

Tri-Care Limited

# Bywater Hall and Lodge

## 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

We inspected Bywater Hall Lodge on 15 February 2017. The visit was unannounced. Our last inspection took place in December 2015, where the overall rating was required improvement.

Bywater Hall Lodge provides accommodation and care for up to 88 older people. Some may be living with dementia or other mental health conditions.

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All the people we spoke with said they felt safe in the home. These were some of the comments people made, "I do feel safe, I feel there is enough staff to look after me." "I'm happy here and feel safe." "I do feel safe here because there are a lot of people about to look after me."

At this inspection we found some aspects of medicines management were not always in line with the provider's policy. Records did not always show when creams and lotions known as 'topical medicines' was applied and how often.

We received a mixed response when we asked staff about the management of the service. Some felt well supported where others did not. We saw from the staff records we looked at that supervision and appraisals had not been carried out on a regular basis, and in line with the provider's policy. Recruitment checks had been carried out on all staff to ensure they were suitable to work in a care setting with vulnerable people.

Staff knew how to keep people safe from the risk of harm and abuse; they had received relevant safeguarding training and knew how to report issues of concern.

We found people's health care needs were met and relevant referrals to health professionals were made when needed. People's nutritional needs were met. There were choices available on the menus and alternatives if people didn't like what was on offer.

Care plans were not signed by people or their representatives to show they agreed with the contents, and there was a lack of consent documentation for things such as administration of medicines, living at Bywater Hall Lodge and photography for medical and other purposes.

Staff we spoke with told us people could make day to day decisions about their care, for example, when to get up and where to sit. Staff said they had completed MCA training and understood that when people had capacity they had the right to make unwise decisions and when people lacked capacity, decisions had to be made in people's best interests. One member of staff said, "I can't make a choice for someone if they have

capacity. My role is to make sure they have all the information and explain things."

A range of activities were offered for people to participate in and people told us they enjoyed these.

There were systems in place to ensure complaints and concerns were fully investigated. The manager had dealt appropriately with any complaints received.

A range of checks and audits were undertaken to ensure people's care and the environment of the home was safe and effective. These checks had identified the issues we noted around the management of medicines but the service had not responded robustly and these were still occurring.

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

Some aspects of medicines management were not always safe.

We found recruitment practices were safe. Relevant checks had been completed before staff started employment.

Risks to people's individual health and safety had been assessed, and there were supporting care plans.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff supervision had not been carried out on a regular basis, in line with the provider's policy.

A range of professionals were involved to help meet people's health needs.

There were systems in place to support people to maintain their health and people had a balanced diet provided.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People said staff were kind and caring, treated them with dignity and respected their choices.

People were listened to, were enabled to exercise preferences about how they were supported.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People's needs had been assessed and care and support plans outlined their preferences.

We saw the reviews contained details of any changes to people's

care and support needs, however this did not always lead to the care plan being updated.

There were systems in place to manage complaints and people were confident their complaint would be investigated and appropriate action taken.

**Is the service well-led?**

The service was not always well- led

The provider had systems in place to monitor and improve the quality of the service. However some audit action was not robustly addressed.

We received a mixed response when we asked staff about the management of the service. Some felt well supported where others did not.

**Requires Improvement** 

# Bywater Hall and Lodge

## **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 15 February 2017 and was unannounced. The inspection team consisted of three adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 64 people using the service. During our visit we spoke or spent time with 20 people who used the service and 12 visiting people. We spoke with nine staff, the care manager, the registered manager and area manager. We spent time looking at documents and records related to people's care and the management of the service. We looked at seven people's care plans and 10 people's medication records.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection, providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe in the home. These were some of the comments people made, "I do feel safe, I feel there is enough staff to look after me." "I'm happy here and feel safe." "I do feel safe here because there are a lot of people about to look after me, they know I've not been well." A family member said "Much safer here than when she was living at home. We became very worried then but we have peace of mind now." Another relative said "I think she is very safe living here, she is well looked after."

In the PIR the provider stated 'Our medicines management includes Medication Administration Record (Mar) file, it lists the medicines prescribed for each resident. Medicines are administered by trained staff in a manner preferable to each resident e.g. with water or Juice. We ensure that resident identification information is up to date and correct, that all medications have been administered and signed for by authorised and trained staff. Daily medications checks & Mar sheets are checked at handover. Medication audits are used to identify areas of improvement where required.' We found what was said in the PIR was not always the case.

We observed a medication round. Most medicines were dispensed from blister packs that were prepared by the pharmacist. We saw the staff member checked the MAR sheet before administering medicines to people. The staff member watched the person to ensure they had taken the medicine before recording it on the MAR. People were given time to take medicines at their own pace. We looked at the MAR sheets for 10 people, and saw these were correctly completed with no gaps. MARs contained a photograph of the person to help ensure the correct people received medicines, and information relating to any known allergies the person had was also included.

Medicines were stored securely, and the room was maintained at a suitable temperature. We saw records which confirmed regular checks were made. We looked at the stocks of boxed medicines for four people, and found errors with two. The senior staff member in charge investigated these on the day and was able to offer an acceptable explanation as to why the stocks did not balance. Some medicines contain drugs which require additional secure storage. These are also known as controlled drugs. We looked at stocks of these for four people. One person was receiving a controlled drug in liquid form. We found there were four open bottles in use at the same time. Two bottles had labels which showed it was still in use after its expiry date. One bottle had no label, and it was not possible to identify its date of expiry. We brought this to the attention of the registered manager and all three bottles were removed for disposal.

One person had capacity to manage their own medicines, however their care plan stated they preferred the staff to administer these. The person had not signed to say they agreed with this. We saw an incident recorded where morphine had been found in this person's wardrobe. We asked the registered manager about this. They told us the person had made their own appointment to see the GP and had been prescribed the medicine. The registered manager told us the person had not made the home aware of this, however there had been no review of the person's medicines management in response to this incident.

Some people had medication guidance and administration sheets in their room which should have been

completed when topical creams and lotions were applied. However, the guidance did not provide enough detail to guide staff and the medication sheets were not consistently completed so we could not be sure these were being applied correctly. We discussed the quality of recording charts in people's room with the care manager who said they would review everyone's topical creams and lotions arrangements.

One person had a cream in their room to help treat skin conditions, however, when we looked at the person's MAR, they had not been prescribed the cream; the prescribing label had been removed which indicated that whoever put the cream in the room was aware this had not been prescribed for the individual. This practice is not safe and does not comply with safe administration of medicines practice. The registered manager said they would ensure all staff were reminded that removing labels was unsafe practice.

Some people were prescribed medicines to be taken only 'as required' e.g. painkillers that needed to be given with regard to the individual needs and preferences of the person. We saw some people but not all had written guidance to help staff understand why they required the medicine and when to administer. For example, one person was prescribed one or two paracetamol tablets up to four times a day but they did not have a protocol to help ensure their treatment met their needs. We checked the person's paracetamol stock balance and found this was incorrect. The number of tablets remaining did not match the number of tablets recorded on the stock balance sheet.

We saw some incidents had not been fully investigated. For example, we saw one person had been given a 10 day course of medication in error. The GP practice had recalled the medicine. The care manager told us they had contacted the practice and been told no further investigation would be required, however a safeguarding alert was not raised.

Risks were not always managed effectively. For example, two care plans we looked at showed people should be being weighed weekly to ensure weight loss was monitored closely, however the records showed this was not being done. In another care plan we saw their Waterlow skin integrity risk assessment should be updated monthly, however there were gaps in the records which showed this was not being adhered to.

We found management of medicines was not safe. This was a breach of Regulation 12 (In safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment records for four staff members. We found recruitment practices were safe. Relevant checks had been completed before staff started employment. These included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with four staff who were recruited in the last 12 months about their recruitment process. They all told us checks were carried out before they commenced such as references and DBS checks. They said they had completed an application form and attended an interview.

Staff we spoke with told us the staffing arrangements were not appropriate. Seven staff told us the staffing arrangements impacted on service delivery. Concerns shared with us related to the high use of agency staff, a lack of time to carry out responsibilities allocated and a lack of opportunity to spend quality time with people. One member of staff said, "We don't have time to do everything and to read care plans. We need more staff. We get lots of agency staff; they are lovely but they don't know people." Another member of staff said, "There just aren't enough of us. They shouldn't include seniors and deputies in the numbers." Another member of staff said, "There's a high turnover of staff. It's hard work. If we work hard and as a team the shift can work well." The area manager explained that they had recently had a recruitment drive and were waiting



for six new staff to commence.

We reviewed the rotas and these showed a high volume of agency staff were being deployed. The registered manager told us the staffing levels were monitored and reviewed regularly to ensure people received the support they needed.

We observed staff supporting people during the day. This involved support moving people around the home and support to and from wheelchairs. During these observations it was noted that all support was undertaken in a safe and appropriate manner, and clear explanations were given to the people.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the management team. Staff said they were confident the management would respond promptly and appropriately.

Staff we spoke with who were responsible for completing care reviews said risks to people were always assessed to make sure appropriate management arrangements were in place.

Care plans we looked at contained a range of risk assessments including those relating to mobility, dexterity, nutrition and hydration, skin integrity and falls. We saw risk assessments were reviewed, however the frequency was variable. For example, the falls risk assessment in one care plan showed it had been reviewed in November and December 2016, and then not reviewed again until February 2017. In another care plan the falls risk assessment was reviewed in June 2016, and then not again until October 2016. This meant changes in risks may not always be captured in a timely way.

We looked around the service and found people lived in a pleasant and comfortable environment. Communal areas and corridors were decorated with pictures, and themed items of interest that people could view and touch. For example, on one corridor there was a selection of laundry linked items such as a washing line, pictures of traditional washing powders and a scrubbing brush. In another area there were pictures of racehorses, artificial turf and horseshoes. We saw certificates and service records showed the premises and equipment was checked to make sure they were safe. However we noted that three bathrooms were locked and had an 'out of order' sign. When we reviewed maintenance records we saw one of these had been out of action since at least November 2016 and was still waiting for repair. Another bathroom had a bath fitted, which we were told took place several months ago, however, the panel from the old bath had not been appropriately repaired. We found the maintenance record did not always show work had been completed. The registered manager agreed to address this.

The service looked clean in most areas although some surfaces such as skirting boards and door panels were dusty. We noted in two areas there was an odour. Soap dispensers in two bathrooms and three hand gel dispensers in three bathrooms were empty. These are important products used to control the spread of infection. The registered manager said they had changed suppliers which has caused some short term problems and this would be addressed.

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEPS provide staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of PEEPS based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction.

## Is the service effective?

### Our findings

Staff we spoke with told us they received training through an on-line system as well as face to face. Staff who had started working in the last year told us they had completed specific training sessions before they commenced work at the service. Three staff who had not previously worked in the social care field said they had started but not completed the 'Care Certificate', which is an identified set of standards that workers adhere to in their daily working life.

We got a mixed response when we asked staff about supervision, which is a formal staff development process. Some said they regularly met to discuss their role and responsibilities whereas others said they did not meet with their supervisor very often.

In the PIR the provider stated 'We regard supervisions and appraisals as vital tools to develop and motivate staff and review their practice or behaviours. Our target is to undertake a minimum of 6 supervisions and an annual appraisal.'

During the inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. We saw from the staff records we looked at, that the provider was not carrying out practice as stated in the PIR or their supervision policy. Their policy stated 'Formal supervision will take place a minimum of six times a year with staff.' We found this had not been carried out.

We recommend that the provider adhere to their supervision policy.

The registered manager told us they had a training system which recorded when staff had completed training. We saw following induction training all new staff completed a programme of mandatory training which included moving and handling, first aid, infection control and medication. We saw staff also completed specific training which helped support people living at the home. The training matrix showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the 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. We saw appropriate DoLS authorisations had been made for people the service had identified were likely to have their liberty deprived and advice had been sought from the appropriate authorities when there was any doubt regarding the issue

of fluctuating capacity. This ensured people's rights were respected.

Staff we spoke with told us people could make day to day decisions about their care, for example, when to get up and where to sit. Staff said they had completed MCA training and understood that when people had capacity they had the right to make unwise decisions and when people lacked capacity, decisions had to be made in their best interests. One member of staff said, "I can't make a choice for someone if they have capacity. My role is to make sure they have all the information and explain things."

Staff told us they had completed DoLS training and understood that these protected people. However, staff did not know who within the service had an authorised DoLS.

Care plans contained a range of decision specific capacity assessments which showed staff from the home, the person and their families had been involved. Where the person lacked capacity we saw best interests decisions documents in people's care plans, however these showed only staff had been involved. No views of family or other representatives were recorded, and there were no signatures to show they agreed with the ways in which decisions would be made.

Care plans were not signed by people or their representatives to show they agreed with the contents, and there was a lack of consent documentation for things such as administration of medicines, living at Bywater Hall Lodge and photography for medical and other purposes.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One care plan we looked at contained a DoLS which had conditions attached. Conditions are what the authorising body require the provider to do in order for the DoLS to be valid. We saw the provider had been asked to record the views of all people consulted about the need to administer the person's medicines without their knowledge. This is also known as 'covert' administration. The condition stated, 'The views of the GP, pharmacist and family are of critical importance and must be included and recorded in detail in the managing authority's best interests decision.' There was no record of contact with the GP, pharmacy or family, and the best interests decision had been signed by a member of staff.

Staff we spoke with said visiting professionals frequently visited people, and good systems were in place to make sure people's health needs were met. One member of staff who reviewed people's care plans said, "We always make sure people's health is reviewed."

Records we looked at showed arrangements were in place that made sure people's health needs were met. Visits by health and social care professionals were recorded in people's care records, together with notes relating to advice or instructions given.

We observed lunch being served in the dining rooms. Tables were set for people with adapted crockery and cutlery. People were supported to sit in their preferred seat. They were given a choice of drink and meal; the food looked appetising with fresh meat and vegetables. There were plenty of staff to assist, although two of these included the activities co coordinator and registered manager.

Staff encouraged people to eat, cutting up food where necessary, and to return to the table if they wandered. We observed there was a menu board and also a picture board with the meals displayed.

People we spoke with were generally happy with the meals provided. Comments included, "If I want

anything I will ask." "I have no problem with the food." "The food is not bad at all." Throughout the day, we saw refreshments such as tea, coffee, juice and biscuits were offered to people in the communal areas and in their bedrooms. One person spoken with said, "The food isn't to my liking, it's bland. I like lasagne and curried chicken we get chicken with no sauces. It won't get any better. I'm very particular."

Staff we spoke with told us people enjoyed the food. They said there was often 'home- baking, fresh fruit and vegetables'. Two members of staff said people did not always receive adequate portions. One member of staff said, "I always make sure we have bread just in case." Two members of staff said people also had limited choice for the 'lighter meal' of the day. One member of staff said, "They get a lot of the same- soup and sandwiches and people moan about this."

From discussions with staff we established that sometimes people had their main meal at lunchtime and other days at teatime, however the timing was determined by staffing arrangements rather than to meet people's needs and preferences. We discussed the meal arrangements with the management team who said, for the last few months, people had their main meal later in the day, and this had been introduced because they had identified through feedback and audits that people benefitted from this. They said occasionally a lighter meal was provided at lunch time for specific reasons. For example, if there was a party and sandwiches were being served at teatime. However, when we looked at the last week's food records we saw that the main meal had been provided at lunch time every day. The registered manager said they would look into this and ensure meals were served when best for people.

## Is the service caring?

### Our findings

People we spoke with told us they were happy living at the home. One person said, "I am happy with the service I get. I think it is very good and I am well looked after. The staff are very good and if I don't feel well they notice any changes and put it right. The home is nice, clean and friendly, with the staff doing a good job of looking after me and I am happy to be here." Another person said, "Staff are good and treat me well." We saw there were a number of humorous exchanges between staff and the people who lived in the home that demonstrated a level of confidence in being able to express themselves and a positive relationship had been established between them.

People had personalised their bedrooms with photographs and ornaments giving a homely feel. One person showed us their room. On the door was their photograph and name, however, they told us the name was spelt incorrectly. The registered manager said they would ensure the name plate was changed straightaway.

Staff told us people were well cared for. They said they had received training to help them understand how to provide good care. One member of staff said, "People are well looked after. Generally people seem happy. It's a pleasant atmosphere."

Information was displayed in the entrance to keep people informed about what to expect from the service, which included 'dignity in care', and a 'charter of rights for older people'. We also saw information was displayed in each unit about activities and meals; these were pictorial and in large display cabinets. However, when we looked at the information we saw it was incorrect and some information was missing. For example, one unit's display cabinet stated people were having jacket potatoes and filling for lunch but they were actually served cooked meat and vegetables. The registered manager said they had discussed having an alternative information system at a recent manager's meeting because it was difficult keeping everything up to date so other options were being considered.

In the PIR the provider stated 'Staff treat residents with kindness, dignity and respect at all times using preferred names, knocking before entering bedrooms and bathrooms, closing doors and using discretion during personal care. Staff are made aware of any changes to residents needs via the handover process and regular meetings to ensure continuity in care.'

The care plans we looked at contained some information about people's likes and preferences for care and support. This included foods they liked to eat, clothes they liked to wear, hairstyles, footwear and sleeping arrangements such as number of pillows and whether the person liked a window open.

We observed staff chatting with people as they gave assistance, and the light hearted conversations showed they knew people well. We saw staff knock on doors when going to people's rooms.

People looked well cared for. They were tidy and clean in their appearance. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Relatives were able to visit throughout the day without restriction. Two relatives spoken with said, "We always get a warm welcome. We get a phone call updating us on GP's visits and residents' meetings keep us informed of what's going on." People we spoke with told us visitors were welcome at any time.

## Is the service responsive?

### Our findings

The people and relatives with whom we spoke all expressed good levels of satisfaction with the care received.

When we looked at people's files we found not all care plans contained pre-assessments, as these were archived after a set period of time. From those that did contain assessment documentation we could see the provider took steps to ensure they could meet people's needs before they began using the service. From this assessment a series of care plans were written to show how care and support should be provided. These included care plans for oral health, foot health, skin integrity, hydration and nutrition and mobility.

In the PIR the provider stated 'One of our key aims is to meet the current and future needs of people who use our service. Care, treatment and support is consistent and personalised and recorded in the care plan and reviewed regularly to reflect any changes in needs.'

We looked at the care plan of a person whose behaviours challenged the service. We saw there were logs being kept of any incidents, where staff had recorded what had caused the person to challenge the service, what they had done and how staff had acted to diffuse the situation. We did not see any updates to the person's care plan to show how the service was learning to help support the person effectively. We asked the registered manager how the information was being used to ensure the care plan contained detailed guidance for staff. They told us this was something they had not done, but would do in the future.

We saw care plans were reviewed, although most did not evidence how people and their families or other representatives had been involved in the process. The registered manager told us the review of care plans would be linked to the resident of the day initiative they had just launched.

We saw the reviews contained details of any changes to people's care and support needs, however this did not always lead to the care plan being updated. For example, we saw the review of one person's risk of falls had indicated they had become a high risk, however their care plan stated they were 'medium' risk. In another we saw reviews referred to additional support needs, for example, 'Swelling reduced, boot in situ. To mobilise with staff, walker and boot.' There was nothing in the care plan to show what the boot was, or how it should be used. The person was not wearing any adapted footwear on the day of our inspection, and there was no entry in any subsequent reviews which referred to the need for the adaptation to be withdrawn.

Staff we spoke with who were involved in reviewing care plans said, 'resident of the day' was a recent introduction and was helping to ensure care was being regularly reviewed.

We received consistent feedback that care workers did not read care plans and were not familiar with details such as people's history. One member of staff who had worked at the service for a few months said they had not read any care plans. The registered manager said they would put in place a system to show staff have read people's care plans.

This was a breach of Regulation 9 (3) (In person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw people's activity schedules were based on people's individual preferences and promoted their independence. One person we spoke with said, "I don't get involved in activities. I prefer to do my own thing, I don't enjoy arts and crafts. I like music though." Another person said, "Yes I think I do enjoy the activities, I played bingo and enjoyed that." A relative said, "Mum will only join in if she feels like it. She does enjoy going to the park."

We spoke with the activities coordinator and they told us they have a varied programme which includes: slipper football, bingo, visiting entertainers, knit and natter, church group, crafts and days out to places like York and the railway museum. We saw the activities coordinator was very active and encouraged people to join in.

The complaint's procedure was displayed near the entrance of the service, which provided information about what people should do if they wanted to raise a concern.

People we spoke with told us they had no complaints and would speak with staff if they had any concerns and they didn't have any problem doing that. They said they felt confident the staff would listen and act on their concern. One person said, "If I have anything on my mind I speak to the staff and they sort it out. They always ask me if I'm ok and do I need anything." Another person said, "If I have a problem it is addressed and resolved quickly."

The registered manager told us people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. This showed people's concerns were listened to, taken seriously and responded to promptly.

We saw 'thank you' cards and compliments were displayed. Comments included, 'We are grateful for all the care and attention you have given to [name of person]', 'Your care and thoughtfulness throughout was exceptional, and the love and compassion shown to Mum was deeply felt and very much appreciated', 'Many thanks for so graciously looking after Dad. He enjoyed the rapport with each and all of the carers and management' and 'Thank you to all the staff for looking after Mum so well during her stay at Bywater'.



## Is the service well-led?

### Our findings

The service had a registered manager who was registered with CQC in April 2016. We asked staff about the management of the service. Some staff felt well supported where others did not. One member of staff said, "[Name of registered manager] and name of care manger] are very supportive. They address issues." Another member of staff said, "The running of this place needs a bit of TLC (tender loving care)." Another member of staff said, "We don't get full support. They are approachable but they think some things are trivial but they are important to us." Staff told us the area manager visited on a regular basis. One member of staff said, "She always pops in to check things are alright."

In the PIR the provider stated 'Relatives are encouraged to raise any concerns directly at any time. I drive improvement through the home through regular meetings & supervisions to support & develop staff, share information, discuss good practice, challenges & how to improve the service.' We saw staff did not receive regular supervision. The provider was not doing this as stated in the PIR.

Staff we spoke with said they attended daily handovers where they received updates about people's needs and anything important that was happening in the service. Heads of department also attended daily 'flash meetings' to make sure important information was shared. However, staff told us they did not have opportunities to discuss their views about the service, as a team because staff meetings were held infrequently. One member of staff said, "We need more meetings. We need to be able to refresh things."

Staff told us they had recently completed surveys about their experience of working at Bywater Hall and Lodge but had not received any feedback. The management team explained the survey results were being collated and would be available shortly. However, the survey results were gathered from all the provider services so were not specific to Bywater Hall Lodge. In the entrance we saw a board which stated 'you said' 'we did'. This was blank and did not contained information about people's feedback about the service and what had been done in response.

The provider conducted a series of audits to monitor, measure and improve quality in the service. These covered areas such as infection control, medicines, catering, premises as well as dignity and respect. We saw these were completed regularly and where issues had been found actions had been identified to show how improvements should be made. These were used to create an action plan for the registered manager to work from. However at our inspection we identified issues in relation to care plans, staff supervision and medication and found breaches in regulations, and therefore concluded the quality assurance systems were not effective and did not cover all key aspects of service delivery.

One care plan we looked at contained a copy of an audit carried out on 31 January 2017. This showed the areas which had been checked, and any actions which had been identified. We found, however, the audit was not robust. For example, there was a check on the person's falls history which stated there was an accurate falls risk assessment in place and that this had been checked monthly. We found the documentation for risk assessment indicated a different level from the documented care plan of risk, and the risk assessment had not been undertaken monthly. The check on the 'Mental state and cognition plan'

had been completed and we saw there was a note 'DoLS in place' added to the review. The review had failed to identify the service was not meeting the conditions attached to the DoLS.

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

We saw there were regular 'residents' meetings where people were encouraged to contribute and discuss matters. At the last meeting dated 25 January 2017 relatives raised concerns about the high turnover and the level of staff. Relatives stated 'We find it very stressful that staffing levels seem to be very low.'

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The reviews contained details of any changes to people's care and support needs, however this did not always lead to the care plan being updated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  We found people did not always give consent to care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  We found, however, the audit was not robust.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  We found management of medicines was not safe.

**The enforcement action we took:**

We issued a warning notice to the provider.