

# Clarkson House Residential Care Home Ltd

# The Vicarage Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 26 October and was unannounced.

Our last inspection to the service took place on 30 September 2014 and the registered provider was compliant with the regulations in force at that time.

The Vicarage is a large Victorian property that has been extended and adapted into a care home for older people. The Vicarage is registered to provide accommodation for up to 30 people. There is wheelchair access to the service and parking is available at the front of the property. At the time of our inspection there were 25 people using the service.

The registered provider is required to have a registered manager and the manager in post was registered with the Care Quality Commission (CQC) in 2013. 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 premises required health and safety work completing to ensure that they met the regulations for fire safety. Some areas of the premises were not well maintained and did not maintain standards of hygiene appropriate for the purpose for which they were being used.

The recording, administration and return of medicines was not being managed appropriately in the service. We saw no evidence that people did not receive their medicines as prescribed, but this was not well recorded.

The registered provider failed to notify the CQC about Deprivation of Liberty Safeguard applications which had been authorised by the supervisory body. We have written to the registered provider about this separately from this report.

We found that the induction and training programme for staff was not robust. People and relatives told us they found the staff to be friendly, helpful and approachable and we observed good interactions between people using the service and staff during our inspection.

Quality assurance and record keeping within the service needed to improve. There was a lack of auditing within the service. We saw evidence that care plans, risk assessments, food/fluid charts and end of life plans were not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put people at risk of harm.

The environment within the service was comfortable, clean and homely, but it was not particularly designed

to be dementia friendly. As 76 percent of people using the service lived with dementia, improvements could be considered regarding the dementia design aspect whenever the service is refurbished or redecorated. We have made a recommendation around this in the report.

People were able to talk to health care professionals about their care and treatment. People could see a GP when they needed to and they received care and treatment when necessary from external health care professionals such as the District Nursing Team or Diabetic Specialists.

People had access to adequate food and drinks and we found that people were assessed for nutritional risk and were seen by the Speech and Language Therapy (SALT) team or a dietician when appropriate. People who spoke with us were satisfied with the quality of the meals.

People were treated with respect and dignity by the staff. People and relatives said staff were caring and they were happy with the care they received and they had been included in planning and agreeing the care provided. People had access to community facilities and most participated in the activities provided in the service.

People and relatives knew how to make a complaint and those who spoke with us were happy with the way any issues they had raised had been dealt with. The registered manager had investigated and responded to the five minor complaints that had been received in the past year.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009: Notifications of other incidents.

You can see what action we told the registered provider to take at the back of the full version 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?

Some aspects of the service were not safe.

The premises required health and safety work completing to ensure that it met the regulations for fire safety and some areas of the premises were not hygienic and this impacted on the safety of people using the service. The recording and administration of medicines was not being managed appropriately in the service.

Staff were recruited safely and sufficient numbers were on duty to ensure people's needs were met.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding adults' procedures.

**Requires Improvement** ●

### Is the service effective?

Some aspects of the service were not effective.

New staff did not receive a robust induction, and some staff were not up to date with the training that the registered provider deemed to be essential or mandatory for their roles.

The environment within the service was comfortable and homely, but it was not particularly designed to be dementia friendly.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were supported by kind and attentive staff. We saw that care staff showed patience and gave encouragement when

**Good** ●

supporting people. People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

### Is the service responsive?

Some aspects of the service were not responsive.

People's care plans did not always clearly describe their needs. We saw no evidence to suggest that people were not receiving the care they required, but judged that the care provided was not well recorded. This meant there was not an up to date record of people needs, which could put people at risk of not receiving responsive care and support.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible. Staff encouraged people to join in with social activities, but respected their wishes if they declined.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

**Requires Improvement** 

### Is the service well-led?

Some aspects of the service were not well-led.

Quality assurance systems and processes were not being operated effectively, which did not ensure compliance with the regulations. Record keeping within the service needed to improve. We saw evidence that medicine records, care plans and risk assessments, food/fluid charts and end of life plans were not always accurate or up to date.

People who used the service said they could chat to the registered manager and relatives said they were understanding and knowledgeable. Staff were supported by their registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

**Requires Improvement** 

# The Vicarage Residential 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 registered 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 26 October 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. The registered provider submitted a provider information return (PIR) in October 2015; we had not asked for a more recent PIR prior to this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection we spoke with the registered manager and the deputy manager. We also spoke with three care staff and then spoke in private with six visitors and chatted to people who used the service. We observed the interaction between people, relatives and staff in the communal areas and during mealtimes.

We walked around the service with the registered manager and spent time in their office looking at records. These included the care records and associated documents for three people who used the service, the recruitment, induction, training and supervision records for three members of staff and other records relating to the management of the service. We asked the registered manager to send us copies of the fire risk assessment, electrical wiring certificate and their Gas Safety certificate within a two week timescale. This was to give the registered provider time to have any on-going work completed and to receive the necessary paperwork we required sight of.

# Is the service safe?

## Our findings

People and relatives who spoke with us said they felt very safe in the service and were reassured by the security of the building and the regular checks carried out by the staff. However, we had a few concerns about health and safety within the service.

We asked to see the maintenance certificates for the premises and equipment which would indicate that the registered provider was ensuring they were fit for purpose and maintained to a safe standard. We saw that Portable Appliance Testing (PAT) had been carried out for all electrical appliances and maintenance certificates were in place for the lift, hoists and slings. The fire system including the alarms and extinguishers had been checked by an external contractor as had the emergency lights. We were told that work was currently underway for the Gas systems and the certificate would not be available until the work was completed. We also found that the fire risk assessment was due for updating and the registered manager could not find the current certificate for the five year electrical wiring. We asked that these certificates be sent to us within a two week timescale which gave the registered provider time to have work completed and receive the paperwork. This information was sent to us within the given timescales.

The fire risk assessment dated 3 November 2016 had a number of high risk action points on it. The registered provider told us that they were working with the fire safety contractors to action all the points raised in the risk assessment, starting with the most risky areas. However, we received no written confirmation of this. The concerns raised in the risk assessment included a recommendation that there be three staff on a night time to aid evacuation of the building, highlighted the need for a review of the evacuation procedures and the need for staff to complete fire drill/fire evacuation training to ensure appropriate actions were taken in response to an emergency. The risk assessment pointed out that fire doors within the service required smoke seals fitting and all fire exits required to be kept clear of obstacles. This meant there was a potential health and safety risk to people using the service until the work was completed.

We looked at the cleanliness of the service and although we found it to generally be clean and hygienic there were some areas that could be improved. This included the laundry facility which was located on the lower basement level of the building. The stairs down to this area were secured by a locked door at all times. The laundry floor was bare concrete which meant that it was permeable and not easy to clean. The staff told us they just swept it with a brush. Within the laundry was a large concrete slab used by staff as a table area. This was not painted and therefore was also permeable and difficult to clean. We saw duvets hanging up to dry after being washed; some of these were stained and as they were not named or waterproof this showed there was a risk of contamination, which could then spread between people using the service. There was a need for a risk assessment for the laundry to assess the movement of staff and laundry from the 'dirty' areas to 'clean' areas; this would help to reduce the risk of cross-contamination taking place.

We found the policies and procedures for infection prevention and control did not reflect best practice as found in the Department of Health guidance: Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

These findings evidence a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they received their medicines on time and when they needed them. One relative said, "I am satisfied that staff here do not use medicines to 'chemically restrain' people when they demonstrate agitated behaviours. Instead the staff talk with people to calm them down and this gives me peace of mind."

Staff told us that only senior staff administered medicines to people using the service and checks of the staff training plan showed that five senior care staff had completed training in safe handling of medicines. However, they also said they had not had a competency check carried out for a long time. Controlled drugs (CDs) were regularly assessed and stocks recorded accurately. CDs are medicines that are required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001.

During our checks of the medicine system, we found there were unsafe practices with regard to the recording, administration and return of medicines used in the service.

Medicines that required storage at a low temperature were kept in a medicine fridge. However, the temperature of the fridge and the medicine room were not being checked daily. This indicated that staff were not monitoring or keeping records to demonstrate that medicine was stored at the correct temperature and could not assure us that it was still fit for purpose.

We looked at 25 medication administration records (MARs) for the people who used the service. We saw evidence of poor recording on a number of these. For example, we saw that three MARs were missing any information of the person whose medicines were being administered including their personal details, start date of the medicines, GP details and allergy information. On two MARs we saw that staff were using incorrect codes (N and X) to show why medicines had not been administered, and there was no written explanation for this on the reverse side of the MAR where this information should have been recorded. On twelve occasions in the last month staff had not signed for medicines administered to five people using the service, checks of the stock of medicines showed that these had been administered. These poor practices could potentially put people at risk of harm.

We saw one example of a medicine that should be given early in a morning and two other examples of medicine that should be taken 30 to 60 minutes before food. However, when we asked the senior care staff on duty they told us that these medicines were administered at the same time as all the other morning medicines (8am). This meant people were not receiving their medicines as prescribed.

We saw three hand written MAR sheets where the hand written medication entries did not follow best practice. For example, having two staff to sign each entry to show that they had checked that what they had written on the MAR matched the information from the pharmacy label on the medicines received from the pharmacy. This meant people were put at increased risk of medication errors as essential information and safety checks were missing from their MARs.

The senior staff were able to tell us about how they returned unused and unwanted medicines to the pharmacy supplier. There was a return medicines book in place and a cupboard for returns medicines, which were picked up by the pharmacy within 72 hours of the staff calling them for a collection. However, staff should make sure that the pharmacy representative signed the returned medicine collection book when they picked up the returned medicine.



The policy and procedure for safe handling of medicines required reviewing and updating to reflect best practice.

These findings evidence a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment files of three members of staff. Prior to employment application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions, terms and conditions. This ensured they were aware of what was expected of them.

The registered provider had policies and procedures in place to guide staff in safeguarding adults. The registered manager described the local authority safeguarding procedures and our checks of the safeguarding file and the information we hold on the service showed that there had been no alerts made by the registered manager in the last twelve months.

We spoke to staff about safeguarding, how they would identify abuse and the steps they would take if they witnessed abuse. The staff provided us with appropriate responses and told us that they would initially report any incidents to either the senior member of staff on shift, or the registered manager. One member of staff told us, "I would report any concerns I had and wouldn't take it higher if I needed to. I know I can report things anonymously if I wanted to and whistle blow." Another said, "If I had any concerns I would speak the registered manager, they are really approachable which helps." The staff told us that they had completed safeguarding adults training in the last year and the training records we saw showed that all staff were up-to-date with safeguarding training.

We asked people who used the service and relatives if they felt there were enough staff on duty and if staffing levels ever affected their quality of life such as having to wait for care or not being able to attend activities. Everybody who spoke with us was full of praise for the care and dedication of the staff and said they were satisfied with the level of staff within the service. Relatives said, "Nothing is too much trouble for the staff" and "The people living here want for nothing. Staff are always about when you need them and there is plenty going on for people to join in with."

The registered manager said that there was no dependency tool in use to determine the levels of staff needed to meet the needs of people who used the service. They said they reviewed the people's dependency levels regularly, but this was not recorded. We were told the service worked with two care staff at night and four care staff during the day and this was confirmed by the four weeks of rota that we looked at. No agency was used and we were told by the registered manager that existing staff covered any gaps in the rota. At the time of this inspection there were 25 people using the service, nineteen of whom were living with dementia.

Our observations during the inspection were that people were settled and relaxed in the service. Any calls for attention throughout the day were dealt with straight away and people received a good standard of care. The lunch time experience was organised and people were given assistance with their meals as needed. However, the registered provider should consider the advice about increasing the number of night staff, given to them in the fire risk assessment, and the fact that the care staff being responsible for some cleaning and laundry tasks may have impacted on the amount of time they had to write accurate records for medicines and care and support which we have commented on in the report.

## Is the service effective?

### Our findings

The service was not always effective.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed that eight people who used the service had a DoLS in place around restricting their freedom of movement. However, when we checked our records held about the service we found that the registered provider had not notified us about any of the DoLS authorisations. We spoke with the registered manager about this during the inspection and we will be writing to the registered provider following our inspection.

These findings evidence a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009: Notifications of other incidents.

Staff talked about how they supported people to make their own decisions and choices. One member of staff said, "We explain things in simple terms so people understand what we are asking them and we also consult their families if appropriate." "We show them choices of food or clothing and explain what their options are." Staff had completed training on MCA awareness during the last year. The staff we spoke with were aware of how the DoLS and MCA legislation applied to people who used the service and how they were used to keep people safe. They said, "We hold meetings with families so that we can obtain their input to the care and treatment of their relatives who lack capacity and discuss options when there are disagreements about choices and decisions." People said staff always asked them if they were okay and if there was anything they needed.

People said staff had the right skills for the job. One person told us, "You could not wish for better staff. They are kind and responsive when you ask them for anything and you can always discuss your relative's care with them."

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. We saw that supervisions were taking place every two months and the staff told us they felt very supported by the registered manager and their open door policy meant that staff could talk to them when they needed to. Appraisals of staff performance were held yearly. However, we found that the staff induction and training programme was not robust and did not offer staff sufficient support to enable them to carry out

the duties they were employed to perform.

The induction process was very basic. We spoke with a member of staff who was at the start of their induction to the service. They told us that they had one day of going through policies and procedures and spending time with the registered manager or senior care staff to go through health and safety issues such as fire points and exits. The day of our inspection was the second day of their induction and they were shadowing the senior care staff. We were given some of the completed induction paperwork to look at. This new member of staff did have previous experience in care of older people.

Staff told us about the training they had completed. One said, "I have just completed dementia care and the registered manager puts up a list of available training for us to book ourselves onto. We have enough training to do our jobs well." However, as we found during our inspection there were concerns about staff practices regarding medicines management, infection control, record keeping, health and safety and risk assessment.

There was a rolling programme of training available and staff were assigned courses as they became due for refresher training. We were given certificates of training, which indicated some staff had attended training that the registered provider deemed to be mandatory or essential for their roles. This included topics such as moving and handling, safeguarding adults, health and safety, fire safety, food hygiene, infection control, emergency first aid and medicine management. However, we found that the training plan needed updating to show the changes in staff such as those leaving and those coming into employment. It also showed that, out of 22 staff members, 36 percent of staff had not completed fire training and 45 percent had not completed food hygiene training.

We found evidence of one bottle of cleaning fluid being put into an unlocked cupboard by staff. There was a locked cupboard for cleaning products and the registered manager told us this was not acceptable practice and they would be speaking with staff about this. They immediately asked staff to remove the cleaning fluid and put it in the appropriate storage area. When we looked at the staff training plan given to us, we saw that 45 percent of staff had not completed health and safety training or control of substances hazardous to health (COSHH) training. As both care staff and ancillary staff undertook cleaning duties this meant there was a potential risk of harm to people using the service and those working in the service due to a lack of staff knowledge and understanding about COSHH and health and safety issues.

These findings evidence a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People and relatives who spoke with us were satisfied with the care and support within the service. They told us that staff were very good at communicating with them and one relative said, "The staff always telephone us or contact us using the internet when we are away. We usually visit daily so this gives us peace of mind." Relatives said that staff were good at letting them know about any issues with regard to people's health and wellbeing. They told us that staff would always take their family member to an appointment if they could not attend.

People were able to talk with health care professionals about their care and treatment. All individual health needs, visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). One visitor told us, "I had noted a marked deterioration in my relative's memory function. However, the staff have always called out the doctor whenever [Name of relative] has needed them." Another visitor said, "The staff are accommodating. They got the GP out to our relative straight away when they suspected [Name of relative] had a urine infection. [Name] has come on health wise in leaps and

bounds since they came in here.

People were weighed on a regular basis according to their needs; this usually meant a weekly or monthly check by the staff which was then recorded in their care file. The care staff monitored their weight gain or losses and liaised with the GP, dietician and the Speech and Language Therapist (SALT) as needed. All visits and outcomes were recorded in the care files. We saw that input from these specialists was used to develop the person's care plans and any changes to care were updated immediately. This meant people's health and wellbeing was monitored so they remained well and received appropriate care and support. One visitor told us, "My relative definitely gets the right care and attention they need. The district nurse looks after their pressure areas, they had a flu vaccination recently and the dietician has been in because they have lost weight recently. The staff now have them on a fortified diet (high calorie) and are making sure they are eating and drinking well."

People and relatives told us that the meals in the service were good. One relative said, "[Name of service user] likes plain cooking and enjoys the meals here so much they have put on two stone in weight which is not a bad thing" and another visitor commented, "My relative enjoys the food here. There is always a good variety, especially the puddings."

We observed the lunch time meal on the ground floor. People were offered a choice of juice and could sit where they wished for lunch. We observed staff sat with people offering appropriate assistance with eating and drinking. The atmosphere in the dining room was calm and relaxed. We did not observe people being offered a choice of meal, but staff did tell people what was on their plate. When we asked the staff about this they said people had made their choices the previous day and staff had a list of what each person had requested. There was a three week menu and people had their main meal in an evening. One person said, "The food is alright. You get a couple of choices and I prefer my main meal at tea-time."

We noted that there was a television playing in one dining room all day. We asked the registered manager about this as it could be seen as distracting at mealtimes for people living with dementia who may be at risk of not eating or drinking whilst engaged by other things. The registered manager said they had considered this, but some people had requested that there be a television in the room so anyone who was adversely distracted was able to eat in the alternative dining area.

We saw no evidence of dementia care best practice being intentionally used in the service with regard to care plans and the environment. However, staff said, "Some of us have done a training course on dementia care. We show empathy to people and spend time with them as the 'one size fits all' approach is not suitable for them. When people are talking about times gone by, staff need to support them and join in with conversations." Relatives told us that the staff were very good at managing people's distressed or anxious behaviours saying, "They sit and talk to them until people have calmed down" and "The staff are very good at coaxing and encouraging people to interact, which distracts them from other things." Staff told us that they never used restraint within the service and our observations of daily life did not highlight any concerns with this.

The service had nineteen people living with a diagnosis of dementia out of a total of 25 people living in the home. This meant 76 percent of the people using the service had specific needs around loss of memory and sensory impairment. However, we saw there were no specific designs or adaptations to the property to aid these people in their activities of daily living. Simple changes such as good signage, plain carpets, coloured doors and toilet seats would help people living with dementia navigate around the service. We accept that the people we met in the service were able to move around easily and no one complained to us that they found this task difficult, but good environmental design and effective dementia care complement each

other and maintain people's health and wellbeing. We would recommend that the service consider current guidance on dementia friendly environments whenever they carry out a refurbishment or redecoration of the facilities.

## Is the service caring?

### Our findings

Although we had some concerns about staff induction and training we found that these issues had only a minor impact on the care that people received. We found the service to be calm and relaxed and as we walked around the building in the morning we saw that people were being assisted to get up, washed and dressed at their own pace. People were well presented and dressed appropriately for the weather. Music was playing around the service and we noted that staff and people using the service were singing along together as they went about their daily business.

We received very positive feedback about care staff and their support for people. Visitors told us, "My relative's care is very good. I have no problems at all with the service as I find the staff look after my relative extremely well," "There is a core group of staff who have been here for some time and this gives people continuity of care. I cannot think of anything to change as the staff always ask me and [Name] if there is anything they can do" and "My relative has a door alarm and a pressure mat to help staff know where they are and when they are walking around their bedroom especially at night. This keeps them safe and has reduced the number of falls they were having."

The registered provider had a policy and procedure for promoting equality and diversity within the service. People told us that staff treated them on an equal basis and supported them to maintain relationships with family, friends and other people in the community. Discussion with the staff revealed there were people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this. One family spoke with us about their relatives religious needs saying, "We take [Name] to the local Catholic church each week. If we could not take them then the staff would."

We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required. People told us, "The majority of staff are very good. They always knock on my door before entering – it is the home's policy," and "They put you at ease and you can relax when they are with you." One visitor was really pleased with the way staff supported their relative, they told us, "[Name] is so well looked after; the care staff are lovely. They get regular baths and the laundry service is very good – everything is named and gets returned to the right person." Other comments we received included, "My relative prefers male care staff for their personal care including shaving. This is always respected by the service" and "My relative enjoys life here, they are able to 'potter' around the place and no one stops them from doing what they want to such as folding napkins or setting the tables."

Staff explained how they tried to promote people's independence and encouraged them to maintain their life skills. We observed a member of staff supporting a person to stand from their chair. The member of staff talked the person through the manoeuvre and encouraged them to use their own strength to move from sitting to standing whilst providing minimal amount of support. Although this took longer, it enabled the

person to recognise what they were still capable of. People were able to move freely around the service; some required assistance and others were able to mobilise independently. One person said, "I can find my way around the service as I have been here about a year and I know where everything is."

Relatives told us that staff really cared about people using the service. They told us, "My relative sees the chiropodist and hairdresser regularly and they have a call bell for getting staff assistance during the night," "Our relative has settled in well. Since coming in they are now sleeping at night time, [Name] is no longer frightened of being alone and is more alert and with it" and "[Name] can get up when they want to and goes to bed when they like. The staff are so accommodating."

People told us that they were happy with the level of communication between the service and themselves. One person told us, "I find the staff and the registered manager easy to talk with and people here are always having a laugh and a giggle with them." One visitor spoke about how pleased they were with the input their relative received from the staff saying, "[Name] has a key worker who spends time with them, which they really enjoy. You can discuss care and support with the staff and they are always open to suggestions about change."

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. Discussion with relatives, about the people who used the service, indicated that they did not use independent mental capacity advocates (IMCA) as they were either capable of speaking up for themselves or had a member of their family who acted in this capacity for them. An advocate is someone who supports a person so that their views are heard and their rights are upheld. Relatives who spoke with us were aware of people's rights and a number of them said they had a power of attorney for finances or health and wellbeing.

## Is the service responsive?

### Our findings

The service was not responsive around some aspects of care. We found that people's care plans did not always clearly describe their needs or record the care being given. We saw no evidence that people were not receiving the care they required, but noted this information was not well recorded.

We noted that the care files lacked mental capacity care plans even though the majority of people using the service were living with dementia and lacked capacity to make choices and decisions about their care. However, discussion with families indicated that the registered manager and staff had discussed people's care and support with them and decisions had been made with family input and that of healthcare professionals as needed.

Food and fluid charts were in place but were not always up to date with recording intake and output. For example, one person's charts recorded that over a three day period from 24 October to 26 October 2016 they had drunk a total of 750mls, 450mls and 450mls. We went to check on this person and observed them to be well hydrated and watched them consume 600ml of fluid over the lunch time period. They had no difficulty in drinking independently or with swallowing and subsequent discussion with the staff indicated they were not recording the amounts of fluid correctly on the chart.

The care plans were written with each individual person in mind. For example, one person's mobility plan said the person was frail but could weight bear with assistance. However, they preferred to be in bed as it was more comfortable. The plan went on to say they required moving out of bed with a hoist and two care staff. What the care plan did not detail was what type of hoist to use or what size sling was needed. When we asked the staff they were able to describe the equipment correctly and demonstrated skill in its use.

Another care file listed items of finger foods and their calorie values for a person who was at risk of malnutrition. The list had been compiled by the community dietician. There was an additional sheet at the back of the file from the dietician describing how staff should offer the person milkshakes, protein snacks and a fortified diet (high calorie). However, this person's care plan for diet and fluid made no mention of finger foods, supplement drinks or a fortified diet. Our observations during the inspection showed that this person received appropriate diet and fluids.

The quality of the risk assessments completed in the care files was poor and some files had missing risk assessments. For example, one person whose care plan said they were at risk of falls had no risk assessment completed. Another person who was receiving care from the district nurse for a pressure sore did not have a pressure risk assessment in place. However, we saw in the bedrooms that falls prevention equipment such as pressure mats, door sensors and bed sensors were in place and monitored by staff. People also were supplied with appropriate pressure relieving equipment and were 'turned' by the care staff on a regular basis whilst in bed.

We also saw that not all care plans contained information about how people wished to be cared for if they were approaching the end of their life or in situations requiring emergency treatment. We discussed this with



the registered manager who stated they knew things like who they would need to contact in this situation however none of this was documented. The registered manager said they would update the care files with this information straight away.

These findings evidenced a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We asked family members if they had been involved in the care planning process and we received a positive response from everyone. One visitor said, "I have seen my relative's care plans and I have been part of discussing and agreeing their care and support needs. For example, I was part of the meeting with their GP to discuss putting their medicines in food or drinks (covert administration) as they could refuse their medicine at times and this was detrimental to their wellbeing. I am consulted about their care and kept well informed by the staff about any changes in their health and I attend an annual care review."

Families we spoke with felt there was enough for people to do. One visitor told us, "My relative enjoys the activities and there are always social things going on to keep them entertained. The staff bring them a newspaper and sit and read it to them and they enjoy a sweet or two each day." Another visitor said, "My relative really enjoys the dog visits on a Sunday (Pat-a-dog scheme). They have an aquarium in their bedroom and are able to continue doing their hobbies of model aircraft and colouring. They also enjoy the craft sessions in the service."

The activity person came into the service on a Tuesday and Saturday, another person also came in on a Tuesday to do chair aerobics. There was a planned activities programme with people coming in to entertain; events were organised and there was an activities board in the entrance hall. The senior care staff on duty told us that staff did a range of activities in an afternoon such as manicures, crosswords and sing-a-longs. The hairdresser came to the service on a Friday or Saturday each week and we saw evidence that people celebrated special events such as bonfire night, Christmas and Easter. One future event was on display and this was a Christmas faire in November 2016.

We saw that a newsletter for November 2016 was available for people to read. The newsletter reminded people that there was a remembrance Sunday event and there was a diary of events such as painting classes and bead craft. We saw that art work created by people using the service was on display on the corridor walls. The pictures were nicely framed and the people we spoke with were proud of what they had created. We observed people sat in the lounge in small groups chatting to each other. Other people sat in chairs around the service watching what was going on and interacting with visitors and staff. All interactions were positive and we saw staff taking time out to sit with people and discussing things that were important to the person such as family and friends. Two relatives told us, "We visit twice a week and can see that [Name] enjoys having other people to speak with and they enjoy all the activities taking place."

The service had a complaints policy and procedure which detailed timescales for acknowledgement and investigation. It also provided information of who to escalate complaints to should the person remain unsatisfied following an internal investigation. The service had received five complaints so far this year and we saw these were dealt with according to the registered provider's policy with a full outcome which stated that the complainant was happy with the outcome. One person told us, "I have no complaints about the service. You are invited to discuss any issues you may have with the registered manager at any time. They are always willing to listen and take appropriate action." Relatives were also satisfied with the complaints process saying, "The registered manager is always around if you need to speak with them and they are very thorough with any complaint and you always get a response" and "I am confident about making a complaint should I need to. I have found that the registered manager will always sit and listen to whatever I

have to say and they are quick to sort things out where needed."

## Is the service well-led?

### Our findings

The service was not always well-led.

Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found that there was a quality assurance system in place but it was not always effective. We raised concerns during our inspection that staff induction and training, health and safety practices and medicines management were not effective. These areas were judged to have a minor level of risk to people using the service and a low impact on people's health and wellbeing.

We were given no evidence to indicate that robust quality monitoring was taking place. We found the audits that took place were ineffective and the registered manager was not using them to improve the quality of the service. For example, we saw that the registered manager was completing a basic analysis of the accidents and falls within the service. The information was being put into a monthly format to show how many falls or incidents were occurring and staff had completed the accident forms appropriately. However, it was unclear what was being looked at each month as there was no documentation about where, when, why or how often people were falling or if any action had been taken in response to this. This meant the registered manager could not say that any health and safety risks were identified and actioned as needed. We also found evidence that the registered manager responded well to complaints, but we saw no evidence that any analysis of these was carried out to see if there were any trends or patterns to the issues being raised.

The audits did not highlight any of the concerns we found around inaccurate and inadequate record keeping. For example, we saw evidence that medicine records, care plans, risk assessments, end of life plans and food/fluid records were not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put people at risk of harm.

Checks of the policies and procedures for the service showed that these needed reviewing and updating to ensure they reflected best practice guidance and current legislation.

These findings evidenced a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

There was a registered manager in post who was supported by a deputy manager and senior care staff (team leaders). The registered manager was also the registered provider. People told us they felt the service was well run and they were happy there. One visitor told us, "The registered manager is absolutely brilliant. They answer your questions straight away and are a good communicator. They sorted out some issues I had with my relative's medicines and I can discuss my relative's care with them at any time."

We saw that the culture of the service was of a homely service, offering people care and support within a

friendly and comfortable family orientated environment. We spoke with people who used the service and their relatives. Their response to our questions about the quality of the care they received was extremely positive. People told us, "I have lived here for a number of years and I wish all care services were as good" and "There is nowhere I would rather be than here." Relatives said, "This is a very pleasant and friendly home, with staff who really care about our loved ones."

Staff told us they got good support from the registered manager through formal supervisions and staff meetings. They told us they could raise any issues and ask for advice and any conversations with the registered manager were kept confidential. Staff said, "It is a good care home. Friendly and lots of interaction with people. The atmosphere is cheerful and there are always staff around if people need attention."

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one-to-one sessions. One relative told us, "Relative meetings take place and I have been invited to attend these whenever I can." We were given meeting minutes to look at and saw that staff had meetings every two months; one member of staff told us, "Staff are asked for their opinions on things and staff are happy to say what they think."

The satisfaction questionnaires sent out in May 2016 had eight returned and there were mainly positive responses in them. The two negative points raised were minor and covered cleanliness of a bedroom and nail care. Other people commented, 'Staff are brilliant, very caring and understanding', 'made welcome even at busy times of the day' and 'our relative is settled and happy. Atmosphere of the service is calm and the home is run efficiently.'

Discussion with the registered manager showed that they had recognised that the service needed to improve and their partner, who was experienced in care work, had recently joined the family business to use their experience and skills in reviewing, updating and implementing new documentation and records.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The recording, administration and return of medicines was not being managed appropriately in the service.  Regulation 12(1) (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The premises required health and safety work completing to ensure that it met the regulations for fire safety and some areas of the premises were not clean, well maintained and did not maintain standards of hygiene appropriate for the purpose for which they were being used.  Regulation 15 (1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance and record keeping processes were ineffective in monitoring and improving quality and safety of the service, assessing the health and safety risks of the premises and maintaining an accurate, complete and contemporaneous record in respect of each person using the service.  Regulation 17 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider failed to ensure that staff received appropriate induction and training to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2) (a)</p>