

Alchemy Care (Greensleeves) LLP

# Greensleeves Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 12 September 2017 and was unannounced. Greensleeves Care Home is registered to provide accommodation with care and support for up to 34 older people. The home is registered to care for people living with dementia. The home is situated in a residential area of Crawley and accommodation is provided over two floors. Currently accommodation was only available to women, the provider told us this was under review. There were 32 people living at the home on the day of the inspection.

The home had a new provider who registered with the Care Quality Commission (CQC) on 1 August 2017. This was the first inspection since the service was registered. The provider was also the registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was brought forward in response to concerns that we had received regarding lack of staff, lack of managerial oversight and poor practice in some areas including medication. At this inspection we identified two breaches of the regulations and other areas of practice that needed to improve.

People's medicines were not being managed, stored and administered safely. Recording was inconsistent and staff did not have the guidance they needed to administer some 'as required' (PRN) medicines safely. We identified this as a breach of the regulations. Management systems and processes were not embedded and had failed to identify shortfalls in care provided. This was identified as a breach of the regulations.

Risks to people were not always assessed and managed to ensure people's safety. Some risk assessments were in place, but other identified risks had not been assessed and there were not robust care plans in place to mitigate risks. This was identified as an area of practice that needed to improve. The registered manager told us that the electronic care planning system was being updated and would include more robust risk assessments.

Staff understanding of the Mental Capacity Act was inconsistent. Mental capacity assessments and decisions made in people's best interests were not always documented clearly and some staff did not understand their responsibilities with regard to Deprivation of Liberty Safeguards (DoLS). This was an area of practice that needed to improve. The provider was using a CCTV surveillance system in some communal areas of the home, but had not considered issues of consent with regard to this. We have made a recommendation that the provider takes account of relevant guidance about the use of surveillance systems.

People told us they enjoyed the organised events that were arranged at the home, but at other times they were bored and had little to do. One person said, "I am limited in what I can do, but there isn't much here for me really." A relative commented, "My (relation) enjoys the events they put on, but there's not much else for

them to do, staff are too busy and I think the days must seem very long, that's why I visit as often as I do." We have made a recommendation that the provider seeks advice about providing meaningful occupation, based upon current best practice in relation to the specialist needs of people living with dementia.

Care was not always provided in a way that promoted respect and protected people's dignity. People's care plans did not always accurately reflect the needs of the person and the care provided. Some staff told us that they did not use the care plans and relied on talking to people and to staff to be informed about people's care.

Our observations confirmed that staff knew people well and responded to changes in their needs. People told us they had developed positive relationships with staff. One person said, "It's a splendid place, the carers are really very kind." A relative commented, "I am always impressed by their patience and kindness." People told us that they felt safe at the home and that staff responded quickly if they needed help. One person said, "I do feel safe, the staff are more than willing to help with anything."

The provider had safe recruitment systems in place which ensured that people were cared for by staff who were suitable to work with people. People, relatives and staff told us that there were enough staff on duty and records confirmed that staffing levels were consistently maintained. Staff told us that they felt well supported by the management at the home and they had access to the training they needed.

People told us that they enjoyed the food at the home. One person said, "The food is very nice and there's plenty." Staff monitored people who were losing weight and nutritional needs were managed effectively. People were supported to access healthcare services when they needed to and referrals were made to the GP when people's health needs changed.

The registered manager had started to implement a programme of changes and improvements at the home, but these were not yet in place, or had not yet become embedded within practice. They told us they were committed to making the improvements necessary.

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

**Requires Improvement** ●

The service was not consistently safe.

People's medicines were not managed, stored and administered safely.

Risks to people were not always assessed and managed effectively.

There were enough staff to care for people safely. Staff understood their responsibilities with regard to safeguarding people.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff understanding of MCA and DoLS was not consistently embedded within their practice.

People were supported to have enough to eat and drink and to access the health services that they needed.

Staff had access to the training and support they needed to be effective in the roles.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

Some aspects of care did not promote dignity and respect for people.

People were cared for by staff who knew them well.

People had developed positive relationships with staff and felt able to express their views about their care.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

Care plans did not reflect a person- centred approach and were not always a clear reflection of the care provided.

People did not always have enough stimulation or meaningful occupation.

Staff knew people well and responded to changes in their needs. Complaints were managed appropriately.

### **Is the service well-led?**

The service was not consistently well-led.

Management systems were not yet embedded and were not effective in identifying shortfalls in the quality of the service.

There was clear and visible leadership and staff understood their roles and responsibilities.

Staff, people and relatives were involved in the planned developments at the home. Feedback was used to develop the service.

**Requires Improvement** ●

# Greensleeves 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 inspection took place on 12 September 2017 and was unannounced. The inspection team consisted of two inspectors and one assistant inspector. This inspection was brought forward because we had received some information of concern.

Before the inspection we reviewed information we held about the service including any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

On this occasion we had not asked the provider to submit a Provider Information Return (PIR). A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We had not asked the provider to submit a PIR before this inspection because the inspection was planned at short notice.

We spoke to five people who use the service and three relatives. We spoke with five members of staff and the registered manager. We undertook observations of care throughout the day and spoke to people and staff in passing. We looked at a range of documents including policies and procedures, care records for seven people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's information systems.

This was the first inspection since the service was registered on 1 August 2017.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe living at Greensleeves care home and they were happy with the standard of cleanliness around the home. One person said, "I do feel safe, the staff are more than willing to help with anything." A relative said, "I have no concerns, there are more staff around now." Despite these positive comments we found some areas of practice that required improvement.

People's medicines were not being consistently managed. There was no policy and procedure available for staff to refer to and we observed poor practice that was not in line with National Institute of Clinical Excellence (NICE) guidance on 'Managing Medicines in Care Homes'. The provider did not have an effective system in place for ordering and disposing of medicines. This meant that stocks of medicines had built up and some medicines had been retained for some people who were no longer living at the home. Records were not completed clearly and consistently. This meant that stocks of medicines did not always match the total in Medication Administration Record (MAR) charts and therefore, not all medicines could be accounted for.

People's medicines were not always stored safely. Guidance from the Royal Pharmaceutical Society of Great Britain (RPSGB) states that "Medicines need to be stored so that the products are not damaged by heat or dampness." This is because changes in temperature can affect the efficacy of the medicine. The provider did not have a system in place to ensure that medicines were stored within the temperature range that was suitable for the medicine.

We observed a staff member administering medicines to people. During this procedure they left the keys in the door of the medicine trolley and, on a number of occasions, left the trolley unattended and out of their sight. One person refused to take their medicine and the staff member was returning to the trolley when they became distracted by an incident. They placed the medicine on a table in front of people whilst dealing with the incident. This meant that people were at risk of taking medicines that were not prescribed for them.

Some people had been prescribed PRN or "when required" medicine. Good practice guidance for care homes produced by the National Institute for Clinical Excellence (NICE) states that PRN medicines, that may include variable doses, should have clear guidance for staff regarding when and how to use such medicine, what the expected effect will be and the maximum dose and duration of use. We could not find this information in the care records which meant that people were at risk of not being given PRN medicines consistently and in accordance with prescribed instructions. For example, one person had been prescribed a PRN medicine for pain relief and we observed a staff member checking with them if they wanted the medicine. However, as there was no guidance on the combination that could be given or how often, this could have resulted in an overdose and harm to the individual.

Some people were prescribed medicines in the form of a transdermal patch. Staff did not record the site of application. This meant the site of application of people's patches may not be rotated in line with the manufacturer's guidance. This meant the provider was placing people at risk because staff did not always

handle medicines safely.

Failing to store, administer and dispose of medicines safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people were not always identified, assessed and managed. Care records showed that risks to people were assessed as being high, moderate or low. Some tools were in place to assess risks, including a tool for determining the risk of developing a pressure sore and for determining risks of malnutrition. However individual risk assessments were not in place for other identified risks, such as for manual movement, falls, swallowing and continence. There were not always clear plans in place to mitigate risks and guide staff in how to care for people safely. The registered manager told us that the electronic care planning system was being updated and would include more robust risk assessments.

Some people had sensory needs, but a risk assessment had not been completed to determine the level of risk associated with these needs. One person told us that their sight was very poor and they had difficulty distinguishing between day and night. Neither the person, nor their relation, were aware of any actions taken by the provider to address risks associated with their level of sensory loss. The person's care plan included some guidance for staff such as assisting the person to sit in a well-lit area and ensuring there were large utensils available to use at meal times. However, we observed that this guidance was not being followed on the day of the inspection. The person was sitting in a dark area of the lounge with their back to the window. They told us they could see very little, "only a profile" and this made it difficult for them to participate in any activities. Staff were not aware of any specific equipment that could have supported the person with their sensory loss and the care plan lacked further guidance for staff in how to support them with their sensory needs. There was no indication that further support or advice had been sought to ensure that risks associated with sensory loss were managed effectively.

Environmental risks were not always identified and managed. For example, windows on the first floor had restrictors in place, but they were not effective in restricting the opening depth of the window. This meant that people could be at risk of falls if they opened the window completely. The provider told us that they had not realised that the windows could be opened fully. Staff told us that one person, who was living with dementia, was known to throw belongings from the upstairs windows. There was no risk assessment to show that the provider had considered the risk of falls for this person if they opened the window completely. This meant that risks to people were not always effectively managed.

People had individual personal emergency evacuation plans (PEEPS) in place and the provider had purchased equipment to enable people on the first floor to be evacuated in the event of a fire. no staff had received training in how to use this equipment. The manager told us that this training was planned, however, although instructions were included on the equipment, staff had received no additional directions and no fire drills had been undertaken to support and prepare staff.

Failure to assess and document risks to people is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in how to safeguard people from avoidable harm or abuse. They were able to describe how they would recognise forms of abuse and understood their responsibilities with regard to reporting concerns. One staff member told us they would, "Make sure the person was safe, and if the person is at risk of abuse or harm, I would raise (concern) with social services or CQC, internally I would go to the care manager."



Staff told us they were aware of the whistleblowing policy. One staff member told us, "If no one is listening to you in the care home, you can get it sorted by going outside. I would look up contacts for social services." Another staff member told us they had a leaflet with contact details of who to contact for whistleblowing.

Incidents and accidents were recorded and the registered manager reviewed care plans following incidents to ensure that measures were put in place to prevent a re-occurrence if possible.

People, their relatives and staff members told us that there had been improvements in staffing levels. One person said, "There are more staff now than there used to be, it's getting better in that way." Another person said, "If I ring my bell they come quite quickly, I don't have concerns about that, there are usually enough staff." A third person said, "I would like to go out, but there's not enough staff to come with me, apart from that I think they have enough staff." A relative told us, "There are definitely more staff around, it's improving." Another relative said, "In my experience I think there are enough staff, they are all good too." Staff we spoke with confirmed that staffing levels were adequate. One staff member said, "Staffing is not too bad, now better." Another staff member told us, "(Staffing) has got better, now we have agency coming in, we use the same ones, which is easier for us, staffing is much better." Records confirmed that staffing levels were consistent. We observed that staff were busy throughout the inspection and had little time to spend just being with people. However, we noted that people were not having to wait for their care needs to be met. The registered manager told us that staffing levels were maintained however there was no formal dependency tool in use to determine how many staff were needed according to people's needs. The registered manager said that agency staff would be used if people needed more support or in the event of staff absence.

The provider had safe recruitment systems in place. Prior to their employment commencing, staff member's employment history and references from previous employers were gained. Appropriate criminal records checks with the Disclosure and Barring Service (DBS) were also undertaken. The DBS helps employers make safer recruitment decisions and ensures that people were protected against the risk of unsuitable staff being recruited.

## Is the service effective?

### Our findings

People and their relatives told us that they had confidence in the skills of the staff. One person said, "They are trained and know what to do. I have no concerns." Another person said, "They are good at what they do." A relative told us, "I can't praise them enough really, the staff are marvellous with (person's name), it's not an easy job." Another relative said, "They help with the exercises and generally keep her going. I think they do a wonderful job." Despite these positive comments we found some areas of practice that needed to improve.

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 or authorisations to deprive a person of their liberty were being met.

Staff demonstrated some understanding of the MCA. One staff member told us, "We must never assume that someone does not have capacity to make a decision, we give people opportunities to do things themselves and offer help." During the inspection we observed staff seeking consent from people before providing care and support. Staff members were heard saying, "Would it be ok if I helped you with that?" and "Shall I do that for you?" People told us that staff always checked with them before providing care. One person said, "They always ask me and I tell them to carry on. If I said I didn't want to do something I think that would be alright. They never make us do anything." Staff told us that they had received training about the MCA, however some staff we spoke with were not clear about their responsibilities with regard to MCA and DoLS. Some staff did not know what DoLS meant and could not tell us if any people were currently subject to a DoLS authorisation. The registered manager had made appropriate applications for people who they felt were being deprived of their liberty and some authorisations were in place.

Best interest decisions were not always clearly documented and staff had not considered matters of consent with regard to some aspects of care. For example, many people at the home were living with dementia and lacked capacity to make specific decisions. Some people had bed rails in place which could restrict their freedom. This practice had not been identified as a potential restrictive practice and the matter of consent had not been considered. The provider had installed a closed circuit TV (CCTV) camera to provide surveillance in some communal areas of the home. There were signs to indicate that CCTV cameras were in use. We spoke to the registered manager about the purpose of this system and they confirmed that it was used to monitor people's safety, but not in people's bedrooms. The provider said that staff, residents and relatives had been informed of the introduction of the system. However the provider had not sought to obtain and document the consent of people living at the home. Staff told us that they thought some people did not realise that there was a CCTV system operating because they were living with dementia.

Consideration had not been given to how the use of this system was in the best interest of people who lacked capacity to consent to its use. Staff understanding of MCA and DoLS was inconsistent and not embedded within practice. This is an area of practice that needs to improve.

We recommend that the provider takes account of relevant guidance with regard to the use of surveillance systems.

Staff had access to training that was relevant to their roles. One staff member explained how training had helped them to appreciate how people might be feeling when they provided care. They said, "The trainer made us take turns in being hoisted, so we would know how it feels." Another staff member told us that they were being supported by the provider to complete a qualification in care. A third staff member told us they had completed a range of training and they felt "More motivated then before."

New staff were supported to complete an induction programme before working on their own. One staff member told us, "I spent one week completing training, mostly on the computer and then I had another week shadowing experienced staff to get to know people."

Staff were attending regular supervision meetings with a manager. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Staff told us that they felt supported in their roles. One staff member said, "If we need anything we only have to mention it and it is done straight away." Communication between staff was described as good, one staff member said, "We have handovers and generally communicate well as a team."

People were being supported to have enough to eat and drink. They told us that they enjoyed the food offered by the home. One person said, "The food is very nice and there's plenty." Another person said, "There's usually a choice, today it's meat pie or chicken casserole. If you don't feel like it they will make you a sandwich." A relative told us, "The meals always look very good and my (relation) never complains about the food, they have a good appetite." We observed the lunch time meal and people told us they were enjoying the food. Staff brought plates of food to people to enable them to see the choices on offer, this meant that people who were living with dementia could see and smell the food which helped them to make a choice about what they wanted. Staff were available to help people who needed support and we saw them checking that people had a drink, encouraging people to eat and offering them more food.

Staff were monitoring people to ensure they maintained a healthy weight. One staff member told us, "If we notice someone has been losing weight we will monitor what they are eating and drinking and will refer them to the GP." We noted that a system was in place to monitor the food and fluid intake for some people and records were being consistently completed. Staff told us they had received advice regarding people who were living with diabetes from a local NHS support team. Staff confirmed no one living at the home needed a modified diet.

People were supported to access the health care services that they needed. A relative told us about an accident that their relation had. They said, "The staff got the doctor very quickly, they have been fantastic in managing her recovery." Staff told us that a local GP visited once a week and they reported any medical issues or changes in people's condition to them. Records showed that relevant health and social care professionals were involved with people's care including an optician, district nurse, community psychiatric nurse, speech and language therapist (SALT) and a physiotherapist.

## Is the service caring?

### Our findings

People and their relatives told us that the staff were kind and caring. One person said, "It's a splendid place, the carers are really very kind." Another person told us, "There is no problem with the staff they are all kind and helpful." A third person said, "I am as happy as I can be, the staff are nice. They will do anything I ask." Relatives also spoke positively about the caring nature of the staff. Their comments included, "I am always impressed by their patience and kindness," and, "The staff are good." One relative told us their relation was, "Much happier here than when they were living at home." However, despite these positive comments we found some areas of practice that needed to improve.

Care was not always provided in a way that promoted respect and protected people's dignity. For example, we observed a staff member entering a bathroom that was already occupied by a person and washing their hands, saying, "You don't mind do you?" This did not show respect for the privacy of the person. During the lunch time meal the adjacent lounge areas were being cleaned and the vacuum cleaner was in use. This meant that people who were eating had the smell of cleaning products and the noise of a vacuum cleaner throughout their meal. This did not provide a tranquil mealtime experience for people who were eating their lunch and this task-led approach did not promote respect for people. Some language used in care plan documents did not provide a positive image of people for example, describing people as, 'quite demanding,' and 'likes everything done immediately.' We have identified this as an area of practice that needs to improve.

Staff knew people well and spoke about them with compassion. One staff member said, "I have worked here a long time now and I know all the residents here very well." Staff were able to describe people's needs and told us that they enjoyed working with them. One staff member said, "I love working here, I'm very happy in this job." We observed staff interacting with people throughout the inspection and saw that they spoke to people appropriately and listened to their responses. For example, one staff member asked someone if they would like to come to the dining room for lunch and the person showed signs of anxiety saying, "Is it on the house? Do I have to pay?" The staff member answered respectfully, providing reassurance that the person didn't need to pay for the meal saying, "It's all included here, there's nothing for you to worry about." People were relaxed and comfortable with staff and we observed that staff had a caring approach, took time to explain things, knelt beside them and used gentle touch to reassure people.

People told us that they could express their views about their care and support. One person said, "I prefer to stay in bed now, it's my choice and it's where I am comfortable." This was reflected within their care plan. Staff told us that they included people in the care planning process as much as possible. One staff member said, "We talk to people all the time so we know what they want." A relative told us that they had been included in developing their relation's care plan. They told us, "We were asked about their background and things they enjoyed doing, they wanted details, including particular interests and places they liked to visit."

Staff told us that they encouraged people to remain as independent as possible. One staff member said, "Some people can get washed and dressed and we only need to supervise, others need more help." Another staff member said, "People have keys and can lock their bedroom doors, we encourage people to be

independent." A third staff member described how a person had been encouraged to use equipment prescribed by a physiotherapist. They explained that their risk of falls had been reduced by introducing a walking aid and this in turn had increased the person's confidence and improved their independence.

People's care plans were stored electronically and staff used electronic tablet devices to access people's personal information. The registered manager told us that these devices were password protected to restrict access to the information, this meant that people's information was stored securely. Any additional paper information was kept in locked cabinets to protect people's confidentiality. A relative told us that they believed staff were careful to maintain people's confidentiality, they said, "The staff never talk to us about other people, so I believe they do respect people's privacy."

## Is the service responsive?

### Our findings

People told us that they were happy with the care provided and enjoyed the entertainment that was arranged at the home. One person told us, "They have singers and I enjoy that." Another person said, "We have a good old sing-song sometimes and I like that." However, people also said they were bored and didn't have enough to occupy themselves. One person told us, "I would love to go out, but the staff are too busy." Another person said, "I am limited in what I can do, but there isn't much here for me really." A relative told us, "The highlight of the week is when the hairdresser visits." Another relative said, "My (relation) enjoys the events they put on, but there's not much else for them to do, staff are too busy and I think the days must seem very long, that's why I visit as often as I do." The home had an activities co-ordinator who arranged events such as external entertainers to visit the home. There was an activities plan and a range of events took place during the week. On the day of the inspection we observed an activity designed to encourage conversation with people and saw that people were engaged and enjoying the activity. However, there was little to occupy or stimulate people for the remainder of the day. Some people were reading and the television was on in both lounges, but people were not showing signs of interest in the programmes. Most people were observed to have nothing to do for the majority of the day. This is an area of practice that needs to improve.

We recommend that the provider finds out more about providing meaningful occupation, based upon current best practice in relation to the specialist needs of people living with dementia.

Care plans were inconsistent and did not always provide staff with the guidance needed to provide personalised care. Care plans included an overall summary with personal details that provided a sense of the person. For example, one summary described a "very quiet" person and detailed how they liked to spend their time and the interests that they enjoyed. However, other care plans were less positive. One summary focussed on the negative aspects of a person's behaviour and gave no detail about their wishes, interests, or any positive aspect of them as an individual. Another summary focussed on a person's care needs and gave no information about the person, their interests or personality. This approach to care planning was very task focussed and did not promote personalised care.

Care plans were contained in an electronic format and staff told us they could access the care plans on electronic tablets. We observed staff using the electronic tablets, but some staff told us they did not refer to the care plans and they gained their knowledge of people's care needs by talking to the person and to other staff. This meant that there was a risk that people may not receive their care consistently, because not all staff were following people's care plans. Electronic records showed that people's care plans had been reviewed on a monthly basis by the registered manager. There was no indication of how the person or their relatives had been involved in the review process or what changes had been made. We noted that some care plans did not reflect the care that was being provided to people and we brought this to the attention of the registered manager. They acknowledged that there were some shortfalls in the care planning process and explained that planned improvements were "a work in progress." Although there was inconsistent practice with regard to care plans, our observations were that staff knew the people they were caring for well and responded to their needs in a person centred way. Therefore we have judged that whilst not a breach of

regulations, care planning is an area of practice that needs improvement.

One person was being supported to accommodate their pet cat at the home. They told us how pleased they were that they could keep their cat with them. Another person had been supported by staff to recover from a fall, their relative told us, "It was the staff here that got her walking again, the physio helped, but it was the staff here, particularly certain staff, who really encouraged her and got her back on her feet." Staff told us that care was more person centred since the new provider had taken over. One staff member said, "The care side of things is much better, it is improving." Another staff member gave an example of improvements in personalised care saying, "People used to have to get up early for breakfast, but we take a more relaxed approach now and people can have their breakfast where and when they want it." We noted that people were receiving personal care throughout the morning and staff said this was because people liked to get up at different times. One person told us that staff always made sure they had their favourite biscuits available, they said, "The staff know I love them."

The registered manager told us that any complaints were reported to the care manager or to the registered manager for their immediate attention. We asked people and their families if they would know what to do if they wanted to complain. One person said, "I would talk to the manager," and named the registered manager. Another person said, "I would tell the staff, they are all very nice." The relatives we spoke with also said they would feel comfortable to raise any issues with staff and felt confident that their concerns would be dealt with appropriately. One relative told us about a complaint that they had raised and how it was resolved very quickly. This showed that the registered manager was open to complaints and acted upon them to improve the service.

## Is the service well-led?

### Our findings

The new provider was registered with CQC on 1 August 2017. The Registered Manager, who was also the provider, explained that they had been aware of issues that needed to be addressed before taking over the care home, and was in the process of making changes to the way the home was run. They described taking a "hands on" approach and demonstrated a clear desire to make the necessary improvements.

People and relatives told us they were aware of the new owner of the home and spoke positively about communication with them. One person said, "The owner is a nice man and he is always saying hello and checking how people are." Another person told us, "Yes, I know them, he is always popping in." A relative said, "I've met the owner and his son, they are very nice. The owner is very present in the home, they are often here." Some people were less clear about who the registered manager was and named the care manager when asked. Everyone we spoke with was positive about the recent changes. A staff member told us, "Things are better, they are definitely making improvements." Another staff member said, "Things are picking up, it's working out quite well." A third staff member said, "Things are moving in the right direction."

Despite these positive comments, some areas of practice required improvement. The registered manager had introduced systems and processes to monitor the quality of the service. However, some systems were not fully embedded and had not identified failings. For example, there was a system in place to ensure the competency of staff in administering medicines. However, staff who were undertaking the competency assessments had not received any additional training to support them with this role. This meant that there had been a failure to recognise poor practice in management of medicines.

A management system was in place to ensure that care plans were reviewed regularly. However, the system did not provide checks to ensure the quality of the review. Therefore, although it appeared that care plan reviews were up to date, the care plans did not always reflect the current needs of the person. Risk assessments had not been completed for all identified risks and this had not been identified as a gap in the care planning process. The registered manager told us that they were in the process of updating the electronic care planning system and this included more robust risk assessments. Some care plans contained contradictory information and guidance for staff was not always clear. For example, a manual handling care plan described that the person did not like being hoisted and could transfer with support from two staff members. However it also referred to needing a hoist to assist with a transfer. Guidance in when and how to support the person to move was confusing and did not accurately reflect staff practice. This meant that the provider's systems did not ensure that risks were assessed and monitored effectively and care plans were not always a complete and accurate record of care provided.

There was no clear management tool to identify the number of staff that were needed to meet the needs of people. Staff told us that managers responded if they told them they were struggling to manage, however the provider operated a ratio of staff to people rather than basing staffing levels on people's assessed needs for care.

There were clear systems in place to plan staff training. This identified when staff were due for refresher



training and confirmed when courses had been undertaken. However, there remained a gap in checking staff understanding following training. This meant that although staff had received training in the MCA their understanding was inconsistent across the team.

Policies and procedures were not all in place to guide staff. For example there was no policy for the use of CCTV and no systems in place to ensure consent from people.

The lack of effective management systems and processes is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management structure included a care manager supporting the day to day running of the home with the registered manager providing oversight and management support. Staff told us that they felt supported in their role and that morale was "much improved." Staff understood what was expected of them and they described an open culture at the home where they felt able to raise issues and discuss matters openly. One staff member said, "I feel more involved now, whatever meeting happens we are now involved." Another staff member said, "We get the opportunity to feedback, usually there's an immediate response, they (management) are listening."

The registered manager told us about plans for developing the home and we observed that some areas had already been redecorated. There were meetings planned to discuss developments with people and their relatives. The registered manager demonstrated a clear vision for the home and said that they were in the process of reviewing all aspects of the service including the current arrangements for only admitting females to the home. The registered manager told us that they were aware that there was "a lot to do," in terms of improvements, however there was not a clear development plan in place to show the different work streams and timescales for completion. The registered manager said they would be developing a clear plan.

People and their relatives' views were being sought regarding care provided at the home. The registered manager said that people's views were welcomed and used to develop the service. They described how they had received comments from some people about a lack of opportunity for celebrating their religion. As a result a local church had been contacted and agreed to visit the home twice a month to hold a service for people who wished to attend. They also described how they had received a number of complaints from people about losing clothes when they were laundered. This had resulted in the introduction of a dedicated staff member to oversee the laundry. This shows that the registered manager was using feedback to improve the quality of care at the home.

There was a system in place for monitoring incidents and accidents. The registered manager explained that they had oversight of all incidents and used the information to analyse patterns and enable any changes that might prevent further incidents or accidents from occurring.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the need to submit notifications to us, in a timely manner, about all events or incidents they were required by law to tell us about.

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 provider had not ensured the proper and safe management of medicines 12 (1), (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured that systems and processes were effective in assessing, monitoring and mitigating risks, and in maintaining complete and accurate records. 17 (1), (2) (b), (c).  .