used to the modern method of cooking. I don't see why we have to change; I think the Mange tout and other veg could be cooked a little longer, as it's sometimes a struggle to eat. Too crisp"; "They don't want us to be hungry, but they put too much on my plate sometimes, which puts me off. I only have a small appetite"; "Food is good" and "Dinner was good, the agency cook made stewed plums and custard, I really enjoyed it".

Relatives told us their family members received effective care. One relative gave us an example of how staff had recognised when their family member had become unwell, the staff had contacted the out of hours GP service and they had "Got a call to let me know". The relative also said that their family member liked the food and enjoyed having an alcoholic drink. Another relative told us that their relative was referred on to a dietician when there had been concerns about lack of appetite and weight loss.

People received care and support from staff that had been trained to meet their needs. Most staff had received training and guidance relevant to their roles. Training records evidenced that 53 staff out of 56 had completed moving and handling training, 51 staff had completed safeguarding training, and 47 staff had attended health and safety training. Records also showed that 46 staff had attended training in dementia. Only 24 out of 56 staff had attended challenging behaviour training. One staff member we spoke with gave us an example of being frightened and not knowing what to do when a person began to display behaviours that people find challenging. They had not received training and guidance about how to work with the individual. There was a rolling programme of training planned throughout the year, challenging behaviour had not been included in this programme. Other staff who had completed the training had not undertaken an update within 12 months which the provider had set. The most recent training for challenging behaviour had been undertaken on 17 June 2015.

We recommend that the registered manager and provider ensure that training and guidance is obtained from a reliable source to support staff to meet people's care and support needs.

Staff told us that they had opportunities to complete work based health and social care qualifications. A number of staff were in progress with their qualification. One person told us, "The girls [staff] here are

trained to be with us, and they never force anyone to do anything they don't want to do, it's quiet persuasion". The person went on to explain that some people need encouragement from staff to take their medicines. Staff told us that they had an induction when they started work. This included shadowing experienced staff providing care and support, reading policies and procedures, completing the Care Certificate (which includes completing course work and observations of practice) and undertaking training. Most staff told us they received regular supervision, records confirmed this.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Forty eight staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. Staff were knowledgeable concerning the need to seek consent when providing care for people. A staff member told us; "Always assume that someone has mental capacity, always give them the opportunity to have their say from the simplest decisions to the biggest. Choice of food and clothes".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found that systems to monitor DoLS authorisations were not robust. One DoLS authorisation had expired in September 2015, the registered manager had not reapplied to the local authority until July 2016. This meant during this period the person was unlawfully deprived of their liberty. We spoke with the registered manager about this and they told us there had been some issues with DoLS monitoring, they had made plans to ensure this improved.

We recommend that the registered manager reviews systems to monitor and apply for DoLS.

At the last inspection we reported that the environment did not meet the needs of people living with dementia. The layout of the premises was confusing as it was organised into different wings with a lack of signs to help people find their way. All the corridors looked the same. During this inspection we observed that improvements to colour schemes and signs had been made on the ground floor. Staff all reported that people were finding it easier to locate the toilets. Light switches in bathrooms and toilets had been changed to sensor switches which meant that the light automatically switched on when a person opened the door. The use of signs on doors to bathrooms and toilets were clear. All toilet doors had been painted blue which helped people who were living with dementia find the toilet. Memory boxes and photographs were used on and near people's bedroom doors to help people identify their own bedrooms. People's bedroom doors had been painted different colours. On each floor, there were also tactile 'fiddle boards' on the walls, these enabled people living with dementia to have mental and physical stimulation. People were pleased with the redecoration and they told us they had been involved in choosing the colours. Plans were in place to continue the redecoration to the upper floors of the home to assist all people living with dementia to move safely around the home.

People had choices of food at each meal time and chose to have their meal in the dining room or their bedroom. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. One person told us they were able to make themselves a drink when they needed one. They also said "If you have an interest in food like I do, they talk to you about it". We observed the chef talking to the person about what was for tea and they had a brief exchange about different food tastes. People were offered snacks such as biscuits, cake and fruit during the day. People who

received their care in bed received appropriate support to eat their meals. We observed staff chatting to a person whilst assisting the person to eat; they were kind and considerate throughout. Staff asked the person if they had eaten enough and offered the person a dessert. People who ate their meals in the dining room ate in a friendly and relaxed atmosphere, there was plenty of conversation between people and staff, music played and people were able to choose from a wide range of alcoholic drinks as well as soft drinks to complement their meal.

The menu was clearly displayed on the wall outside the dining room, this was available in written form only. We spoke with the registered manager who explained they planned to introduce photographs of food to help people make their choices.

Food was appropriately stored within the kitchen. Staff who worked in the kitchen were suitably qualified and knowledgeable about how to meet the nutritional needs of the people who lived at the home. Checks were made concerning the serving temperature of food to make sure it was properly heated.

One person's care file evidenced that they had lost 28kg in weight in a 12 month period. Action had been taken shortly before the end of the 12 month period to report this to the GP who had advised that staff needed to monitor the person's weight closely. Action to report such weight loss should have been more timely. One person's nutritional information recorded that they required additional salt to be added to their diet due to a diagnosis of low sodium levels. This information had not been communicated to the kitchen staff which meant this person was at risk of receiving meals that did not meet their assessed needs.

The provider has failed to ensure that people's nutritional and hydration needs have been met. This was a breach of Regulation 9(1)(a)(b)(3)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff had sought medical advice from the GP when required. A GP told us, "I always visit when they request as they communicate well with the patients and with me". Referrals had been made to speech and language therapist (SALT) when people needed it. Records demonstrated that staff had contacted the GP, ambulance service, out of hours GP services, dementia specialists, physiotherapists, hospital and relatives when necessary. People who were at the end of their life received support from the palliative care team. People had seen an optician on a regular basis to check the health of their eyes. One person told us, "Staff notice changes in our health and are quick to call medical assistance when necessary". Another person said, "Staff noticed that my ankles were swollen" the person explained that they were not concerned "Once I'm in bed they go down". They went on to tell us that staff suggested that the doctor have a look. Where people had pressure areas, appropriate action had been taken. Body maps recorded where the pressure area was. District nurses provided wound care treatment to people. Records evidenced that staff applied barrier creams to people who were at risk of developing pressure areas. Suitable systems were in place to monitor people's health.



## Is the service caring?

### Our findings

People told us that the staff were kind and caring towards them and others. One person told us; "It's wonderful the way they care for them" they were referring how staff worked with people who lived with dementia. Other comments included; "I am very happy here" and "Staff are excellent and very kind". We observed that staff had a good rapport with people and their relatives. Staff were kind, caring, sensitive and friendly. People told us that staff were always happy to accommodate their needs and chat. We observed staff offering reassurance in a calm manner. A number of times during the inspection people who were living with dementia became confused and disorientated about where they were. They became concerned that their relatives would be expecting them home soon. Staff offered reassurance and told people that their relatives knew exactly where they were and they were expecting them to have a meal at the service and that they could stay the night. This reassured people and stopped any anxiety.

Relatives told us that their family members received good quality care. They told us, "Very kind and caring, the way they talk to her, everyone talks to her as they go by"; "They go beyond [the call of duty] I feel"; "They are very kind"; "Staff are excellent they can't do enough to help residents". A GP told us, "The staff respectful to patients".

Staff were aware of the need to respect choices and involve people in making decisions where possible. Staff were aware about encouraging people to be more independent. Daily records evidenced that people were making choices about all aspects of their life. People were supported to make decisions, choices and be independent when appropriate.

Staff maintained people's privacy and dignity. One person told us, "They [staff] always knock before entering". Another person said, "If I wanted a male [staff member], I'm sure that I could, but I'm not bothered". We observed staff knocking on people's doors before entering. Staff told us, "Give privacy whilst showering, be there if they need us. Cover people with a towel and treat them with respect. Tell people what I am doing"; "Complete personal care behind closed doors, cover up, don't need to have someone totally undressed, encourage people to do things for themselves" and "Always ask if people are able to wash intimate areas themselves".

Staff shared with us the different ways in which they worked with each person which showed they knew people well. The rota's evidenced that people had consistent staff providing their support.

Staff spent time actively listening and focussing on people and responding accordingly. People were encouraged to take things at their own pace and were not hurried or rushed. Staff supported people by providing reassurance to their questioning. Staff told us that they enjoyed their jobs. This was evidenced through their enthusiasm and approach.

People's care plans detailed their life histories and important information which helped staff engage and respond to their individual needs, this included information about where they had lived, who their relatives were, important dates and events and what people's favourite things were. People's care plans clearly listed



the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in a locked office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. The office area was locked and secured when not in use to ensure people's confidential information remained private and confidential. Staff had a good understanding of maintaining people's confidentiality.

The provider had a detailed policy which outlined the process for appointing an advocate if it was identified that this was necessary to support people who lived at the home. No one had an advocate as they were actively supported by relatives.

People's bedrooms had been decorated to meet their individual needs. People told us they had been involved in choosing the colours and soft furnishing. People were encouraged to individualise their rooms with their own personal items and favourite things.

Relatives were able to visit their family members at any time. One relative said, "We are always made to feel welcome". We observed the home had a homely feel and a relaxed atmosphere. People were supported to maintain relationships with their relatives.

## Is the service responsive?

### Our findings

At our last inspection on 28 October 2015 and 02 November 2015, we made a recommendation that people's care plans detailed they likes, choices and preferences.

People told us that staff were responsive to their needs. People told us that there were activities on offer. One person said, "They always ask, even though I don't attend many activities because of my hearing and sight problems, they are inclusive". We observed staff being encouraged and prompted to join in with different activities taking place. People's choices and decisions were respected.

Relatives told us that their family members received responsive care. Relatives told us that any issues or concerns that they had had been dealt with quickly and effectively. Comments included; "If there were any problems or concerns my daughter and daughter-in-law will take up the issues". One relative said, "There's enough things going on to keep him occupied" they went on to say that they had visited a few days before and their family member "Was about to play cards".

There had been some improvements to care plans since we last inspected the service however this was not consistent. Some contained information about people's life history, preferences, likes and dislikes. However, we viewed four care files that did not. These care plans showed that they had not been reviewed and amended when people's needs had changed, for example when people had moved rooms when they care needs had increased, when they had needed assistance with dressing and undressing when they were previously independently able to do this. This meant that people were at risk of not receiving care and support which met their needs. There was no evidence to show that people had been involved in developing their care plans. People we spoke with did not recall if they had a care plan or not. We observed the registered manager discussing with a new person's relatives about the person's proposed care plan and sharing information. The registered manager was encouraging, open and agreeable to the forms being taken home so that they could also consult with other relatives.

The provider was not providing care for people in a responsive or person centred way. This was a breach of Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People took part in a number of activities based on their individual preferences. There were two activities coordinators employed to arrange and develop activities for people. Activities were planned for the month ahead and advertised on the communal notice boards. One activities coordinator told us; "People choose their activities, it's their choice". People talked enthusiastically about the events that are organised for them both at the home and trips out. They told us that quieter and singular activities were also supported by staff, for example large jigsaws. People were supported to pursue activities in their own rooms if they preferred. During our inspection activities included, motivation activities, arts and crafts and movie afternoons. Activities included flower arranging, quizzes, manicures, crosswords, bingo, movie afternoons, cooking, discussions, gardening in the summer and themed events for public holidays. The home had links with local schools who have helped with quizzes, tea dances and some students had attended the home as part of

their work experience. The activities coordinator gave examples of discussing topics and then finding films for the movie afternoon linked with it such as slavery. They said, "Yesterday we had a food and religion quiz and we are now looking at a film to match". People were supported to go out into the community with their relatives. During the summer months the activities team coordinated outings to beaches, shops, pubs, markets and events to celebrate people's birthdays. We spoke with one person who was cared for in bed. Staff assisted this person to put on films of their choice and spent time with them chatting. The person told us "I'm quite happy, I've got all the children to look at as well [their bedroom overlooked the local school playground] I'm ever so lucky".

People knew who to complain to if they had any concerns or complaints. One person said, "I'm quite happy to tell, ask or suggest something". The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. The complaint procedure was displayed in the communal areas. Relatives knew they could complain to the registered manager if they needed to. There had been six formal complaints about the service since our last inspection, the complaint had been acknowledged and investigated within the provider's timescales. The outcome of complaints had been communicated and actions taken to address them had been taken. Records showed that the registered manager had worked with relatives to develop a new care plan in one instance.

The service had received lots of compliments from relatives from observations when they have visited. People living in the home had also written to compliment the service they received. They had written; 'Thank you for coming to our aid, without you we would surely fade, not only would our stomachs rumble, but our spirits would surely crumble' and 'Thank you and all your staff for looking after me so well last week. I enjoyed my stay with you'. A relative had written '[Person's] family would like to thank all the staff at Rogers House for their care and kindness'.

People attended meetings to discuss their opinions of the service and get updates on changes to the way the service was running. The most recent meeting which was held on 14 September 2016 gave people the opportunity to feedback about areas they felt needed improvements such as health and safety concerns, discussed changes to the menu in readiness for winter, redecorations and use of agency staff. Previous meeting records showed that people's suggestions and feedback had been listened to. Relatives too were able to meet with the management team to discuss their feedback.

The provider carried out an annual survey of people, relatives and friends. The registered manager explained that the surveys were sent out to people and the responses were collated by the provider, who then produced a report. The provider was in the process of collating the 20 survey responses received. People, their relatives and friends had made a number of suggestions in the surveys to improve the service. The provider planned to address the comments and suggestions which included creating an action plan of all the improvements required and put this on display so everyone knew what action was being taken.

## Is the service well-led?

### Our findings

At our last inspection on 28 October 2015 and 02 November 2015, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of and Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. The provider had failed to operate an effective quality assurance system and failed to maintain accurate records. The provider had not notified CQC or the local authority about safeguarding events that had occurred. We asked the provider to take action to make improvements. The provider sent us an action plan which stated they would meet Regulation 17 by 26 January 2016 and Regulation 18 by December 2015.

At this inspection we found that the provider had produced new policies and procedures relevant to the service being provided and improvements had been made to quality assurance processes.

People told us they knew who the registered manager was. We observed that people did know the management team and felt comfortable to approach them if they needed help and advice. The management team had a good rapport with people, their relatives and friends. Everyone spoke very highly of the registered manager and the staff team.

Relatives told us the management and staff team were extremely approachable. One relative said that the management and staff would do everything they can do to alleviate any stress that they may have regarding their family member. Comments included, "The home is well run and they have been doing lots of work". A GP told us, "I have no concerns about the care my patients have received".

The registered manager and senior staff carried out a number of regular checks and audits. These included monthly medication audits, infection control audits, weekly manager's audits, and care plan audits. These showed that issues had been picked up; the registered manager explained how these had been addressed. We checked areas identified in previous audits to see if the relevant work had been done. Audits had mostly been actioned quickly, there were small numbers of outstanding works which remained on the audits and action plans but these were identified in the registered manager's plan for future works. Care plan audits for a number of people had identified areas that needed updating in people's care files. One care plan audit dated 26 April 2016 identified that a person had moved bedrooms so the care file needed updating. The person's file had not yet been updated. Another care plan audit dated 06 April 2016 also raised that another person had moved bedrooms and there was missing information. The person's file had not yet been updated. Fluid charts seen did not always list all of the fluids people had drunk, been offered or declined. One person's charts showed that they had only drunk 850 millilitres of fluid on 09 October 2016; nothing had been recorded as being drunk on the 10 October 2016 and the 11 October 2016. We checked the records at 17:30 on the 11 October 2016.

The compliance audit carried out by the provider in July 2016 evidenced that the auditor should have checked staff recruitment records as part of their audit. The auditor had written 'Staff records are held within the home' which evidenced that they had not checked the content of these staff files. The auditor had also commented that 'The manager uses the dependency tool to assess staffing levels' however the dependency

assessments had not been checked to see if they had been reviewed and updated. Audits had not picked up the concerns we found in relation to staff recruitment records, staff administering medicines they had not been trained to administer, fire drills, post falls practice, staff training, meeting people's nutritional needs and person centred care. The provider's audit had stated 'Some information for residents is better than others with regard to their background and life history' in relation to person centred care. This meant that audit systems and processes were not always robust.

The policies and procedures had been reviewed and updated between 2015 and 2016. This meant that staff had up to date guidance about how to deliver safe, effective, caring, responsive and well led care. It was evident during the inspection that some policies were not being followed. For example the medicines policy, recruitment policy and fire policy were not being followed.

The failure to operate effective systems of processes to monitor and improve the quality and safety of services and failure to maintain accurate records was a breach of Regulation 17 (1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was in the process of reviewing and rearranging paperwork to ensure essential documents relating to the running and day to day operation of the service could be easily found. Audits carried out by the provider had identified that documentation location was an issue when they last audited the service in July 2016. A fire and home audit undertaken by a contractor in August 2016 had also found issues with missing paperwork, which had still not been resolved. The actions and recommendations from the fire audit in August 2016 in relation to the premises had been translated into an action plan. The provider had worked through these actions in a timely manner, only three actions remained.

Records relating to people's care and the management of the home were stored securely. Records were securely kept. People's care files and personal information had been stored on shelving in the office, which had a key coded lock. Staff files were kept in a locked cabinet in the registered manager's office.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The registered manager had notified CQC about important events such as, Deprivation of Liberty Safeguards (DoLS) authorisations, deaths and serious injuries and safeguarding events that had occurred.

Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and knew they would be listened to. Staff told us that they were aware of the home's whistleblowing policy and that they could contact other organisations such as the Care Quality Commission (CQC) and the local authority if they needed to blow the whistle about concerns. Posters advising staff how to whistle blow were displayed around the home.

Staff meeting records evidenced that the registered manager met with staff on a regular basis. The records showed that staff had discussed a range of subjects and felt confident to ask questions and make requests. The staff were confident about the support they get from the registered manager and senior staff. One staff said, "We get good support from management at work at personal. It's a happy place". They went on to say that staff are recognised for length of service and for doing qualifications. They also said [Registered manager] is a very approachable person, everyone can go to her". Another staff member told us the registered manager was "Responsive to help requests if there are not enough staff in, they'll help out". They went on to tell us the deputy manager was also approachable. Another staff member told us they "would say that we get good support the majority of the time".

One staff member told us that communication was not good between staff on occasions. We observed a handover between morning and afternoon staff. We found that staff coming on shift were given good information about people, what they had been up to and their health needs.

The registered manager received support from the provider through regular managers meetings, monthly supervision and management support was provided when they requested it. The registered manager and staff demonstrated that they were passionate about providing good quality care to people. The registered manager worked alternate weekends so that they were accessible to relatives, people and staff so they had a good understanding of what was happening in the home.

The provider states on their website 'We pride ourselves on the homely and relaxed atmospheres in our homes, which enables us to deliver person centred care that is adaptable and specifically tailored to our residents' needs' and 'Our core values of care, compassion and companionship are reflected in all that we do'. We observed that the providers' vision and values were embedded into practice. One staff member told us, "Always try your best to give residents the care we would want and our parent would want".

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 9 HSCA RA Regulations 2014 Person-centred care  People's care was not always person centred. Care plans had not been amended when people's needs changed. The provider had failed to ensure that one person's nutritional and hydration needs had been met. Regulation (1)(a)(b)(c)(2)(3)(a)(b)(i)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure that medicines were suitably administered and recorded. Regulation 12 (1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to operate effective systems of processes to monitor and improve the quality and safety of services. The provider had failed to maintain accurate records. Regulation 17 (1)(2)(a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not operated recruitment procedures effectively.

