

HC-One Oval Limited

The Harefield Care Home

Inspection report

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Date of inspection visit:
19 March 2018
20 March 2018

Date of publication:
18 May 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 19 and 20 March 2018.

The Harefield Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Harefield Care Home is registered to accommodate 40 people, however they currently accommodate a maximum of 33 people in single rooms. The service was purpose built and there are two units. Each unit has communal lounge and dining facilities and all the accommodation is on the ground floor. There were 32 people using the service at the time of our inspection. This was the first inspection of the service since it was registered under this provider in February 2017. At this inspection we have rated the service Requires Improvement in the key questions of Safe and Well-Led and overall.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager has been working at the service since November 2017 and had applied to CQC to become the registered manager for the service.

We found a few issues with the quality of the premises that although they had been identified, some since August 2017, had not been addressed to be made good. There were processes for auditing and monitoring the quality and safety of services people received, but in a few cases they had not always been effective in identifying shortfalls so action could be taken to make the necessary improvements.

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

People said they felt safe living at the service. Risk assessments were carried out for individuals and safe working practices were being followed. People were safeguarded from the risk of abuse and staff were confident to report concerns. Recruitment procedures were followed to ensure only suitable staff were

employed at the service, There were enough staff available to meet people's needs and where agency staff were used efforts were made to have consistent staff. Medicines were being safely managed at the service. We have made a recommendation around the disposal of medicines.

With the exception of the emergency lighting and ill-fitting doors and windows, systems and equipment were serviced at the required intervals and being maintained in working order. Processes were followed to learn from incidents and accidents and to improve practice where necessary.

People had been assessed and their needs and wishes identified prior to coming to the service. Training provided staff with the skills and knowledge to care for people effectively and further training was being planned. People's dietary needs and preferences were identified and being met. People's health was monitored and any concerns were reported to the GP and other relevant healthcare professionals for input.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The accommodation was appropriate to meet the needs of the people who lived there and bedrooms were personalised and homely.

People and their relatives were happy with the care people received. Staff were caring and kind and showed people respect, maintaining their privacy and dignity. Staff understood the care and support each person required and provided this in a gentle and friendly way. People's religious needs were identified and respected.

Care records were person centred and reviewed monthly to keep them up to date. Activities were planned to meet people's individual abilities and interests and people enjoyed taking part. There was a complaints procedure in place and was followed to address any concerns that were raised. Processes were in place for ensuring people received the end of life care they wanted and work was ongoing in this area.

The manager had been in post for five months and had applied for registration with CQC. They were approachable and staff and relatives felt confident to go to them with any matters they wished to discuss, which the manager actively encouraged. The manager was visible around the service and took time to get to know people, relatives and staff.

Apart from the shortfalls identified, the manager had responded to any areas identified for improvement and action plans to address them were clear with timescales for completion. Policies and procedures were up to date and reflected legislation and good practice guidance.

Further information is in the detailed findings in the main body of the 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?

Aspects of the service were not safe. Repairs and areas for improvement identified during monthly checks had not always been actioned in a timely manner to be made good and safe.

Risk assessments were carried out for individuals and safe working practices and were being followed. People were safeguarded from the risk of abuse and staff were confident to report concerns.

Recruitment procedures were followed to ensure only suitable staff were employed at the service, There were enough staff available to meet people's needs and where agency staff were used efforts were made to have consistent staff. Medicines were being safely managed at the service. We have made a recommendation around the disposal of medicines.

With the exception of the emergency lighting and ill-fitting doors and windows, systems and equipment were serviced at the required intervals and being maintained in working order. Processes were followed to learn from untoward events and to improve practice where necessary.

Requires Improvement 

Is the service effective?

The service was effective. People had been assessed and their needs and wishes identified prior to coming to the service. Training provided staff with the skills and knowledge to care for people effectively and further training was being planned.

People's dietary needs and preferences were identified and being met. People's health was monitored and any concerns were reported to the GP and other relevant healthcare professionals for input.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

The accommodation was appropriate to meet the needs of the people who lived there and bedrooms were personalised and homely.

Good 

Is the service caring?

Good ●

The service was caring. People and their relatives were happy with the care people received. Staff were caring and kind and showed people respect, maintaining their privacy and dignity.

Staff understood the care and support each person required and provided this in a gentle and friendly way. People's religious needs were identified and respected.

Is the service responsive?

Good ●

The service was responsive. Care records were person centred and reviewed monthly to keep them up to date. Activities were planned to meet people's individual abilities and interests and people enjoyed taking part.

There was a complaints procedure in place and was followed to address any concerns that were raised.

Processes were in place for ensuring people received the end of life care they wanted and work was ongoing in this area.

Is the service well-led?

Requires Improvement ●

Aspects of the service were not well-led. Although there were processes for auditing and monitoring the quality and safety of services people received, they had not always been effective in identifying shortfalls.

The manager was approachable and staff and relatives felt confident to go to them with any matters they wished to discuss, which the manager actively encouraged. The manager was visible around the service and took time to get to know people, relatives and staff.

Apart from the shortfalls identified, the manager had responded to areas identified for improvement and action plans to address them were clear with timescales for completion. Policies and procedures were up to date and reflected legislation and good practice guidance.

The Harefield Care Home

Detailed findings

Background to this inspection

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

This was a comprehensive inspection and took place unannounced on 19 and 20 March 2018.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we also reviewed the information we held about the service including information received from the local authority and notifications. Notifications are for certain changes, events and incidents affecting their service or the people who use it that providers are required to notify us about.

The inspection was carried out by two inspectors, one medicines inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at a variety of records including four people's care plans and risk assessments, daily care records for eight people, medicines administration record charts and associated care plans for six people, recruitment records for four staff, health and safety audits, monitoring reports and audits, policies and procedures, accidents, incidents, safeguarding and complaints records. We looked at the environment and how medicines were being managed. We observed interactions between people using the service and staff during the inspection. At lunchtime on the first day of inspection 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 spoke with six people using the service, eight relatives and other visitors, the manager, the deputy manager, two nurses, five care workers, one activities co-ordinator, the chef, the administrator, the maintenance person and the housekeeper. At the end of the inspection we gave feedback of our findings to the manager. After the inspection we requested feedback from three healthcare professionals and received feedback from one of them.



Our findings

People and their relatives felt people were safe at the service. One person said they were not worried about their safety or that someone might hurt or abuse them in some way." A relative told us, "I would say [my family member] is safe here." Another said, "I know all the staff well" and felt her family member was safe.

The provider carried out checks and audits to make sure they provided a safe service, however action was not always taken in a timely way to address shortfalls, where these were identified. We saw that the emergency lighting checks for January, February and March 2018 had identified several units were not working, and we were told this had been the case since August 2017. This could significantly impede being able to safely evacuate people in an emergency, especially at night. We also noted that the seal on the bedroom patio doors and some windows was not always effective and a cold draught could be felt coming into some bedrooms, however there was no information available about what action was being taken to address this. We saw that tape had been used to seal one set of patio doors, however this was not a permanent or appropriate solution. We fed back our findings to the manager who contacted the provider to request they be addressed.

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

Other systems and equipment checks including portable appliance testing, fire safety equipment, moving and handling equipment, legionella checks and gas safety checks had been completed and action taken to address any issues identified.

Risk assessments were carried out for different aspects of care such as malnutrition, development of pressure sores, falls risk and risk scores were reviewed and updated monthly. People's allergies were recorded at the front of the care files so these were identified and known. Risk assessments for safe working practices were in place for risks such as when free standing heaters had recently been used in some bedrooms during cold weather, to identify any risks and take action to mitigate them. Daily walk arounds were carried out and there was a weekly clinical risk meeting which covered each area of risk and included action taken, for example, where someone had been identified at high risk of falls, the action for staff to take to minimise the risk.

The fire risk assessment had last been completed in April 2017. Fire safety maintenance checks were

completed each month and there was a contingency plan in the case of emergencies in place. This needed updating as it still referred to the previous provider, for example, for safe premises to evacuate people to if necessary. The manager said she would update the information to reflect the current provider's premises in the locality. On the first day of inspection senior staff took part in a train the trainers day for fire safety, which included learning to operate the fire extinguishers. Three fire drills had been carried out in February 2018 and staff had responded adequately. There was an action plan to have more drills and familiarise staff with the procedures and the training was part of addressing this. Personal emergency evacuation plans (PEEPs) to identify the assistance each person would need in the event of an emergency had been completed.

Staff confirmed that they had training in safeguarding adults with regular updates and could give definitions of different forms of abuse. Staff said they would report any concerns to a nurse, deputy manager or manager or to Head Office if the issues were not addressed. Some staff were unsure of the outside agencies they could report concerns to and the manager said they would display the contact details for the local authority and ensure staff fully understood whistleblowing procedures. Policies and procedures for safeguarding and whistleblowing were in place and there were 'Whistleblowing' posters with a confidential line contact number displayed throughout the service, so the information was readily available to all.

The provider carried out checks to make sure staff they employed were suitable to work with people using the service. Staff had completed application forms and a work history was included, with explanations for any gaps in employment. They also completed health questionnaires. Pre-employment checks included two references including previous employers or place of education and a Disclosure and Barring Service (DBS) enhanced disclosure. Files also contained proof of identity including photographic identification, passports and evidence of people's right to work in the UK. The nursing staff were required to be registered with the Nursing and Midwifery Council (NMC) and the provider carried out regular checks on the NMC website to confirm the nurses registrations were up to date and they were therefore able to work as registered nurses. One file we viewed did not contain all the required documents. The administrator explained the employment process had been carried out by the previous provider, who had confirmed that all the checks had been completed. Profiles were obtained for agency staff and the information included a photograph, confirmation that the required pre-employment checks had been carried out and details of training and qualifications.

People and relatives expressed some concerns regarding the staffing levels at the service. One person said, "They haven't got the staff. I'm sitting waiting when I press [my call bell]. Sometimes it's for going to the toilet and that's not very pleasant." A relative told us, "We are sometimes short staffed. The agency staff are not familiar with the routines and this puts pressure on the regular staff who have to tell them what to do."

Several staff told us that although the staffing levels agreed were sufficient, there were often staff shortages due to short notice absence while they waited for agency staff to attend. On one unit the majority of people needed two staff to provide their personal care and support. Staff felt the shortages were due to difficulties recruiting the required number of staff and high levels of staff turnover. The manager kept people's dependency levels under review and felt the staffing was sufficient to meet people's needs at the time of the inspection. They said recruitment was ongoing and we saw that wherever possible agency staff who knew the service were used to cover absences and vacancies, to provide some continuity of care.

At this inspection we looked at policies, storage, records, training and systems for medicines management at the service. We found the provider was managing medicines safely.

Staff members were caring and gained permission before giving people their medicines. They signed for each medicine after giving it on the medicine administration record (MAR). Time sensitive medicines were

given to people as prescribed. Certain medicines require them to be given at a certain time to ensure they are safe or work effectively.

We looked at MARs and associated care plans for six people. The provider had recorded important information such as the name, photograph and medicine sensitivities to help staff give people their medicines safely. We found no gaps in the MARs. This provided assurance people were being given their medicines as prescribed.

Medicines were stored securely including control drugs (CD's). CD's are medicines which are liable to misuse and therefore need close monitoring. We found staff checked and recorded room and refrigerator temperatures daily and these were within the required range.

The provider recorded and disposed of unwanted medicines using medicine waste bins. Some people in the home were prescribed cytotoxic medicines. Cytotoxic drugs are medicines that contain chemicals, which are toxic to cells, work by preventing their growth, and require specialised disposal. However, there was no provision to dispose of unwanted cytotoxic medicines at the service.

We recommend that the provider seek and follow national guidance in regards to the disposal of all medicines, including cytotoxic medicines to ensure that the process is safely carried out.

Some people were prescribed medicines on a when required basis. There was guidance in place to advise staff when and how to give these medicines. Some people were prescribed creams and ointments to be applied to their body. These were securely stored in peoples own rooms and recorded when applied by staff on separate charts.

We saw evidence that people's medicines had been periodically reviewed by their GP. This meant people were being prescribed medicines appropriate for their health condition.

We found the service had necessary systems in place to manage medicines safely. The service had a medicines policy in place about these systems. The provider assessed staff competency to ensure they handled medicines safely. There was a process in place to report and investigate medicines errors. We saw evidence of medicines audits being regularly carried out for system improvement. The provider had a system in place to receive and action medicines alerts.

The service was clean and smelled fresh throughout. Domestic staff were seen working throughout the day and used colour coded cleaning equipment according to guidelines and demonstrated they understood the guidance. Staff said they received training on infection control with regular updates. The laundry staff explained the system for managing different laundry items, such as soiled bedlinen or clothing which were collected and washed separately, using appropriate wash cycles. The laundry was well ordered with rails for hanging clean/ironed clothes and each person had their own container to return laundered small item clothing. The kitchen was clean and records of daily, weekly and monthly cleaning schedules were maintained. Temperature checks for food deliveries, storage and serving temperatures were recorded to ensure food was being stored and served at safe temperatures.

There were processes for learning from incidents and accidents. Staff said that there were daily handover meetings on each unit to discuss any concerns or incidents and monthly staff meetings to discuss the needs of people using the service and other issues affecting the service, including any feedback from senior staff. The manager said she ensured that any issues were discussed so lessons could be learnt, for example, as part of managing a complaint so lessons were learnt and action taken to minimise the risk of recurrence.



Our findings

People were assessed prior to admission to ensure staff would be able to meet their needs. Pre-admission assessments were carried out and identified people's needs and wishes. One relative confirmed their family member had been assessed and the assessments had been 'very thorough'. Staff were familiar with people's needs and were able to describe how they supported each person and knew about any particular risks and routines.

Staff told us they were provided with regular training to keep their skills and knowledge up to date. Examples of recent training were fire training, first aid, food hygiene, safeguarding, infection control and moving and handling. Newer staff members outlined the induction process that they had undergone, including mandatory training modules, home induction and shadowing experienced staff. They completed this training for the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Two staff had undertaken falls champion training with the local authority. On the first day of inspection several senior staff undertook train the trainers training in fire safety, so they could then provide training and updates for the other staff.

The manager had done an audit of staff training and identified some staff were due training updates and had asked the provider's training department to provide information so staff could start to undertake the provider's training courses. Some face to face training had been arranged, for example a training session on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) for May 2018. The manager had also drawn up a one to one supervision diary for all staff and we supervision had been carried out in January 2018 and were scheduled every three months throughout the year.

People's weight was monitored monthly along with the malnutrition risk assessment scores to indicate a person's nutritional status and track any weight gain or loss and any increased risk of malnutrition. We saw evidence of referral to dietitians where there were concerns and advice and recommendations were noted in the person's care plan. We saw staff were available to provide people with the support they required at mealtimes and knew about people's different nutritional needs, for example, a pureed meal for someone identified as being at risk of choking and so needing a specialist diet. A relative said, "[My family member's] on pureed food; he always seems to eat alright." They explained how the staff adhered to the plan in regards to this. Menus were displayed and people were able to choose what they wanted to eat.

Each care file had a care plan for eating and drinking, which covered information on the person's nutritional status with detail on any special dietary requirements such as a diabetic diet, need for pureed or fortified

food and any risks such as difficulty swallowing/risk of aspiration. There was also detail on preferences, any food likes and dislikes and any allergies. We noted in two files people had care plans for medical conditions that required dietary considerations, however the care plan for eating and drinking did not incorporate these. The manager said she would check the care plans and address this.

There was a four weekly menu plan which offered a varied selection of food and people had a choice at each meal. Choices for lunch were made at breakfast time and the information was sent to the kitchen. This form also noted those that needed pureed food or any other special requests so the kitchen staff had this information when preparing meals and catering staff confirmed they were aware of people's dietary needs and preferences. Following the inspection the manager said preference forms had been received from the new provider and would be completed and shared with the catering staff, so they had this information to hand.

Where people were having their fluid intake monitored, the target amount for each 24 hour period was not recorded on the fluid intake chart and the charts were not totalled up. The manager took action to address this at the time of the inspection to ensure records were accurately completed and reviewed so any shortfalls could be addressed promptly. Jugs of water or juice were available to people in their rooms and in the communal lounges and people were offered drinks and encouraged with this.

People received input from healthcare professionals to meet their health needs. One person said, "There's a doctor, a chiropodist comes and an optician too sometimes." A relative told us, "When my relative needs to see a doctor a doctor is called. They keep me informed of what is happening." We saw that people were referred to healthcare professionals, for example, someone with swallowing difficulties had been referred promptly to the speech and language therapist for assessment and their diet had been revised according to their input. Visits from health care professionals were recorded in the care records and these were well documented with details of the date of visit, any relevant comments on advice given or follow up required. The GP visited the home every week to conduct reviews and address any individual medical concerns. We saw evidence of contacts with opticians, dieticians, and dentists, specialist nurses such as palliative care and tissue viability and details of hospital appointments and relevant correspondence.

The service provided accommodation to meet people's needs. We saw that the bedroom doors on the dementia care unit had been decorated to look like individual front doors, with door furniture such as letter boxes and door knockers. Memory boxes were beside the doors, with pictures of the person and others, for example, family members and pets, to help the person recognise their own room. Bedrooms were personalised and looked homely, with an armchair and an upright chair so there were places for visitors to sit. The manager told us that the provider offered a 'bedroom turnaround', where home managers could request redecorating of a person's room and the person and their relatives would be involved in choosing the carpet and paint colours.

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

Staff had completed mental capacity forms and there was also a form to indicate levels of capacity for

different areas of care, for example, around washing and dressing, safety and moving around the service. A flow chart for assessing mental capacity was displayed and there were decision specific best interest forms in the care records and these had been well completed. We saw that where people had a DoLS authorisation in place, action had been taken to address any conditions that had been set. For example, we saw that where the doctor had requested for someone to be reviewed by the speech and language therapist, this had been actioned promptly.

One section of the care file entitled 'Choices and decisions over care' contained a form with sections for consent to access to care documentation and consent to photographs. These were signed either by the person or, where appropriate, their representative. Care plans had not been signed by people or, where appropriate, their representatives, and the manager said this would be addressed during the change over to the new provider's documentation. We heard staff asking people about their care and support needs, offering them choices and listening to them.



Our findings

People were happy with the care they received. One person said, "I think the care is very good. I came here in [date] and I'm quite happy to stay here. You can talk to the staff and the office people. If there's anything I want to talk about I pop down to the office and have a chat with them." Another told us, "Usually the carers are very nice. They look after you quite well. We're all happy bunnies here. The carers are all quite good. Nine times out of ten they knock on the door [before coming in]." A relative said, "The chef is lovely and the laundry staff are too and the receptionist has such a lovely manner." Relatives were happy with the care, however they did identify that several of the staff their relatives had got to know had left and they felt this had caused some concerns, but acknowledged that the manager was actively recruiting for permanent staff.

We observed staff were gentle and patient when caring for people, transferring them carefully when hoists were used and explaining what they were doing. They were cheerful and attentive when needed and spoke to people clearly and carefully. We saw staff conversing with people during the day in their rooms and in communal areas and not just when delivering care. Staff had a kind and caring attitude and offered people reassurance if they became distressed. They were attentive and noticed if anyone needed assistance, for example one person had a nose bleed and staff immediately responded, reassured them and helped them to their room for privacy. People were dressed to reflect their individuality and looked well cared for.

We observed that people were offered choices about what they wished to do or what they wanted to eat and staff were careful to allow people time to express themselves. People we spoke with and their relatives confirmed that people were free to follow their own routines, for example people went to bed and got up when they chose. People had a choice of meals and one person said, "It's all according to what you choose. Some of [the food] is nice. You get a good choice and they'll make you something else if you don't like what's on the menu. Today I'm having a salad, they make nice salads." Another told us, "I chose the fish today but I could have had a baked potato if I didn't want [any of the choices]." We saw staff were available to assist people with their meals and did so in a gentle way.

Dining rooms were bright and cheerful and there was a copy of the day's menus clearly displayed outside the dining rooms showing options for breakfast, lunch and supper. The menus were sited so that they could easily be read by people in wheelchairs. There was also an 'out of hours' snack menu available.

One person said, "I need for nothing" and told us the staff were 'kind'. Another said, "The staff are kind and polite." A relative told us, "Everything is OK here. [My relative] is being well looked after. I'm more than happy

with the treatment she's getting." We saw staff treated people with dignity and respect. If someone needed to go to the toilet then staff managed this in a discreet way and provided the support they required. Staff were seen to knock on closed doors before entering bedrooms and said they always respected privacy and dignity by ensuring that people's choices respected and closing doors when delivering personal care. Relatives said they were made to feel welcome and we observed staff conversing with people in a cheerful and polite way, involving both people and their visitors in the conversations so they all felt included.



Our findings

Care records we viewed were comprehensive and identified people's needs, and how these were to be met. The records were person centred and included people's preferences and routines. Additional care plans were seen in files to evidence care and support in relation to particular needs, for example, catheter care or mental health needs. In one case the plan for supporting a person with a behaviour that challenged staff gave clear directions on how to best support and communicate with the person. The staff kept a diary which described any episodes of when the person behaved in way that challenged staff, for a period of time as well as a record of input from the community psychiatric nurse. Because they were monitoring this particular need they were able to provide more person centred support. Monthly evaluations were up to date as were daily care records, which were legible and had a suitable level of meaningful detail about the care and support people had been given. The manager said the care records would shortly be transferred onto the new documentation and would provide an opportunity to further review the information for each person.

Wound care was well documented. In one care file there was a clear management plan, evidence of a referral to the tissue viability nurse specialist, completed body maps, details of dressings to be used along with a wound assessment chart which had been well completed at each dressing change. There were also regular photographic records of progress. In another care file there was a record to indicate when a wound had healed. A healthcare professional was very positive about the wound care people received and accuracy of the wound care documentation. They told us, "As of 31 March 2018, the care home has achieved 356 days with no pressure ulcers acquired due to their commitment and hard work in prevention. This clearly demonstrates good team work and how they have embraced the harm free care approach to their residents."

People enjoyed the activities that were provided at the service. One person said, "We have activities most days. [The activities coordinator] tries to see us most days. There's another girl, [name], she shares the job. Sometimes it's one, sometimes the other. Most weeks we get a singer and we get outside in the summer, we go down to the Lido and have a meal and walk around." Another said, "There are plenty of things to do but not many people come [to the activities]. Most afternoons we have some sort of activity, sometimes a singer, he is good." A visitor said, "Activities are OK. There's plenty of that: quizzes, bingo, entertainers come in sometimes. The [activities coordinator] does the best she can for them. We have fetes in the summer."

There was an activities programme and we saw activities going on during our inspection. These ranged from organised activities such as exercises and quizzes and there were weekly entertainments arranged. People's

religious and cultural needs were identified and Christian Church representatives visited the service. The activities coordinator said they could access representatives from different faiths if necessary and respected people's wishes. We saw that if people were in their rooms the activities coordinators spent time with them on a one to one basis so they had some social stimulation and people were included in the activities wherever they were able and wanted to participate.

There was a complaints procedure in place and this was followed to investigate and address any concerns that were raised. We saw that complaints were recorded, investigated and responded to and the manager was open to any issues being raised so they could be addressed. Staff we asked were aware of the complaints procedure and said they would direct people to discuss any issues with the senior person on duty so they could be addressed. People and visitors felt confident to raise any concerns they might have so they could be addressed.

Care plans for people's end of life care were in place. Information about people's key contacts, resuscitation wishes and any religious or spiritual needs was included. These care plans had been identified during audits for further work to make them more person centred, which was being addressed. End of life care was also discussed at the weekly risk meetings to make sure people were receiving the care they required. 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were seen in the front section of people's care records. These were completed by the GP and indicated whether the person had capacity to make decisions, as well as a summary of the discussion with the person or, where appropriate, their representative.



Our findings

The provider's systems for monitoring and improving the quality of the service were not always effective. During the inspection we identified that records of fluid intake for people who were considered at risk of dehydration had not been accurately completed. Although the provider had identified this at their last internal inspection, shortfalls were still being found at our inspection. This meant that they did not operate effective systems to respond where people were not receiving enough fluids.

The provider had an internal inspection document that was based on the CQC Key Lines Of Enquiry (KLOEs) that were used prior to 1 November 2017. The last internal inspection by the provider had been carried out in February 2018 and had not included checks on the environment or equipment used. Therefore the provider had not identified or responded to problems which included ill-fitting windows and doors.

The provider's systems for identifying and mitigating risk were not always effective. Staff employed at the service had reported that several of the emergency lighting units had not been working since August 2017 and this was also reflected on the monthly checks we saw for January, February and March 2018. However, the provider had failed to take action to mitigate this risk.

Some people were at risk of developing pressure sores but records had not always been maintained accurately to show that people were being supported according to their plans to prevent pressure ulcers. Their care plans stated that they should be regularly supported to move position to reduce this risk. Records indicated that they had not always been repositioned as regularly as required. The manager explained that they believed this was a recording error. Again, the provider had identified this at their last internal inspection, but shortfalls were still being found at our inspection.

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

The provider's internal inspection of February 2018 had identified other areas for improvement. At the time of the inspection the manager had recently received the report. They were incorporating the areas to be addressed into the 'home improvement plan' (HIP) document and this contained actions and dates for completion. We saw that issues from the most recent health and safety, relatives and residents and staff meetings had already been included in the HIP and some had already been actioned. The new provider was steadily introducing their own documentation to the service and the manager felt this was positive and more comprehensive.

The manager and deputy manager carried out audits of the care records and completed action plans for shortfalls identified with dates for completion. We saw examples of where action had been taken to address the shortfalls, demonstrating the monitoring process for the care records had improved. The manager acknowledged that monitoring of the fluid and food charts and repositioning charts needed to be more robust and acted to address the issue during the inspection. The provider had introduced new templates for these particular records. There was a monthly 'first impressions' audit carried out by the manager/deputy manager each month and this covered people's experience in each area and the way the staff presented and interacted with people. Accidents and incidents were recorded and action taken to address any issues raised.

Staff were positive about the new manager and said she was approachable and enthusiastic. Their comments included, "The manager comes round every day and talks to the residents which is nice. She always says to staff if you need anything or have a problem come and talk to me and I'll try and sort it", "The manager is very friendly we feel at home with her" and "The manager is trying really hard. Her door is always open and she's in and out and always chats to residents, which is really nice." Staff were confident that they could go to the manager with any issues or concerns and a couple said she had made a point of inviting any staff to come and talk to her if any problems. Several staff commented that she was very visible around the home and took time to talk people and familiarise herself with their needs, which was much appreciated by staff.

Relatives also were positive about the new manager. One told us, "I've got no complaints with the new manageress. Her door is open and you can go and talk to her. We have a [residents and relatives] meeting when you can bring things up." Another said, "The new manager seems fine. She's trying to do her best. We have meetings [for relatives] four times a year." A third commented, "The manageress is very kind and very approachable."

The manager told us, "It is important to make sure staff and myself are delivering the care people need and to keep them safe. This is their home and we provide that family environment." The manager had a degree in social work and was enrolled for a care home manager leadership programme commencing in May 2018. They had applied to the Care Quality Commission (CQC) to become the registered manager for the service. The manager attended the provider monthly managers meetings and the local authority meetings for providers and managers. They said these meetings facilitated them to keep up to date and discuss ideas with other managers so good practice could be shared.

The manager was open and receptive and responded to address any of our findings that they were able to during the inspection. Following our inspection the manager informed us they had postponed their annual leave so they could be at the service and address the areas highlighted by the provider's audit and by our inspection. The deputy manager was the clinical lead for the service and also responded well, providing information we requested and clarifying information around areas we discussed.

There were regular meetings to discuss any issues pertaining to the running of the service so they could be addressed. These included weekly clinical risk meetings and quarterly health and safety, relatives and residents and staff meetings. The last satisfaction survey had been carried out in December 2017 and identified areas for improvement such as staff availability, which we saw the manager was addressing. The provider sent out a newsletter to the services providing updates at company and also legislation level. People were able to have their own computers and internet access. The manager said the information technology provision was being reviewed by the provider as part of their upgrading plans for the service.

Company policies and procedures had been reviewed in the last year and referenced relevant legislation

and good practice guidance used to inform each document, so the information was kept up to date. Notifications were sent to CQC for notifiable events, so we were being kept informed of the information we required to monitor the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always provide care and treatment in a safe way for service users because they had not ensured that the premises used were safe.</p> <p>Regulation 12(1) and (2)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems and processes established and operated by the provider were not always effective because:</p> <p>They had not always assessed, monitored and improved the quality and safety of the services provided.</p> <p>They had not always assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others.</p> <p>They had not always maintained an accurate,</p>

complete and contemporaneous record in respect of each service user.

Regulation 17(1) and (2)(a), (b) and (c)