

CC Whitelodge Limited

# White Lodge Care Home

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

The inspection took place on 23 and 24 April 2018 and was unannounced on day one and announced on day two.

White Lodge is a 'care home' situated in Emsworth near Portsmouth. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home sits within its own grounds and provides accommodation and support for up to 25 older people. Nursing care is not provided. Accommodation is sited over two floors. On the day of the inspection there were 23 people using the service.

The service requires a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection there was no registered manager, although the manager had made an application to CQC to be registered. They will be referred to as "the manager" throughout this report. The previous registered manager had also been at the service on the first day of the inspection and where applicable they will be referred to as "the previous manager".

At the last inspection in January 2017 the service was rated Requires Improvement and there were three breaches of the Health and Social Care Act 2008. Regulation 11, Need for consent; Regulation 12, Safe care and treatment; and Regulation 12, Good governance. At this inspection we found continued breaches in Safe and Well Led, together with other concerns.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Responsive, Effective and Well led to at least a rating of Good. We had to contact the previous manager to request an action plan, as one had not been sent.

At this inspection, although people and relatives gave mainly positive feedback about the service, we continued to have concerns about the safety and well-being of people. Emerging risks were seen in areas where there had been no previous concerns and breaches and continued breaches of Regulation were found.

Risks including those associated with medicines, people's care, the spread of infection and fire drills had not been properly assessed or minimised in order to keep people safe.

People were at risk because staff did not administer or manage medicines safely. For example, there were no assessments of risk associated with blood thinning medicines. This was a repeated breach, and we saw

deterioration since our last inspection in January 2017.

Accidents and incidents were not competently managed. We found the approach to reviewing and investigating causes to be insufficient. There was little evidence of learning from these occurrences.

The provider did not always make referrals for appropriate care and treatment at the right time. In some examples, we found that recommendations for care and treatment by other professionals were not always carried out as directed.

People's care needs were not regularly reviewed. We found care plans did not sufficiently inform staff of people's current care, treatment and support needs, which left people exposed to the risk of receiving inappropriate care or treatment.

Staff had not received training for them to be able to undertake their role and meet people's needs.

There was minimal evidence to show the service was monitored to ensure its' safety and there was no evidence that lessons had been learned and improvements made when things went wrong.

People's healthcare had not been effectively monitored and concerns escalated in a timely way. Care plans did not always reflect people's needs which left people exposed to the risk of receiving inappropriate care or treatment.

The principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards had not been properly understood or applied in the service.

Whilst we saw that staff asked for people's permission before carrying out care, people's care records did not always reflect how decisions had been reached in their best interests. We also found some staff were unclear about the requirements relating to consent.

We received mostly positive feedback from people, relatives and visitors who were able to speak with us. We observed that generally people were treated with dignity, respect and kindness during all interactions with staff. However, we noted that some staff did not always respond to the needs of people in a timely way.

The service was not well-led. Issues raised at our last inspection remained unaddressed in some cases and new problems emerged in other areas. Auditing had been ineffective in identifying shortfalls. There was little evidence of people's involvement in their care or decisions about it.

People had routine appointments with GPs, health and social care specialists, opticians, dentists, chiropodists and podiatrists. People enjoyed their meals and were supported to eat if necessary.

Most people, relatives and staff felt the new manager was approachable and responsive.

We found seven breaches and continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review. If we have not taken immediate action to propose to cancel the provider's registration of the service, they will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within

this timeframe.

If not enough improvement is made within this timeframe and a rating of inadequate remains for any key question or overall, we will take action in line with our enforcement procedures. This could be to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

You can see what action we told the provider to take at the back of the full version of the report. We are currently considering what action to take. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Risks to people had not always been identified and managed appropriately. Where risks had been assessed there were no comprehensive plans in place to instruct staff on how to safely manage those risks.

Medicines were not managed safely.

There were insufficient checks to make sure people lived in a safe environment.

There was a lack of learning from incidents.

Staff had been recruited safely.

### Is the service effective?

**Inadequate** ●

The service was not effective.

People's healthcare needs had not been consistently recognised or escalated. Fluid intake and output was not always managed effectively.

People were not always supported to maintain their health and wellbeing.

Staff training was not effective in supporting them to carry out their roles.

The service was not meeting the requirements of the Deprivation of Liberty Safeguards and Mental Capacity Act 2005.

People enjoyed their meals and received support to eat them.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

Whilst people and relatives told us staff were kind and caring, the

provider had failed to address matters which had been raised at previous inspections. People had continued to be at risk.

People's dignity had not always been considered.

There was limited information in care files about people's involvement in care decisions.

Staff treated people with kindness and gentleness.

People's independence was encouraged and promoted.

### **Is the service responsive?**

The service was not always responsive.

Care planning was not person centred and inaccuracies or anomalies between sources of information had not been corrected.

End of life care planning was scant and did not place emphasis on people's preferences and wishes.

Complaints were properly logged and recorded but actions arising from them were not always effective.

People enjoyed activities on some days, but there was little or nothing to do on others.

**Requires Improvement** ●

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

The service was not well led.

The leadership and management of the service was inadequate and placed people at risk of harm.

Issues raised at our last inspection had not been resolved and new problems had emerged.

Progress against the provider's action plan was slow and had not prioritised the high risk areas identified at our last inspection.

The provider did not effectively assess, monitor and improve the quality and safety of the service provided.

**Inadequate** ●

# White Lodge 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.

The inspection was prompted in part by information relayed to us about staffing and to follow up on the inspection in January 2017.

This inspection took place on 23 and 24 April 2018 and was unannounced.

The inspection team consisted of two 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. The experts at this inspection had experience with older people and dementia care.

Before the inspection we reviewed information we held about the service. We looked at notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. This information helped us to identify and address potential areas of concern. The provider was asked to complete a Provider Information Return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with 15 people and five visitors and a health care professional. We observed care and support being delivered in communal areas of the home. We spoke with the manager, deputy manager and the area manager. We also spoke with the maintenance person and five staff including ancillary staff and care staff and nursing staff. We looked at the care records for five people and the medicine records for 23 people.

# Is the service safe?

## Our findings

At our previous inspection in January 2017 we rated the provider as 'requires improvement' under the key question of 'Is the service safe?' We found at this inspection the provider's performance had deteriorated.

All the people spoken with said they felt safe at White Lodge. Comments included; "I'm quite happy here. I'm certainly not unhappy." "We've got good people here who are very good and they keep me safe. If I felt troubled I'd speak one of the girls, but there's nothing for me to get worked up about." "Yes, I feel very safe here. I like having someone to talk to at any time." "Oh, I feel very safe. Everybody is so kind and I've got a lovely bed." One visitor said; "I think this is a very safe place for [name] to be. The staff are very good and always visible. I certainly don't think [name] would have a problem speaking out if she had any concerns."

Our inspection of 17 January 2017 found that systems were not in place to ensure the proper and safe management of medicines and ensure there were effective processes for preventing, detecting and controlling the spread of infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had failed to make all the improvements required.

We observed staff at lunchtime offering people their prescribed medicines. We heard staff say "[Name] I've got your drink it's got your medication in it." The person declined it; the carer was unsure what to do with it and sought guidance from senior staff. The person was not offered the medicine again.

We found multiple gaps in medicine administration records (MARs) where staff had not recorded whether a medicine had been given.

The manager told us they were planning to change the medicine system soon to an electronic one, as they felt this would eliminate errors in recording. They were due to go to another home to look at their system in May 2018.

There were records for the temperature of the room and the medicine fridge. However, for April 2018, there were ten gaps where no temperature had been recorded for the fridge. There was information that stated the fridge should be between two degrees and eight degrees; on two occasions in April 2018 it was above the recommended temperature. On the room temperature records there were nine gaps. There was no evidence that any action had been taken.

We saw that for 'as required' (PRN) medicines, there were no protocols to guide staff on when they should give the medicine. When staff had administered these medicines, they had not always recorded the outcome for the person after receiving the medicine. This meant the efficacy of the medicine could not be reviewed. We saw that a lack of protocols led to uncertainty with staff, for example for pain relief for one person their MAR records stated "monitor for pain, pain assessment." We asked staff how they would monitor for pain, they said "We don't use a pain assessment, we use our own judgment."



Staff told us that there was a record for people's bowel movements and that if people 'had not gone' for a couple of days they would give them their prescribed laxative. Where people were independent going to the bathroom, then there would not be a record. However, we saw that some people who were independent had a record. Records showed, in some cases where people needed staff support to access the bathroom, there was a gap of five days when they had not used the bathroom and no laxative was given. People were at risk of not receiving their medicines in a timely or consistent manner as staff did not have guidance.

We saw that four people who were prescribed medicines that would thin their blood, and as such pose a risk to them, did not have risk assessments and clear guidance for staff to follow. The manager told us that they had requested a senior member of staff to put a risk assessment in place for those people who were prescribed blood thinners called a HAS-Bled Risk Assessment. When we looked at the MARs these had not been put in place. Staff were not aware of the risks associated with these medicines but told us that if anyone was bleeding they would dial 999. The manager told us they had not checked to see that their request had been carried out.

There was a form in the records regarding covert medicines and we saw the GP, family and staff had been involved. We could not see that a pharmacist had been involved to advise on how to safely give medicines covertly.

Where people needed creams and/or lotions applied, there were no care plans to inform staff of where and how often they should apply them. Staff told us they supported people with their creams and lotions in their bedrooms, when assisting them with personal care. They told the member of staff with responsibility for administering other medicines, they had applied them and that member of staff signed the MAR. However, when speaking with staff about using, for example, Cavilon or Dermol lotion, staff did not know what they were for or where to put them. Cavilon is a protection used when incontinence aids are used and we saw a mini body map in the MAR that instructed staff to apply it to shoulders, elbows, knees and feet.

There were some lotions that were prescribed and being applied but there was no record (MAR) for staff to record on. We found three examples of people's lotions being in other people's rooms, not in the room of the person they were prescribed for.

Staff told us that medicines stock checks should be carried out each day. We saw from the records that stock medicines were not audited and there was a question about the location of a box of Paracetamol tablets. On the second day of the inspection the area manager responded to our concerns and audited the stock of medicines and eventually found the 'missing' box.

In the medicines room there was a poster stating that staff were to check people with diabetes' blood sugars twice a week. For two people, there were no records. Staff told us they had "forgotten" and did not know about other staff. We discussed this with the manager and area manager and they undertook a review on the second day of the inspection. Following the inspection they sent us new records for people where it was necessary to monitor their blood sugars.

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

People were not always protected against abuse. Of the 20 staff employed at the home, only nine had received safeguarding adults training. Staff we spoke with said safeguarding was about "Making sure I'm safe, residents or people who come in or out are safe." They were not sure what they would do if they were concerned. They said they had received training. Others were not clear on what they needed to report,

although concerns had been raised when people returned from hospital with pressure areas.

The manager advised us at the inspection that any missed training for staff had been booked and staff had to complete it within a four week window. The manager showed us the bookings. They advised staff would be removed from the rota until the training was completed.

People's risk assessments and care plans were not always up to date and reflective of risks associated with people's needs. The knowledge of permanent staff in relation to people being supported was good and they were able to talk about risks associated with people's needs and how these were managed. However, newer staff lacked this knowledge and did not always know the support people needed.

The manager told us that current staffing levels were four staff in the morning and three staff in the afternoon. They were recruiting and hoped to have four staff throughout the day. They said "The staffing levels are adequate but not good." At the time of the inspection the emergency evacuation plans were used to calculate staffing. This was not based on people's needs. The manager told us they were starting to use a service dependency tool but it was not yet used to manage staffing levels.

Of the 12 people and six visitors we spoke with, five people and six visitors told us they did not think there were enough staff available at all times. Comments included; "Generally I'd say there is probably enough staff. Sometimes in the morning I think there could be an extra pair of hands." "There's never enough staff." "Sometimes they're short staffed and it's hard for them. They could do with a couple more." "Well, they're always busy, with the buzzers going off." "Occasionally they're a bit pushed, a few left recently and they haven't been replaced yet." "No. So many of the people are elderly and they need special attention. There's not enough time for all of them. They all need individual help." "They come as quick as possible, it depends what's going on. They can't be in two places at once." "I've not called them very often. Sometimes you have to wait quite a long time. They need to have their time off. It makes it difficult to organise."

The other people said; "I press the bell and the staff come quickly. I think there are enough staff. I've never had a problem. If I need someone I press the bell and they come from somewhere very quickly. I've never had to wait long." "Yes, I think there's enough. I've never had to wait long if I press my call bell. I don't hear bells ringing out for long." "Yes, I think there are enough staff day and night. I couldn't better this place. The bell is answered quickly day or night. I know all the staff and they know me, it's always familiar faces."

On day one of our inspection we observed call bells were sounding constantly throughout the day. During the inspection we spent time in the lounge observing staff interaction. On the first day of the inspection we noted that for periods of 30 minutes there were no staff in the area. One person was asking for biscuits and another person then also asked for some. Their exchange became louder for about five minutes. We also saw that a relative had to find staff to assist their loved one to the bathroom. One person was calling out a lot and a visitor told others to ignore them. We also saw a relative approach someone to assist them, fortunately the person changed their mind. Due to lack of staff in the lounge, one inspector and the area manager assisted a person to sit safely.

Staff were absent from the lounge where many people spent their day. One person constantly sought staff assistance, but when this was provided, remained anxious. This led to other people expressing their irritation with them. Staff were not present to diffuse the situation and visitors felt the need to intervene. One person with limited mobility asked a member of the inspection team to find a member of staff to assist them to the toilet.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at people's personal monies which were kept in a safe in the manager's office. We were told there were 'wallets' for each individual. We checked the wallets and for five people there were concerns. One had a large amount of money but there were no records to say who it belonged to. Another had a piece of paper with the person's name but no record of income and outgoings. Two records of the amount in the wallet were correct. One was 60 pence short. Some of the wallets had logs, however; the only record was for the 1 March 2018. Only one member of staff had signed these records.

This meant the management of people's monies was not safe and open to abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection in January 2017 there were concerns about records regarding fire safety, for example; we could not find a record of a fire drill beyond the date of March 2016. The manager at the time told us there had been a drill since then, but the details had not been recorded. We found at this inspection there were still concerns regarding records of fire safety.

On the first day of the inspection a fire risk assessment was being carried out. The manager told us "Although the last one was only three months ago I was concerned and requested a new one be completed." We saw that a six monthly fire security inspection on 26 March 2018 had recommended that all detection be upgraded as it was 10-20 years old. When we showed the manager this, they were unaware of the recommendation.

On the second day of the inspection we looked at the fire safety records. There was a summary evacuation plan dated 9 February 2018. A note dated 3 February 2018 said that the new admissions needed to be added and an evacuation was needed for them. The newer document still referred to 19 people and there were 23 in the home at the time of the inspection. The request had not been followed up by staff at the home and this had not been checked.

Records showed that a fire evacuation drill took place on 9 December 2017 when five staff and six people evacuated. The previous drill, according to the records, took place on 5 May 2015. According to the records six staff had not completed a drill.

Weekly fire alarm tests seemed to be taking place, however the records were muddled and it was not clear. Some had post it notes on them with dates but it was not obvious what they were for.

For the six monthly emergency light tests, there was only one record of 26 March 2018. A monthly visual check of fire equipment was dated September 2016. The manager was aware that there were records missing.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the system used by the provider to ensure staff recruited to work in the home were suitably experienced and safe to support the people living there. Staff records contained evidence of an application form, an interview process and copies of documents taken to confirm the identity of the individual. In the records we looked at, we saw evidence of references being taken up and a Disclosure and Barring Service (DBS) check being made. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people.

Equipment was managed in a way that supported people to stay safe. Regular maintenance checks took place of equipment, such as hoists. Window restrictors were in place where these were required. A

maintenance worker was present in the home on a daily basis to attend to any repairs that were required and to carry out safety checks, including fire and water. Records showed regular checks were carried out in the premises to ensure they were safely managed. Where it had been assessed that a person required the use of bed rails, staff ensured that protective bumpers were also in place to prevent any injuries. The bed rails were checked regularly by staff to ensure they were safe and working correctly.

# Is the service effective?

## Our findings

At our previous inspection in January 2017 we rated the provider as 'requires improvement' under the key question of 'Is the service effective?' We found at this inspection the provider's performance had deteriorated.

Our inspection of 17 January 2017 found systems were not in place to ensure that appropriate consent was sought from people with legal authority to provide it. This was a breach of Regulation 11 of the Health and Social Care Act 2008.

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.

At the last inspection we found in one person's file a relative had Lasting Power of Attorney (LPOA) for financial and business affairs. LPOA is a legal process granted through the Office of the Public Guardian that permits designated individuals to make decisions on people's behalf, if they do not have the capacity to do so. However, we found this relative had signed a consent form for the person to be supported with bedrails, which the LPOA for finance does not provide them with the authority to do. At this inspection, we again found that LPOA authorisations remained an issue because we saw families had signed to give consent and they did not have LPOA for health and welfare.

The mental capacity assessments which were in place were not decision specific and generalised about people's capacity.

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

The manager told us that there were five DoLS in place where the local authority had yet to reassess the applications. They told us 50% of the mental capacity assessments had been completed and from those two more DoLS applications had been made.

We asked people if they thought staff were trained to look after them. They said: "I've no complaints. I think they know what they're doing." "They know what they're doing. They do training here. Vans come in with 'Training' on the side and the girls go missing for a couple of hours." We asked people when the training was being carried out there was a shortage of staff and were told; "If there was a problem they come out of

the training. Otherwise the others just pull together." "Yes, I think the girls are very good at what they do and so kind." One person told us; "The carers certainly seem to know what they're doing. I'm not so sure they do in the laundry as sometimes things go missing. I tell them I'm missing something and they have to hunt it down. They do quite a good job of the washing and ironing though." "They are well trained. I had a bruise on my leg and they were extra careful and gentle where it was. Not sure how I got the bruise, I think I banged it. It's alright now."

The induction for new staff was based on care standards but not linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The manager and area manager told us they would review the induction to ensure it aligned with the Care Certificate. One member of staff told us they had only received a week's induction and felt "Thrown in the deep end." The manager told us that induction should be two weeks, induction records were not available.

Records showed there was poor compliance with most mandatory training. For example, of the 20 staff at the home, seven had not completed fire training. No staff had completed training regarding catheter care and we found one person needed this support. Given there were concerns about record keeping at the last inspection, only two of 20 staff had completed this course. No training available to staff had been completed by all of them; generally it was less than 45% of staff who had undertaken the mandatory training.

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

The manager told us that currently the deputy manager's role was writing care plans with input from the manager, and care staff updated them. Daily records were kept in one folder for everyone; the manager told us they were planning a new care plan system (which they showed us) and a new way of working would be introduced.

Not all the care plans we looked at were complete; for example in one care plan there was only half a sentence "... to ensure that" the rest was blank). Others had inconsistent or inaccurate information in them. For example, one person's nutrition care plan said food was to be 'soft and manageable' whilst another record said 'cut up.' On a 'transit chair assessment' (a chair used to move people), it asked if the person had good skin integrity. Staff had commented 'yes', but we saw in another care record that they did not. Another person's moving and handling assessment (which was not signed or dated), told staff when to move someone and what equipment to use e.g. use commode chair to travel. However, their mobility care plan said they were too frail to be out of bed and were at risk of falls from their chair. It did not tell staff what equipment was to be used or when it should be checked. We asked how staff knew what setting the pressure mattress should be on if they could not weigh the person; no staff knew this information.

Risk assessments were not followed through. For example, one person was at high risk of falls, no action had been taken to lessen the risk of injury. Assessments were inappropriate; for example we saw a 'restraint form' in place for one person where a sensor alarm mat was in place. This piece of equipment was used to alert staff when someone moved and they may be at risk of falls. It does not restrain the person from moving. The risk assessment we saw did not make sense as there seemed to be random numbers with no guidance for staff on how to complete them. We showed these to the manager who agreed they needed to be improved.

Some people had food and fluid and repositioning records in place. For one person, on the 22 April 2018,

over a 24 hour period, we saw they had been given four drinks. For another they were given five drinks. On other days in April 2018, this person was given three drinks in one day and another record was blank. There was no total for the days and no amount to be achieved. For one person who had a catheter, their continence care plan stated 'to monitor output on catheter and report to DN if any problems.' However, with no information recorded about expected fluid intake, staff could not monitor this.

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

Comments regarding the food were that the standard was generally very good, and there was always a choice. People told us if they didn't like what they had chosen they were offered an alternative. The daily menu was displayed on the wall in the dining room in written and picture form. Comments included: "I'm not a big eater, but the food isn't bad. I don't crave for anything. I've never asked for anything particular." "Some days very good, some days okay. Always freshly cooked veg and the meat is very tender." "The food is very good and it's certainly hot enough. If I want something else they'll give it to me. The chef decides the menu." "It can be really good and not so good, mostly though it is very good. I don't like baked beans so don't get them." "The food is quite good. I don't have any special diet. I don't really need assistance to eat. I go to the dining room to eat but if I want to eat in my room I can. They will bring it up to me." "It's very good. They write down what you want." "It's all right. It's eatable. I've known better, they do their best." "It's alright. Sometimes it's good, sometimes it's not. There's plenty of it."

Throughout the day drinks and biscuits were brought round. There were baskets in the communal areas with biscuits and crisps in them, with a label attached saying "Please help yourself". No one we spoke with complained of feeling thirsty or hungry.

People told us they had access to healthcare. People told us: "If I mention to the head one I was concerned, they'd check me over and get the doctor out if needed. I'm sure they would organise any health visits. The chiropodist comes regularly." "If I'm not well, the doctor is in quickly. There's an optician who comes here, he was here three days ago." "I have a relative who is taking me to my own dentist tomorrow." "I've had a doctor out a couple of times. I was poorly. I'm very sensitive and they know that. I also have my mental health support worker, who visits me once a week. He's a nice guy but we have long periods of nothing being said. He says that's okay though because I need time to think." "We have a chiropodist visit every week. You can see a doctor when you want but if I wasn't well they'd call the doctor quickly. You could get a dentist or optician if you asked."

People's records confirmed they had appointments with health professionals, such as chiropodists, GPs, mental health nurses.



## Is the service caring?

### Our findings

At our previous inspection in January 2017 we rated the provider as 'good' under the key question of 'Is the service caring?' We found at this inspection the provider's performance had deteriorated.

People told us about the staff, their comments included: "They are all so nice and would do anything for you, like a family. They show concern and chat to make sure I'm alright; they know when I feel down. I'm never left feeling alone." "They call me by my name and I like that. If I want the door closed they will do that. They make having a shower enjoyable." "The girls are all very nice. They speak to me every time they see me. I get a bit lonely in some ways because I don't mix properly but that's not their fault. It's mine. They try and encourage me." When talking with one person, we noted they were sat in a chair which was a long distance from the call bell. The person was not able to move themselves to get to it; therefore would not be able to summon for help if needed. They said "They call me the name I prefer. They make sure that I can breathe. They come and check on me regularly. They're very kind and caring."

Some people looked unkempt, with obvious facial hair. One person's clothes had food spillages evident on them, although they were assisted to change these during the day.

Some people told us that the drinks were often late, as they were reliant on staff to get them drinks. Staff took round a drinks trolley in the morning and afternoon and a box of biscuits or cakes and handed a few to people. People did not get to choose or take their own.

Care plans did not have information on all assessed needs for example mental well-being, poor eyesight, Parkinsons, catheter care and digestion problems. This meant that people were at risk of not receiving the care they needed.

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

Staff appeared to genuinely care for people and treated them with respect and compassion. Staff appeared to be friendly and patient when offering or providing support to people. We observed a member of staff transferring a person by hoist from a chair to a wheelchair. Two staff assisted the person. One member of staff told the person what was going to happen and asked if that was okay and were they ready. Once staff had established they were, each movement was spoken through. Both staff gave assurance in a calm and comforting tone. The person had a skirt on and efforts were made to keep this down and covering the person.

Staff interacted with people in a friendly way. One person, who had been to see the in-house hairdresser, was complimented by members of staff. People were greeted by name and chatted to. The dining room was a light and attractive room with sufficient space. The tables were dressed with cloth napkins and table cloths. There was a very large pin board on the wall with cards on one side and documents (how to report abuse, etc.) at the other, with a large blank space between, which was not homely.



Lunch was provided to 16 people in the dining room. People were seated by 12.30 and the first course was provided at 12.50. People were provided with clothes protectors and the purpose of these was explained. One person who was concerned about falling was reassured they were not at risk and spoken to in a kindly and quiet way by a member of staff. People ate soup for the first course. People were asked if they needed assistance and were helped if necessary. Most people ate independently. People were asked if they wanted more food. There were three dishes available for the main course. One person needed a lot of support to eat and this was provided in a patient manner.

When people were asked about their choices they said; "I make my own choice of when to get up or go to bed. One of the girls comes and helps me shower, I never feel rushed. I mention I'd like one and it gets arranged for that day." "I can have a bath when I want. I ask and they fit me in. I don't feel rushed. Sometimes I think I'd like another few minutes but really I've no complaints. "Yes, I feel in control. We have free choice. I make my own decision of what I want to do, the staff just help to make things happen." "They encourage me to do things for myself, I wash and dress myself but they do all my laundry, clean my room and make my bed." "They will come and ask me if I'm ready to go to bed. If I'm watching a programme I'll ask them to come back when it's finished and that's what they do, so I feel I am in control. In the mornings, I go with the flow. It wouldn't occur to me about choice of gender to give personal care but there are no males here so it doesn't apply."

There were two communal lounges, both had televisions in. One was slightly larger than the other. The larger lounge was set out with chairs along the walls of the room, this allowed everyone to join in with any activities and everyone could see the television. The smaller lounge had chairs set out in groups of three giving it a more personal look.

We asked people if they felt their privacy was respected and if they were treated with dignity. They told us; "I can't find any faults. My door is always open but they will close it when they have to." "Yes, I do feel my privacy is respected and yes, I am treated with dignity. They shut my door before dressing me. When they come into my room they tap the door and bawl 'Hi [name]'. They're very friendly."

When asked if they felt valued and listened to people said; "Yes. You can chat to them." "Yes, they listen to everything you say." "Oh yes. I feel quite comfortable here. It's nice to be able to talk." However, others said; "Yes, they will. But there is a time factor. There is not enough staff. " "As much as possible. They don't always have time to chat. Staff flit in and out and do things, but I don't know if they have time to chat." "Yes, most of them. I've been here a long time. It depends on the carers. Some aren't interested, for some it's just a job."

## Is the service responsive?

### Our findings

At our previous inspection in January 2017 we rated the provider as 'requires improvement' under the key question of 'Is the service responsive?' We found at this inspection improvements were still required.

We asked people whether they had been involved in the development and review of their care plans and how often they had been reviewed. Only one person we spoke with could remember being involved in their care plan but wasn't sure when it was last reviewed. Most staff we spoke with were knowledgeable about people's communication needs, however this was not represented in the care plans of those we looked at.

Staff were not responsive to people's changing needs. For example, where people were at risk of malnutrition, they had not always been weighed regularly. The weight records only allowed for a record of losing weight, being below advised weight and remaining the same, they did not address the need to reduce to a healthy weight. There was no statement of when staff should seek advice. We saw that for two people their weight had reduced significantly in the last six months. We could not see that any action had been taken. When we highlighted this to the manager, they contacted the local surgery for guidance. Other examples included: where records stated "Fluids pushed" there was no reason recorded by staff as to why this was needed. Where people complained of constipation, staff had not recorded what action they had taken. For one person, staff had recorded they were turned at night, there was no care plan in place to show they needed this. One person had bloods taken on 19 April 2018, no reason was given and no follow up action was seen. Another person on the 19 April 2018 complained of pain in their shoulder and staff wrote "Will pass to manager." There was no evidence to show anything had been done.

When talking with people and the previous manager about the newly decorated lounge, we were told people at the home had not been involved in choosing the décor and colours.

On looking around the kitchen, we found a pot of mustard which was out of date in January 2018. One member of staff in the kitchen had not yet completed a course in food hygiene. There were cleaning schedules for the kitchen only. These had not been completed daily with 13 days missing in April 2018. The first aid boxes and notices telling staff who the first aider was were out of date as that member of staff no longer worked at the home. This meant the tools to monitor food hygiene and first aid were not effective.

There were no cleaning schedules for the general cleaning of the home. A housekeeper worked five days a week and completed a daily report. There was no annual statement about infection control completed.

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

At the time of the inspection there was no activities coordinator employed. The manager told us that one had been recruited and that their checks were being undertaken. As there was no activities co-ordinator, activities were carried out by the staff, or external sources came in. We asked people whether they joined in with the activities on offer and if there was something that they enjoyed. We asked if they were able to

practice their faith, and whether they managed to get out to activities in the community.

People and relatives told us: "There used to be quite a bit going on but not so much now as the person that did it left. I like it when we sing and dance. It would be good to have exercise sessions." "They have entertainers come in singing. There are no exercise classes. It would be good to have those. I've never thought about going to church. I know the vicar comes here monthly but I don't go." "They have a church service here, I think it's once a month. I'm not a great one for activities. I like my own company. I usually eat in my room as I don't mix with other people very well. I can't ever say I'm bored. Just seeing people milling around I know I'm not alone." "We have bingo, colouring books and musical mornings. I like those best. I can't say I've found time to be bored. My friends visit." . One person used a word search book, another read a newspaper, otherwise people were largely unoccupied throughout the day, apart from during the activity session.

The area manager and manager were not aware of the Accessible Information standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The manager said they would include a review of the need for accessible information on their action plan.

We discussed end of life care with the home manager as this had not been included in all the care plans we looked at. They said this would be reviewed with people and their families.

A system was in place to enable people and their relatives to raise complaints. When we asked people and visitors what steps they would take if they were unhappy with the service, we were told the following: "I've nothing to complain about. I can talk to people and if I was unhappy I'd speak out." "I'd speak to [name] if I was unhappy. If that didn't work, I'd speak to the manager." "I'm no shrinking violet and I wouldn't be afraid to speak out if I wasn't happy. I'd speak with the manager, because that's what they're there for." "I know my friend could easily speak up for herself but her daughter, who is very like her mother and is very forthright, would waste no time in speaking out if things weren't right." Others said: "I've not really had a complaint." "He has. He complained about not being allowed out and having no toilet paper in the toilet. They apologised about the toilet paper. About not being allowed out, they tried to explain it's not always safe for him to go out."

We saw that for a complaint in May 2017, a person's family were unhappy about the drawers being untidy and their loved one wearing other people's clothes. We saw that a supplementary care plan had been put in place referring to staff keeping the drawers tidy and the person wearing their own clothes.

## Is the service well-led?

### Our findings

At our previous inspection in January 2017 we rated the provider as 'requires improvement' under the key question of 'Is the service well led?'. We found at this inspection the provider's performance had deteriorated.

A registered manager was not in post. A manager was in post. They had started at the home on 12 March 2018. In that time they had completed an action plan of the areas they felt needed addressing and updated the action plan we had requested following the inspection in January 2017. After the feedback from this inspection, they sent us a revised action plan prioritising areas that needed to be addressed. We were supported by the manager and area manager throughout the inspection. At the time of our inspection, the manager had applied for registration with CQC.

Our inspection of 17 January 2017 found systems were not in place to assess, monitor and improve the quality of the service, or mitigate risk. We also found that accurate, complete and contemporaneous records were not always maintained. This was a breach Regulation 17 of the Health and Social Care Act 2008.

Quality audits had only been carried out since the area manager started to work for the provider in November 2017. The manager had undertaken a manager's audit for the first month of their employment at the home in March 2018. A care plan audit dated November 2017 showed some actions had been achieved. Two other care plans had audits dated November 2017 and another in February 2018, but none had been reviewed and the identified actions were still outstanding. We looked at people's daily records and for five people their daily records were the same on some days. For example: "Fine, washed and dressed this morning. Fluids pushed, pad changed. Ate and drank well with assistance." When we highlighted this to the manager and gave the names of these people, we were told this information was not relevant to any of them.

The system did not effectively monitor the safety of the service, or the care needs of people living at the service. For example, fire safety training and checks, and medicines audits had not been carried out so issues were not found. We found a number of issues with care records and medicine records not being up to date, accurate or fully reflective of people's support, which we fed back to the manager and area manager. We were concerned that the breaches found at the last inspection in January 2017 were still outstanding and further breaches had been found at this inspection.

Falls and incidents were recorded and a box ticked to say "manager aware" however, there was no procedure in place for the manager to monitor the number of falls and incidents, what action staff had taken and any action taken to reduce occurrence.

There had been one team meeting since the new manager started work at the home and one in December 2017. There was no evidence to show that there had been any other team meetings carried out by the previous manager, following the last inspection in January 2017.

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

Due to the recent change in management, comments from people and their relatives included: "I know we have a new manager, I'm not sure if I've met him. I can't remember." "I know who the manager is, he's new and only started a few weeks ago. He came to meet us in the lounge. I've not noticed any changes yet. He seems very friendly. He's come in and helped handing the food out. I think he's finding out the workings of the place." "I've met the new manager. First impressions are he'll do okay. He seems very approachable and doesn't seem to mind mucking in." "I don't recall that I've met the new manager yet. I try to keep my ear to the ground and not heard any mutterings." "I've seen the new manager but not met him.

A visiting professional told us; "Staff were very supportive of clients, I've never had any concerns about staff they seem quite knowledgeable. Staff contact us if they are concerned and follow advice."

Staff told us they liked working at the home, one said "Everyone is friendly and they made me feel welcome." Another commented "It's a great team, managers are good."

We asked people if there were any residents meetings or whether any surveys or feedback forms were handed out and if feedback had been given were improvements made. Not everyone spoke to could remember when they had last had a resident's meeting, and only a few could recall being given a survey to complete. "My sister has done a survey." A relative said "No", they had not been asked to complete a survey. Another said, "Yes, there was a survey last year." People commented about meetings: "Yes, I do. They're very short. They don't have many." "Yes, occasionally. They had a meeting last week." "I haven't been to many. I don't like meetings. I would go if it was important."

We asked people and visitors about communication within the home. The comments were varied, people and visitors said: "It's good. [Name] is hard of hearing and struggles to speak but communicates when asked what they want to eat. [Name] manages to make them self-understood, even when we can't." "It's not brilliant; you have to chase them up a lot. We are forever chasing things up rather than they just happen." "It's fairly good; it depends on how well you are." "It's very good. They respond if you have a problem." "If I ask they answer my questions."

The manager told us they felt supported by the area manager. The area manager told us they were "working closely" with the manager and would continue to provide a high level of support at the home, visiting at least twice weekly. The manager told us they planned to have daily meetings 'ten at ten' with senior staff such as; care, housekeeping, maintenance and catering.

The area manager showed us a newsletter they had produced which talked about the refurbishment of the home, meetings, new staff and events.