

Akari Care Limited

Beech House - Salford

Inspection report

Radcliffe Park Crescent
Salford
Greater Manchester
M6 7WQ

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20 January 2017

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on Thursday 19 January 2017. The second day of the inspection on 20 January 2017 was announced.

Beech House is a residential care home which provides care for up to 36 older people and is owned by Akari Care Limited. The home is situated in Salford, Greater Manchester and is located near to local transport routes. Car parking is available at the front of the home or in nearby side streets a short distance away.

Our last inspection of Beech House was in March 2015. Although no regulatory breaches were identified, the home was rated as 'Requires Improvement' overall and in the 'Safe and 'Effective key questions. This was due to concerns regarding the length of medication rounds, safety gates on stairwells being left open and unlocked and also a lack of dementia friendly environments to help people orientate themselves around the building. The domains for 'Caring, 'Responsive' and 'Well-led' were rated as 'Good'.

During this inspection we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person centered care, safe care and treatment, meeting nutritional and hydration needs and good governance. We are currently considering our regulatory response to these issues.

We identified concerns with how risks were mitigated at the home. For example, risk assessments were not reviewed on a consistent basis and trends analysis following accidents and incidents had not been completed since October 2016. Two people, who had been admitted to home in recent months did not have any risk assessments in place. This meant staff did not have sufficient information available to them about how to keep people safe.

We also observed one bedroom door was propped open with a chair which presented the risk of the door not closing in the event of a fire. We raised this with the manager on the first day of the inspection, however we observed the door to still be propped open the following day. We also checked upper level bedroom windows to see if window restrictors were used. We found one bedroom and two corridor windows did not have window restrictors on, with two of the windows opening a considerable length, presenting the risk of a person potentially leaving in an unsafe manner or falling. The provider immediately ordered window restrictors to be fitted and we checked these on the second day of the inspection. However we noted from looking at the maintenance book that the bedroom window restrictor was noted in July 2016 as being missing. This still had not been replaced at the time of our inspection in January 2017.

One person's care plan also identified them as needing to be sat a pressure relieving cushion during the day, however staff did not ensure this was provided for this person on both days of the inspection. Although this person was mobile, there was a lack of oversight in communal areas to ensure this task was completed.

People living at the home told us they felt safe living at the home. The staff we spoke with had a good

understanding of safeguarding, whistleblowing and how to report any concerns.

We found that medicines were given to people safely, with staff receiving appropriate training. Medicines were stored in a secure treatment room, with only staff responsible for administering medicines having access to the room.

Staff were recruited safely with references from previous employers being sought and DBS (Disclosure Barring Service) checks undertaken.

We had concerns about how the service monitored and responded to people who were at risk of losing weight. For example, one person who had suffered recent weight loss had been referred to a dietician in December 2016. This person was noted to have lost 9 kilograms between August 2016 and November 2016. Whilst waiting to be assessed, the dietician service had sent an action plan to the home, with specific instructions about how to monitor this person's weight. This included accurately monitoring this person's food/fluid intake, carrying out weekly weights and encouraging a high calorie diet. From looking at the records, we were unable to see that these care interventions were carried out by staff. The manager acknowledged that it looked as though the action plan had been put in this person's care plan but had not been followed by staff. This placed this person at risk of suffering further weight loss.

We identified a second person, who had also suffered weight loss between October 2016 and January 2017, with gaps in weight records also noted. This person weighed 80 kilograms in October 2016 and was then weighed as 69 kilograms in January 2017. This person's risk assessment was reviewed, however this significant drop in weight had not been taken into account or considered to be a risk and a referral to the dietician service had not been made.

We noted from reading a third person's care plan that they suffered from a condition known as Oedema which caused them to retain water. Their care plan stated staff should encourage them to drink 2 litres of water each day and that due to living with dementia, they may forget to have a drink. We did not observe this person being encouraged to drink any additional fluids during the inspection and the sample of fluid intake records we looked at showed this person consumed a maximum of one litre and as little as 250 millilitres on other days. This meant we were unable to ascertain that staff were providing this person with the fluids they needed to help them maintain good hydration and keep them safe.

Staff received an induction when they started working at the home, as well as receiving appropriate mandatory training and supervision to support them in their role.

The home worked within the requirements of the MCA (Mental Capacity Act), with the manager completing appropriate assessments if there were concerns about a person's capacity. The home also worked within the requirements of DoLS (Deprivation of Liberty Safeguards) and made referrals as necessary.

The people we spoke with told us they were happy with the level of care provided. People told us they liked the staff, who were kind and caring. Two visiting relatives we spoke with expressed their satisfaction with the care provided, however a third told us they felt the level of care had declined in recent months.

People told us they were treated with dignity and respect and that staff promoted their independence.

We saw complaints were responded to appropriately. The home also collated various compliments which had been made about the home.

The home held meetings for staff and people who lived at the home. This meant concerns or areas for improvement could be discussed.

At the time of the inspection, the did not have an activities co-ordinator, although the manager told us this was something that was being looked into. Due to this we observed limited activities taking place during the inspection. A visiting relative also told us activities and trips out had decreased in recent months.

We found two people living at the home did not have care plans in place, despite being at the home for over a month. This meant staff did not have access to guidance about how people needed their care to be delivered. During the inspection we observed staff asking each other what the moving and handling requirements were for one of these people. The care plans we did look at contained a section for annual reviews, however we were unable to see that these had taken place. The manager acknowledged this and said they were holding a review with one person living at the home the week following our inspection, with the intention of doing these for each person. We also found gaps and inconsistencies with monthly care plan evaluations.

Poor record keeping was also identified during the inspection. This was in relation to turning/re-positioning charts and fluid intake sheets. This made it difficult to establish if the care was being delivered due to accurate records not being maintained. When asked for, these records could either not be located, or took a long time to find.

Confidential information was not stored securely. For instance, daily records detailing information about when people had been to the toilet was left in files in the main lounge. We were told a suitable storage place was being sourced, however interim measures had not been taken such as moving the files to somewhere more secure, such as the managers office.

The manager and provider conducted audits at the home, however these were ineffective due to the concerns we had identified in relation to risk assessments, care plans, nutrition, monitoring of weights, fire doors, window restrictors, record keeping and storage of confidential information. Some of these concerns had also been raised during social work reviews the week prior to our inspection, however no action had yet been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe

We found two people living at the home did not have any risk assessments in place. There were also gaps with the reviewing of risk assessments and monthly accident and incident trends analysis had not been completed since October 2016.

We observed one bedroom door was propped open with a chair meaning it would not close in the event of a fire. A missing window restrictor had also been reported in July 2016, however no action had been taken to fix this until the day of our inspection which could have placed people at risk.

We observed one person during both days of the inspection, who according to their care plan, should have been sat on a pressure relieving cushion, but wasn't sat on one. This could present the risk of skin break down.

Is the service effective?

Requires Improvement 

The service was not consistently effective

We found guidance and advice from dieticians was not followed by staff at the home. One person had also not been referred to a dietician, despite suffering considerable weight loss. Another person, who needed to consume additional fluids due to water retention, was not encouraged to drink sufficient amounts.

Staff told us they received sufficient training and supervision to help them undertake their roles.

The home made referrals for DoLS as necessary and sought consent from people when delivering care.

Is the service caring?

Good 

The service was caring.

People told us they received a good standard of care and that staff were kind and caring.

Staff spoken with had a good understanding of how to maintain people's dignity and respected people's rights. Staff showed patience and encouragement when supporting people.

We heard lots of laughter between staff and people and there was a positive atmosphere within the home.

Is the service responsive?

The service was not consistently responsive

People told us staff at the home were responsive to their needs, however one visiting relative said the home were not as responsive as they had been previously and had noticed a decline in standards in recent months.

Two people living at the home did not have care plans in place meaning staff did not have access to guidance and information about their care needs. There were also gaps and inconsistencies with monthly care plan evaluations.

Annual reviews to be undertaken by the home had not been completed. We were told these were due to start the week following our inspection.

We were told the home didn't have an activities co-ordinator, although this was something that was being looked into. As such, we saw limited activities taking place over the course of the inspection. A visiting relative told us this was something that had decreased in recent months.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led

The home had auditing systems in place, although we identified concerns with care plans, risk assessments, weight monitoring, nutrition/hydration and record keeping. This meant the auditing systems were not sufficient and the quality of service was not being monitored effectively.

We found gaps and inconsistencies with the record keeping of food/fluid sheets and turning/re-positioning charts. When asked for, certain records could either not be located or took a long time to find.

Despite being raised during social work reviews the week prior to our inspection, action had not been taken to ensure confidential information was stored securely.

Requires Improvement ●

Beech House - Salford

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on Thursday 19 January 2017. The second day of the inspection on 20 January 2017 was announced. The inspection team consisted of two adult social care inspectors from the CQC (Care Quality Commission) on the first day of the inspection and one adult social care inspector on the second day.

In advance of our inspection we liaised with external stakeholders based at Salford City Council. This included the local safeguarding, infection control, and environmental health teams. We also liaised with Salford Healthwatch. This was to see if they had any information to share with us in advance of the inspection. As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports and any notifications sent to us by the home including safeguarding incidents or serious injuries.

At the time of the inspection there were 29 people living at the home with one person also in hospital. During the day we spoke with the registered manager, the area manager, three people who lived at the home, three visiting relatives and seven members of staff including care, maintenance and kitchen staff. As part of the inspection, we looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included 12 care plans, four staff personnel files and five medication administration records (MAR).

We spoke with people in communal areas and observed how staff cared for and supported people living at the home. We also observed lunch being served in the dining room of the home on both days of the inspection to see how people were supported to eat and drink.

Is the service safe?

Our findings

People living at the home said they felt safe as a result of the care they received. The visiting relatives we spoke with also felt their family members were safe living at Beech House. One person said to us; "Oh definitely. It has never occurred to me as being anything else". Another person said; "Definitely. No question about that". A visiting relative also told us; "My relative is much safer than when she was at home, whereas here she gets good meals and has a roof over her head".

We looked at how the home managed risk. We saw people had risk assessments in their care plans covering areas such as waterlow (for skin), nutrition and falls/mobility. We saw these contained guidance for staff to follow about how risks within the service needed to be mitigated. For example, one person who was deemed to be at high risk of falls had a sensor mat in their bedroom to alert staff when they attempted to mobilise.

Some of the risk assessments in care plans we looked at were reviewed each month as required, however five risk assessments in relation to falls/mobility were not, with gaps in months such as September and October 2016. This meant staff may not be aware if the level of risk increased due to not carrying out reviews at regular intervals. Two people, who had recently moved to Beech House, did not have any care plans or risk assessments in place. This would make it difficult for staff to establish where people may be placed at risk and how to respond accordingly to their needs. At one point during the inspection we observed two members of staff asking each other about the moving and handling requirements for one of these people. We saw accidents and incidents were monitored, with appropriate forms completed by staff when accidents occurred. Trends analysis was also undertaken each month, however this was last completed in October 2016. This presented the risk of staff not being able to respond accordingly, if people were having frequent falls or accidents. The manager told us this had fallen behind.

The service had fire risk procedures in place and detailed annual fire risk assessments were followed. Each person using the service had an assessment of their ability to respond in the case of a fire. We noted fire signage and equipment was visible throughout the building. Fire alarm testing was carried out frequently and the last fire evacuation was carried out in October 2016. In addition to this fire doors were checked weekly and emergency lighting checks on a monthly basis. All paperwork we reviewed was in date. However, we found in some cases fire doors to people's bedrooms were being prevented from automatically shutting as they were propped open with chairs and other objects. We spoke with the manager about seriousness of this and the need to ensure that all fire doors were able to automatically close in the event of a fire. The manager assured us this would be rectified as a matter of priority. We noted the following day that the obstructions were still being used and that this issue had not been addressed. Following the inspection we spoke with the maintenance person who informed fire door guards had been ordered.

We checked upper level bedroom windows to see if window restrictors were used. We found one bedroom and two corridor windows did not have window restrictors on, with two of the windows opening a considerable length, presenting the risk of a person potentially leaving in an unsafe manner or falling from height. The provider immediately ordered window restrictors to be fitted and we checked these on the

second day of the inspection. However we noted from looking at the maintenance book that the bedroom window restrictor was noted in July 2016 as being missing, however still hadn't been replaced at the time of our inspection. This could have placed people at risk.

We looked at the care plan for one person which stated they should be seated on a pressure relieving cushion when sat in the lounge. This would ensure their skin was kept healthy and prevent them from developing pressure sores. However when observing this person over both days of the inspection, we saw they weren't sat on one. Although this person did mobilise with a zimmer frame, each time this person did move into a different seat, staff did not ensure the cushion was provided to help keep their skin safe which could place this person at risk of skin breakdown over time. Due to the issues identified with risk assessments, window restrictors, people not always sat on pressure relieving equipment and bedroom doors being propped open, meant there had been a breach of regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. This was because the home were not doing all that is reasonably practicable to mitigate risks within the service.

We found there were systems in place to safeguard people from the risk of abuse. This included having both a safeguarding and whistleblowing policy and procedure in place, informing both staff and people who lived at the home how they could both report and escalate concerns. The staff we spoke with were clear about what abuse was, the signs and symptoms they would look for and who they would speak with about concerns. One member of staff said; "Physical, emotional and sexual are some of the types of abuse that can occur. Signs could include shouting at a person, or depriving them of something. I would go straight to the manager and would go higher up if I wasn't satisfied". Another member of staff said; "Safeguarding can be anything from shouting at someone, ignoring them and leaving them dirty/soiled. I would go straight to the senior or the manager". A third member of staff said; "My main objective is to ensure people are not in any danger and are kept safe". A fourth member of staff also added; "If I saw anything I would report it straight away. Abuse can be, mental, physical, financial".

Staffing levels on the day of the inspection were sufficient to care for people safely. The staffing numbers consisted of three care assistants and a senior carer at night and four care assistants, a senior carer, the deputy manager and home manager during the day. This was to provide care and support to 29 people, with one person also in hospital at the time of the inspection. During the inspection we observed staff were able to meet peoples needs in a timely manner such as assisting people with their personal hygiene assisting them to mobilise, supporting people to eat and administering medication. There was a calm atmosphere at the home and staff did not appear rushed or unable to respond to peoples requests. The vast majority of people spent their time in the main lounge/dining room and we saw there was a continuous staff presence throughout the day.

The people we spoke with including people living at the home, staff and visiting relatives told us they felt there were enough staff working at the home. One person said to us; "I've never felt there are any staff missing and the staff always attend to me quite quickly". Another person said; "As far as I am concerned there are enough staff". A member of staff also said to us; "There are enough staff at the minute and we work well as a team". Another member of staff said; "We had four staff tonight but that is not always the case, but there are always definitely three. The layout of the building can make it difficult to monitor people sometimes". A third member of staff commented; "Yes there are lots of staff working here. We are a good team".

We looked at how medicines were handled.. The manager told us the home had started to use a 'Well-pad'. This was an electronic equivalent to a MAR (Medication Administration Record). This was introduced with the intent of reducing medicines errors. The Well-pad also had additional benefits such as not allowing staff

to sign for medicines such as paracetamol for pain relief until a time gap of at least four hours had passed. During the inspection we reviewed the medicines records of five people. We also noted photographs of each person were also included making it easier for staff to identify each person and reduce the risk of medicines being given to the wrong person.

The medicines trolleys were stored in a secure treatment room which we observed to be locked throughout the day and when not in use. We were told that only senior members of staff or those responsible for administering medicines had access to the keys. Each of the five medicines records we looked at on the Well-pad had been signed by staff following administration.. We were also able to cross reference this by checking medicines still left in the trolley or that had been administered to determine if medicine had been given safely. PRN (when required) protocols were in place where necessary for pain relief and we observed staff offering pain relief during medicines rounds. .

We found there were accurate temperature records maintained of the medicines fridge along with guidance of the minimum and maximum fridge temperatures that needed to be adhered to. This ensured medicine was stored at the correct temperature. We saw controlled drugs were also stored securely and were signed for by two staff when given. We carried out a stock check of the controlled drugs and found they tallied with what was written in the book. This ensured they could be accounted for safely.

We looked at four staff personnel files and found there was evidence of robust recruitment procedures. The files included application forms, proof of identity, interview questions/responses and references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. These checks evidenced to us that staff had been recruited safely meaning they were safe to work with vulnerable adults. Staff told us they weren't allowed to commence employment at the home unless all checks were in place. A member of staff said; "I didn't start work before my DBS came back. I remember it was back within a few weeks so I didn't have much time to wait".

Is the service effective?

Our findings

People living at the home and their relatives told us they felt staff were sufficiently trained and had the correct skills to provide effective care. A person who used the service told us, "I must admit, the staff do seem very good at what they do".

We looked at how people were supported to eat and drink and spent time observing the lunch time meal on both days of our inspection. There was a menu displayed on the wall in pictorial format, with a choice of egg/chips, cottage pie, soup of the day, sandwiches and sausage casserole. We observed that the majority of people were able to eat their meal independently, although we observed staff encouraging and prompting people eat more as necessary. We did observe that tables weren't set with condiments such as salt and pepper and people had to ask staff for this to be brought from the kitchen. This meant people weren't always able to keep up their independence if they wanted to add anything additional to their meal. We asked people for their views and opinions of the food. One person said; "The food is excellent and is definitely adequate". A second person also commented; "The food is edible here and that is the main thing". A visiting relative also commented; "My relative seems to eat well and her weight is stable at the minute".

We found appropriate action was not always taken when people were deemed to be at risk of losing weight, with guidance from services such as dieticians not always followed. We also observed people weren't always prompted to drink sufficient amount of fluids to enable them to maintain good hydration levels. During the inspection we identified concerns in this area for three of the people we reviewed. For example, one person who had suffered recent weight loss had been referred to a dietician in December 2016. This person was noted to have lost 9 kilograms between August 2016 and November 2016. Whilst waiting to be assessed, the dietician service had sent an action plan to the home, with specific instructions about how to monitor this persons weight. This included accurately monitoring this persons food/fluid intake, carrying out weekly weights and encouraging a high calorie diet. From looking at the records, we were unable to see that these care interventions were carried out by staff and guidance from other health professionals was being followed. This information had also not been transferred over into the person's eating and drinking care plan. The manager acknowledged that it looked as though the action plan had been put in this persons care plan and not followed. This placed this person at risk of suffering further weight loss.

We identified a second person, who had also suffered weight loss between October 2016 and January 2017, with gaps in weight records also noted. This person weighed 80 kilograms in October 2016 and was then weighed as 69 kilograms in January 2014. This person's risk assessment was reviewed around the time of our inspection, however this significant drop in weight had not been taken into account or considered to be a risk and a referral to the dietician service had not been made. We spoke with a member of the kitchen staff during the inspection and they told us they were not aware of anybody living at the home who required a special diet or needed to be offered higher calorie foods by staff. This could place these people at risk due to staff not recognising and responding appropriately when people were losing weight.

We noted from reading a third persons care plan that they suffered from a condition known as 'Oedema' which caused them to retain water in their legs. Their care plan stated staff should encourage them to drink

two litres of water each day and due to living with dementia, they may forget to have a drink. We did not observe this person being encouraged to drink additional fluids during the inspection and the sample of fluid intake records we looked at showed this person consumed a maximum of one litre and as little as 250 millilitres on other days. This meant we were unable to ascertain that staff were providing this person with the fluids they needed to help them maintain good hydration and keep them safe. One visiting relative said to us during the inspection; "It's a very common thing that drinks aren't offered regularly. We are here most afternoons and don't see people being offered drinks". These issues meant there had been a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to meeting nutritional and hydration needs.

The staff we spoke with told us they completed the induction when they first started working at the home and provided staff with an introduction into working in a care setting. We looked at the induction programme which covered areas such as, being introduced to people living at the home, first aid arrangements, accidents/incidents, training and development, supervision/appraisal, confidentiality and record keeping. One member of staff said, "I did an induction and it covered all aspects of the home. It was very informative and helpful". Another member of staff said; "I had a good induction. It was tiring as there was such a lot to take in. I remember having relevant training especially in areas of safeguarding, moving and handling, infection control and falls prevention. I also had to shadow other staff".

We looked at the staff training matrix to ensure staff were provided with the sufficient skills and knowledge to undertake their roles effectively. This showed staff had completed training in areas such as safeguarding, infection control, moving and handling, health and safety and dementia awareness. The staff we spoke with told us they had enough training available to them and felt supported to undertake their work. One member of staff said; "There is regular training available on all sorts and they are very good at keeping us up to date". Another member of staff said; "There is enough training. If we don't feel confident in a certain area then the manager will arrange more for us". A third member of staff added; "Oh we get lots of training".

Staff told us they received supervision and an annual appraisal as part of their work and we looked at a sample of records which demonstrated these took place, some of which were themed. We saw that some of the areas discussed included confidentiality, medication, controlled drugs, the dining experience and safeguarding. There was also the opportunity to talk about training requirements. Staff supervision allows staff to discuss their work with their line manager in a confidential setting and also work towards set goals and objectives. A member of staff told us; "We do have supervision and they tend to take place about three to four times a year. I find supervision to be useful". Another member of staff added; "They do take place as required and they seem to be every few months".

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Overall, we found the home was working within the requirements of DoLS and MCA, with applications made to the local authority as necessary, with necessary paperwork kept in people's care plans. The staff we spoke with had a good understanding of DoLS and MCA and were able to tell us under what circumstances they felt a DoLS application could be required. One member of staff said; "DoLS are required for people who lack capacity and may be deprived of something

they want to do such as leaving the home on their own". Another member of staff said; "I've done training and have more coming up. DoLS is for when people lack the capacity to make decisions. People may try to get out, but they can't because of the key pads. A DoLS would be required then".

Staff were aware of how to seek consent from people before providing care or support. During the inspection we observed staff seeking consent from people such as if they would like to take their medication or if they would like assistance to stand from their chair. People living at the home also said staff sought their consent before delivering care. One staff member said, "The staff don't just do things, they check that it's okay first". A member of staff also told us; "I'll always speak with people before any interventions to check it is what they want. I sometimes speak with family as well if a particular decision needs to be made". Another member of staff added; "I'll check with people if they would like to get washed or dressed rather than just presuming".

At the previous inspection we raised concerns that the home environment was not always suitable for people living with dementia. During this inspection we found the home had introduced signage around the building guiding people to areas such as bedrooms, toilets, lounge areas and the dining room. There were also photographs on bedroom doors and one person in particular had personalised signage towards their own bedroom as they had found it difficult to locate. This would help people to orientate in their environment.

Is the service caring?

Our findings

The people living at the home told us they were happy with the care they received. One person who used the service told us; "I think the care here is fine. I have no criticisms at all. The company I receive is nice as well. The staff are nice and always appear to have time for you". Another person said; "It's very good and they certainly do their best. They do provide good care and are doing a good job actually. The staff are very good".

The visiting relatives we spoke with during the inspection also told us they felt a good standard of care was provided at the home. One relative told us; "It's not bad here I must admit and I have no problems. I think the care is good and my relative seems happy. The staff aren't bad either and I get on with them all. Overall I am quite satisfied with the care provided". Another relative commented; "The manager has bent over backwards for us here. As far as I can see the care is good and the staff always try their best to accommodate".

Throughout the two days of the inspection we heard lots of laughter between staff and people living at the home. There was a calm atmosphere within the home and we didn't observe people shouting or appearing distressed. Staff interacted with people throughout the day and we observed many occasions where staff spoke privately on a one-to-one basis with people or with several people at the same time in the lounge area. We saw people looked clean and well presented. One person living at the home told us staff always made the effort to help them choose their favourite smart clothes and always offered them the opportunity to wear nice perfume. These observations displayed the caring approach between staff and people living at the home.

People told us staff treated them with dignity and respect and our observations confirmed this.. One person said to us; "They are always very good in this area I must admit". Another person said; "I'm treated well here. I've always believed that if you give people respect then you get it back". A visiting relative also added; "I've noticed they always treat my relative very well". The staff we spoke with were also clear about how to treat people in this way when delivering care. One member of staff said; "I will always cover people up when delivering personal care to make sure they don't feel embarrassed". Another member of staff commented; "I feel I am very strict in this area. I would never deliver personal care in communal areas for example and I always give people privacy at the times they need it".

People told us staff promoted their independence where possible. The staff we spoke with were also clear about how to allow people to maximise their independence when providing care. One person said to us; "The staff do let me do things for myself, such as eating and drinking". Another person told us; "The staff let me get washed and dressed myself which I really appreciate". A member of staff also said; "If people are physically able to walk then I would promote that rather than offering them a wheelchair". Another member of staff added; "When I am delivering care I like to allow people to wash their top half, whilst I assist to wash their legs or feet".

During the inspection we saw people were offered choice about their routines and how they wanted to

spend their day. This included participation in activities, where they chose to sit and the food they wanted to eat. People were also able to spend time in their bedrooms if this was something they wanted to do. The staff we spoke with were also clear about how to offer people choices when delivering care. One member of staff said; "When I am delivering care I give people a choice with having a bath or shower, a choice of clothing and the meals on offer that day". Another member of staff added; "I'll offer people choice with pretty much anything I can. For example some people may want a long or short sleeve jumper or night dress so I will ask".

Is the service responsive?

Our findings

We asked people and their relatives if they felt the home were responsive to their needs. One relative told us; "It's going downhill rapidly. Two years ago it was a lovely home but there have been so many staff changes which has had an impact. Our relative had a fall once and we weren't told about it. We've visited in the past and our relative was wearing dirty clothes and their hair was a mess". We spoke to the manager about these comments and they said they had recently spoken to this relative and were under the impression they were satisfied with the care provided. We were told a satisfaction survey for relatives would be considered to check relatives were happy.

We found examples where the home was not always responsive to people's needs. For example and as referred to in the effective section of this report, where people were identified as losing weight, guidance from other professionals such as the dietician service were not followed. Appropriate referrals to other agencies were not always made, such as the dietician service and people were not always encouraged to drink sufficient fluid intake where there were concerns about their health.

We saw people had pre-admission assessments in their care plans which were done when people first moved to the home and enabled staff to establish the care people needed. Areas that were taken into account included maintaining safety, communication, mobility, breathing, elimination, eating and drinking, hygiene and dying.

We looked at what arrangements the service had in place to plan and deliver people's care. We looked at 12 people's care files. Each person had an individual care plan which were stored in a small room in the lounge area, although the door to this room was not always locked and could be accessed by anybody in the building. People had care plans in place with regards to eating and drinking, mobility, pressure care, continence, communication, personal hygiene and continence. This would provide staff with an overview of people's care needs and how they could respond accordingly. There were also 'All about me' documents which captured information about people's daily routines, moving and handling requirements, activity choices and family details.

However, we found in some instances the information was not sufficiently detailed about their likes, dislikes, preferences and routines to help ensure the person received personalised care and support in a way they both wanted and needed. This was also evident when we identified two people who were living at the home only had temporary care plans and both of these care files had not been completed in full. This meant staff were not provided with any detail about the person's needs wishes and requirements. We asked the deputy manager and the manager about the lack of documentation in these files and asked how long both of these people had been living at the service. The manager and deputy manager could not provide us with any answer around when both people came to live at the service and why they did not have a detailed care plan in place.

One of the people was identified to us at the beginning of the inspection by the manager as having, 'complex needs.' We spoke with staff members about how they ensured this person's needs and risks were

met in the absence of adequate care plan. Care staff told us they would take direction from the senior staff member. During the inspection we witnessed one carer ask another carer if the person in question were able to stand on their own. This evidenced care staff were unaware of the abilities of this person which could have been avoided by having care plans in place.

We found examples where care records had not been reviewed in a timely way and lacked additional documentation which had been identified in response to risk of pressure areas and dietary requirements, as referred to in the safe section of this report. We also found in some cases information provided did not reflect the changes to people's care and support needs. For example, one person's skin care plan was evaluated in July 2016 but then not again until November 2016. These same persons communication, capacity and eating/drinking care plan was last reviewed in November 2016 also however there were missing entries for September and October 2016. Another person's malnutrition universal screening tool (MUST) assessment had been updated in January 2017 stating that the nutritional care plan had been updated to reflect the current reassessed needs of the person, however this care plan had not been updated since May 2016.

In the care plans we looked at, there was a section for 'Reviews', which were done in addition to reviews done by the local authority. We saw these hadn't been completed, which were missed opportunities for people living at the home and their relatives to be involved in the care they received. We were told a review had been scheduled with one person the week after our inspection and that others would follow. The issues relating to not regularly assessing and evaluating care plans, not having appropriate care plans in place and not conducting regular reviews meant there had been a breach of Regulation 9 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Person Centred Care.

The manager told us the service did not currently have an activities co coordinator; however this was something they were working on. We saw an activities schedule which contained details about activities such as bingo, music and dance, film afternoons and card games. However this file was out of date and we did not see any evidence that these activities had been carried out in the past weeks. We did not see any evidence of such activities being offered during the inspection. We noted in some people's care files they had a, 'individual activities record.' However these had not been completed since May 2016. A visiting relative said to us; "People do absolutely nothing. They used to go on outings but not any more".

We saw residents meetings took place at the home with the last meeting in November 2016. Agenda items included, meals, activities and updates on care provision. Satisfaction surveys were also offered to people, their family members and staff. These were designed to gather people's feedback on the service and identify any actions which may be required. The administrator gave us the survey results from March 2016. This was the last questionnaire to be sent out. Four people using the service, eight relatives and eight staff responded. The results were collected and presented in a feedback summary report, detailing what had been done in response.

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for recording, investigating and taking action in response to formal complaints. The service had received seven complaints over the past year. All complaints we saw had been documented in full and contained responses and outcomes. A visiting relative said; "I've raised a few bits and pieces in the past and it was all sorted out". The results from the most recent satisfaction survey showed that 50% of people using the service strongly agreed that the service listened to them, 25% agreed and 25% were uncertain. 49% of relatives strongly agreed they were listened to, 38% agreed and 13% disagreed.

Is the service well-led?

Our findings

There was a registered manager in post, although at the time of the inspection they were on maternity leave. In the meantime, an interim manager had been appointed. 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.

We asked staff if they enjoyed working at the home and if there was a good culture. We received a mix response. One member of staff said; "Morale is low at the moment amongst staff and there is conflict between day and night staff. Some staff think they are better than others which isn't nice sometimes. I'm enjoying the job none the less". Another member of staff said; "I've seen it better here if I am being honest. It doesn't always seem like there is teamwork and clashes between day and night staff are regular".

We asked staff about management and leadership at the home. Staff told us said they felt they could approach the manager with any issues. We saw the deputy manager was also very much part of the staffing team which provided staff with hands on support on a daily basis. One member of staff said; "The manager seems to be stepping in a bit more now and is strict with staff if there issues which is good". Another member of staff said; "It's very good. I find the manager very fair and amenable. The manager is very calming as well". A visiting relative added; "The manager is okay and we get on alright".

The service had a range of audit systems. Audit systems are designed to monitor the safety and effectiveness of the service provided to people. The services audits included infection control, complaints, hand hygiene and medicines. These audits had last been completed in August 2016. We also noted that care plan audits were not sufficient in identifying gaps in areas of essential care and monitoring, especially when considering people's nutritional risks. For example, we were told that there were governance/quality assurance checks to monitor people at risk of weight loss or that people were being referred to other services and their advice followed. We had also identified concerns with areas such as risk assessment reviews, monthly care plan evaluations, missing window restrictors and bedroom doors being propped open. It took us to raise these some of these issues with management for actions to be considered. The care plan audit had also failed to identify the absence of two care files for people using the service.

We spoke with the maintenance person who told us it was their responsibility to carry out health and safety audits on the environment. We looked at the audit trail and noted the health and safety audit had not been completed since 28 September 2016. The maintenance person told us although the audit was not up to date they had carried out the weekly checks in areas such as water temperature, legionella testing and visual checks of the building. We saw evidence that this had been done, however, the manager's audit's on these weekly checks were not up to date. Housekeeping audits had not been completed since August 2016. These audits ensured cleaning products and substances subject to Control of Substances Hazardous to Health (COSHH) were stored in appropriate cabinets. In addition to this, the audit looked at the use of personal protective equipment (PPE), storage and the cleanliness of the environment.

The maintenance person and the manager informed us that a monthly health and safety meeting was usually held. This was to focus on head office amendments on policies, training and any actions and updates from previous meetings. However this last meeting had been held in August 2016. There had been no further meetings held since that date. The maintenance person and the manager both confirmed this to be the case. These issues meant there had been a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. This was because the home were not effectively assessing, monitoring and improving the quality and safety of the services provided.

We found that accurate records of care interventions such as food/fluid intake and re-positioning charts were not well maintained by staff. For example we found gaps and inconsistencies in recording with six people's food/fluid sheets and three people's re-positions charts. This made it difficult to determine if care was being delivered as necessary due to accurate records not being held. Confidential information was also not stored securely. For instance, daily records detailing information about when people had been to the toilet was left in files on the window ledge in the main lounge. We were told a suitable storage place was being sourced, however interim measures had not been taken such as moving the files to somewhere more secure, such as the managers office. This issue had also been raised as a concern during recent social work reviews the week prior to our inspection. These issues meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. This was because the home did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.

Staff meetings were held. The last one being November 2016. These meetings were used to discuss any issues and feedback any complaints, compliments. Good and bad practice examples were also covered. Staff felt the meetings were a good arena to suggest new ideas and ways of working. One member of staff said; "We do have team meetings and I find them to be beneficial".

The service was equipped with a range of policies and procedures. We noted staff had signed a number of the policies to evidence they had read them. This ensured staff were provided with clear information about current legislation and good practice guidelines. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

There were procedures in place for reporting notifiable events to the Care Quality Commission (CQC) and other organisations such as the local commissioners, local authority safeguarding and deprivation of liberty teams. Our records showed that the manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

We noted the service had a 'statement of purpose'. This highlighted that the service's aims and objectives and outlined the underpinning principles of the service and its commitment to ensuring people received high quality care and support.

The provider had a Business Continuity Plan. This was updated as necessary. It outlined the provider's aims to provide a framework for an organisational response to any disruptive events such as adverse weather conditions. It planned to maintain critical services to people in the event of any such disruption. It provided details and internal and external contacts for people who were able to assist such as the health protection unit, utility companies, police, directors and managers. Emergency contingency planning was also in place and was next due for review in March 2017. The planning documents contained detail around actions to be

taken prior, during and after any major disruption such as, loss of gas, heating or electric supply.

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 Appropriate systems were not in place to ensure people received person centred care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not in place to ensure safe care and treatment was provided.

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Appropriate systems were not in place to ensure peoples nutrition and hydration needs were met.

The enforcement action we took:

We issued a warning notice with regards to this regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not in place to ensure good governance within the service.

The enforcement action we took:

We issued a warning notice with regards to this regulation.