

Botany House Limited

# Danesmoor Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an inspection at Danesmoor Residential Care Home on 05 and 09 June 2017. The first day was unannounced.

Danesmoor Residential Care Home provides accommodation and personal care for 24 older people. The service does not provide nursing care. Car parking is available at the front of the home. There are comfortable lounges, dining rooms and a conservatory. Various aids and adaptations are provided to support people to maintain their independence in addition to assisted bathing facilities. There is a passenger lift to the upstairs bedrooms. At the time of our visit there were 20 people who lived in the home.

At the time of our inspection the service did not have a registered manager. The registered manager left a few months before our inspection. An interim manager had been in post since December 2016 and was in the process of applying to be registered by the Care Quality Commission (CQC). 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 last inspected Danesmoor Residential Care Home on 19 and 20 May 2015 and found the service was meeting regulations and was rated overall as good.

During this inspection we found the service to be in breach of three regulations under the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014. The breaches were in respect of Regulation 11, seeking consent, and Regulation 12, safe care and treatment. This included shortfalls in the effective management of risks of harm and abuse within the service, lack of a care plan and risk assessments for a person and a failure to implement systems and processes for seeking consent and undertaking mental capacity assessments. We also made a recommendation in respect of the provision of meaningful day time activities. You can see what action we told the registered provider to take at the back of the full version of the report.

Feedback from people and their relatives regarding the care quality was positive.

People who lived at Danesmoor Residential Care Home told us that they felt safe. Visitors and people who lived at the home spoke highly of the manager and the owners. They told us they were happy with the care and treatment.

There were policies and procedures in use by staff.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found there were policies and procedures on safeguarding people. Staff had received up to date training

in safeguarding adults; they showed awareness of signs of abuse and what actions to take if they witnessed someone being ill-treated. Safeguarding incidents had been reported to the relevant safeguarding authority. Staff had documented the support people received after incidents. Staff had sought advice from other health and social care professionals where necessary. There were risk assessments which had been undertaken for various areas of people's needs. Plans to minimise or remove risks had been drawn and had been reviewed following significant incidents or accidents.

We received mixed responses from staff and people regarding staffing levels. The level of staffing on the day of the inspection was sufficient to ensure that the current number of people who lived at the home had their needs met in a timely manner. Systems for the recruitment of staff and to make sure the relevant checks were carried out before employment were in place.

Staff had received training in the safe management of medicines and regular medicine audits had been undertaken. On the day of the inspection we observed that oral medicines were administered safely and in a person centred manner. We found records relating to medicine administration had not always been adequately completed to show whether people had received their medicines. One person had not received the medicines they had been prescribed. Improvements were required for monitoring records for topical medicines such as creams.

People were protected against the risk of fire. Building fire risk assessments were in place including personal emergency evacuation plans (PEEP'S).

People who lived at the home had access to healthcare professionals as required to meet their needs. Staff had received induction and training. There was a policy on staff supervision and appraisals and staff had been competence checked regularly.

Care records were written in a person centred manner to include people's needs and how they could be met however, some further improvement were required to ensure staff had all the guidance they required. We found care planning was not always done in line with the Mental Capacity Act 2005 (MCA). The service was in the process of changing to electronic care plans from paper format. People who lived at the home and their relatives told us they were consulted about their care.

People's nutritional needs were met. Risks of malnutrition and dehydration had been assessed and monitored. Where people's health and well-being were at risk, relevant health care advice had been sought so that people could receive the treatment and support they needed. Health and safety concerns were identified and rectified.

People were not always supported with meaningful daytime activities. We made a recommendation about this in the responsive section of this report.

The provider had sought people's opinions on the quality of care and treatment being provided. Relatives and residents meetings were held regularly and surveys had been undertaken to seek people's opinions.

Internal audit and quality assurance systems were in place. These had been implemented to assess and improve the quality of the service and to proactively identify areas of improvement. However improvements were required. Care files, staff files, and some medicine administration records for topical medicines such as creams had not been audited. There was a lack of evidence on how the provider monitored compliance of the manager.

We received mixed responses from staff regarding the culture within the service. Staff we spoke with told us

they enjoyed their work and wanted to do their best to enhance the experience of people who lived at the home. We received positive feedback from two visiting professionals and relatives of people who lived at the home.

There was a business contingency plan which demonstrated how the provider had planned for unexpected eventualities which may have an impact on the delivery of regulated activities.

The majority of people felt they received a good service and spoke highly of the staff. They told us staff were kind, caring and respectful.

We found the service had a policy on how people could raise complaints about care and treatment.

## 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** ●

This service was not consistently safe.

Relatives felt their family members were safe. Feedback was positive.

Risks to the health, safety and well-being of people who lived at the home were assessed and plans to minimise the risks had been put in place.

People's medicines had not always been safely managed.

Staff had been safely recruited.

### Is the service effective?

**Requires Improvement** ●

This service was not consistently effective.

People's consent was not always sought in line with the Mental Capacity Act 2005 principles.

Staff had been supported with training and appraisals and had been competence tested.

People's health needs were met and specialist professionals were involved appropriately. People's nutritional needs had been met.

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they supported.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

People had plans of care which included essential details about their needs and outcomes they wanted to achieve. Care plans did not always reflect people's needs.

The provider had gained the views of people who used the service and their representatives on the quality of the service.

Improvements were required in respect of the provision of appropriate meaningful day time activities and stimulation to keep people occupied.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment. Complaints had been dealt with in line with policies and procedures.

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

The service was not consistently well led.

There was no registered manager in post. There was a mixed response about team culture within the staff team and management.

Management oversight had been provided to monitor the overall running of the service. However this was not formal.

Systems for assessing and monitoring the quality of the service were in place. Various audits had been undertaken to monitor the quality of the service. However improvements were required to make this robust.

We found shortfalls relating to people's safety, in relation to management of medicines and seeking people's consent. Systems for assessing and recording people's capacity to consent were not effective.

**Requires Improvement** 

# Danesmoor Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 05 and 09 June 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection visit we reviewed the information we held on Danesmoor Residential Care Home. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who lived at the home. A notification is information about important events which the service is required to send us. We also reviewed the Provider Information Return (PIR) that we received before our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

Before and after the inspection we gained feedback from health and social care professionals who visited the service. We reviewed information from the local authority contracts monitoring team, also information that had been shared with us from other professionals and comments and feedback that we had received from relatives and visitors of people who lived at Danesmoor Residential Care Home.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spent time talking with nine people who lived at the home and three relatives to gather their views on their experience of the care and support provided by the service. We also spoke with the manager, six care staff, two visiting professionals, the two owners and the two care

managers.

We spent time with people, observing the care and support being delivered. We looked round the premises and grounds. We looked at a sample of records, including four care plans and other related documentation, five staff recruitment records, complaints and compliment records, meeting records, policies and procedures, quality assurance records and audits.



# Is the service safe?

## Our findings

We received positive responses to questions we asked people who lived at Danesmoor Residential Care Home about their safety. People told us that they felt safe in the home and there was no bullying at the home either from the staff or from other service users. People we spoke with told us they were happy with the cleanliness of the home. Comments from people regarding feeling safe included; "I'm safe because there's nothing to hurt me.", "Yes I am safe because the staff look after me, wash me, dress me and move me round in my wheelchair." And "There is always staff around; personally I've not had any problems." During the inspection we observed people were comfortable around staff and seemed happy when staff approached them.

We observed people being given their medicines. This was carried out in a safe, professional manner and people were treated with dignity. We saw that medicine administration records (MAR's) were correctly completed for oral medicines and that medicines were stored away securely. We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The process included staff having sight of repeat prescriptions before being sent to the community pharmacists. This was important to ensure that medicines ordered were of the correct dosage and that no changes had been made or were necessary.

People were identified by a photograph on their MAR which helped to reduce the risk of administration errors. The MAR provided clear information on the prescribed items, including the name and strength of the medicines and dosage instructions. The records we looked at were mostly clear, up to date and appropriately kept. However, we found topical medicines, such as creams and eye drops were not well managed. Records showed that MAR's for topical creams and eye drops had not been consistently signed to demonstrate that staff had provided people with these medicines as prescribed. This meant that it was not possible to determine if the prescribed creams and eye drops had been given as prescribed. We discussed this matter with the manager, who took action to rectify this matter during inspection.

We found there were no specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols are important to ensure staff are aware of the individual circumstances when this type of medicine may need to be administered or offered.

We found one person had been prescribed an analgesic cream to be applied daily. Analgesic creams are topical medicines rubbed into the skin over painful muscles or joints. We checked MAR records and found no evidence to demonstrate staff had been providing or offering this cream. There was no recorded evidence to show whether staff had checked if the person required the medicines. The person had been assessed as unable to tell when they were in pain and care records had been documented that this person had no pain and no pain management medicines were required however this was not the case. We also found topical cream in the person's bedroom which had not been used since December 2016. Staff we spoke with were unaware of the existence of these medicines and had not used the medicines as prescribed.

The provider did not have adequate medicine management and administration systems in place at the

service. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We looked at how people were supported following significant incidents or accidents. We found accident and incident forms had been completed following incidents and medical attention was sought in a timely manner.

Care files we checked demonstrated that people's risks had been assessed, documented and reviewed regularly when there was a change. Risks had been clearly identified and staff had been provided with detailed guidance on how they could ensure risks to people were reduced. For example people's allergies had been recorded and people at risk of falls had been assessed and staff had been provided with adequate guidance on how to support the people with their transfers. However during the inspection we found one person who had been admitted in the service four days before our visit did not have an assessment of his needs and a care plan to demonstrate how their needs would be met. We discovered that the person had suffered a fall during the night resulting in an injury. The lack of care plan meant that staff were not fully aware of this person's needs and risks associated with their care. The organisation's own policy stated that people should have an assessment and a care plan completed on admission. This meant that the service had not adequately identified this person's care needs and risks and put measures to minimise them.

There was a lack of robust systems for undertaking assessments of need and risks. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We looked at the arrangements for the safe storage of medicines. We checked the arrangements in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We found appropriate secure storage was provided and that the stock levels were in agreement with the recorded balance.

We checked the medicines storage trolley and found it to be clean, tidy and secure. We found the fridge and the room temperature where medicines were stored was being recorded on a daily basis to ensure those medicines were stored correctly and safely.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We discussed the safeguarding procedures with staff and the manager. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Staff spoken with expressed a good understanding of safeguarding and protection matters. They had received training and were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. The service had whistleblowing (reporting poor practice) procedures. Staff spoken with told us they were aware of the procedure. They said they would not hesitate to use this if they had any concerns about their colleagues' care practice or conduct. We were reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

Before the inspection we had received concerns regarding the level of care people received. We shared the concerns with other professionals at the Local Authority Safeguarding Enquiries Team. At the time of our inspection some investigations had been undertaken and no concerns had been substantiated. Recommendations were made that staff needed to ensure they completed all documentation adequately in relation to people who required extra care such as catheter care. During the inspection we reviewed the actions taken by the manager following the report. They had carried out meetings with health care professionals and care staff to improve their practice.

We found the manager had followed safeguarding reporting systems as outlined in the home's policies and procedures. We noted during the inspection that contractual arrangements were in place for staff. These included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. We noted the service had followed their procedure effectively.

We looked at how the provider managed staffing levels and the deployment of staff. We received mixed responses from care staff regarding the staffing levels; three out of six staff we spoke with felt that staffing levels were not adequate because they had people who required support from two staff at a time. We looked at a month's staffing rotas including the week of the inspection. We found the rotas indicated there were sufficient staff available for the 20 people who lived at the home. We asked the manager and the owner how they determine the levels of staff in the home. They informed us that they used a dependency tool to calculate the number of staff needed.

We looked at the documentation however; this was not an effective tool to determine staffing needs as it had not been accurately completed to reflect all tasks and additional duties care staff were expected to undertake. Following the inspection the owner informed us that they had reviewed the dependency tool and felt that the number of staff was adequate for the number of people in the service. They informed us that this is reviewed as people's needs change and more staff would be brought in if this was needed. This monitoring of staffing against dependency would be essential when people's needs changed and more staff were needed to meet people's individual needs. Managerial support was available throughout the week to oversee the care being provided and to support the staff on duty.

We looked at recruitment processes and found the service had recruitment policies and procedures in place, to help ensure safety in the recruitment of staff. We reviewed the recruitment records of five staff members and found that safe recruitment procedures had been followed. We saw the required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at how the service protected people against risks of receiving care and treatment. We looked at six people's care documents. There were risk assessments in people's care files which included risks of malnutrition, falls, neglect, medicine misuse, moving and handling, personal care and skin damage.

Where people required equipment to assist them with their mobility and transferring, staff had clear guidance to check the safety of the equipment and also to ensure the equipment was safe to use. We looked at the risk assessments in place concerning fire safety and how people would be moved in the event of an emergency. We saw the service had contingency plans in place and personal emergency evacuation plans (PEEPS) should people who lived at the home ever need to be moved to a safer area in the event of an emergency. These documents gave guidance to care staff on how people needed to be supported in an emergency including the closest fire escape to their room. There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear.

We found fire safety equipment had been serviced in line with related regulations. Fire alarms had been tested regularly. Fire evacuation drills were undertaken regularly to ensure staff and people were familiar with what to do in the event of a fire.

We looked at how the service minimised the risk of infections and found that staff had undertaken training in infection prevention and control and food hygiene. During the inspection, the premises were observed to be clean. There were no malodorous smells present in the premises. There were policies and procedures for the management of risks associated with infections. People told us staff wore their uniforms and gloves and disposed of used gloves appropriately. The infection control audit needed further improvements to ensure it covered washing facilities in people's bedrooms. The manager and the provider took immediate action and reviewed this.

We saw a range of certificates demonstrating that facilities and equipment within the home, such as fire safety equipment, lifting equipment and water testing were regularly checked. Current electrical installation certificates were available to show these facilities had been checked by external contractors. We found the provider had carried out maintenance checks.

## Is the service effective?

### Our findings

People who lived at the home and their relatives told us they felt their needs were effectively met. Comments included, "We have got nice rooms, they're always clean and there is plenty of room", "They certainly know what they do, and it's not all pills and bandages." Comments from relatives included, "Any kind of health appointment she needs, she gets.", "I met with Social Worker and the home all got the right balance for her safety." People spoken with indicated they were always asked about matters affecting them, including their consent to support and care. During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. Staff spoken with told us they always consulted with people and asked for their consent before delivering care and providing support. One care staff commented, "We always ask people before we act."

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 make 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). 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.

During the inspection we looked at people's records and saw that the manager had applied to the relevant supervisory authorities for deprivation of liberty authorisations for two people. These authorisations had been requested when it had been necessary to restrict the people for their own safety and the measures in place were as least restrictive as possible. However, we found shortfalls in the manager's and care staff understanding of their responsibilities under the MCA 2005 legislation. Although staff said they always asked for people's consent before providing care, we found the records to demonstrate whether people's consent was sought, were inconsistently completed.

For example we found in one person's care record a relative had been recorded as giving consent however there was no documented evidence to demonstrate why this person could not consent on their own. A mental capacity assessment had not been completed in relation to the person receiving care and treatment. Relatives cannot make decisions on behalf of people unless they have legal authority such as Lasting Power of Attorney for finance and property or health and welfare and the person has been assessed as unable to make the decision on their own.

In another example, we found staff had recorded that mental capacity was not applicable to one person and that they had no diagnosis which impacted on their ability to make decisions, however we found the person had been diagnosed with end stage dementia and had significant cognitive impairment. The service had used electronic sensor monitoring systems to monitor this person and another person for their own safety and that of others. However the service had not followed DoLS processes to ensure their practices were

lawful. The two people who were monitored with the sensors were unable to consent to being constantly supervised. We spoke to the owners and the manager regarding these shortfalls in the application of mental capacity principles. We referred the service to specialists in the MCA and DoLS from Lancashire County Council.

The provider had failed to comply with requirements of the Mental Capacity Act 2005 in respect of obtaining consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people who lived in the home were supported with eating and drinking. All of the care plans we looked at contained information on specific dietary needs, preferences and any intolerances. People who lived at the home had an individual nutritional assessment and records were made of people's weight in order to monitor for changes or fluctuations which may require medical advice. Recommendations from professionals had been followed to support people identified to be at risk of malnutrition. There was also information on people's dietary needs such as diabetic diets and soft meals. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "Meals are very, very good, most days I have a choice. We have drink and a biscuit in the morning, drink and a biscuit in the afternoon and anytime you want in-between."

Weekly menus were planned and rotated periodically and were flexible to allow people to have choice. We noted information about the meals was displayed and information on people with special dietary needs had been shared with kitchen staff. We observed the lunchtime period and observed staff supported people appropriately to eat their meals. Staff ensured people had drinks and these were topped up when required. People were offered more food if they needed it. Everyone we spoke to said they thought the meal times were well spaced. The tables in the dining area were dressed with place settings, tablecloths and condiments.

We looked at how the provider trained and supported their staff. We found all staff completed induction and training when they commenced work in the home. This included an initial orientation induction, shadowing and training required for the role. New staff were also given copies of pertinent policies and procedures, for instance the whistleblowing and safeguarding vulnerable adult's procedures.

There was an ongoing programme of training available for all staff, which included safeguarding vulnerable adults, moving people, safe handling of medicines, health and safety, Mental Capacity Act 2005, end of life care and dementia awareness. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to people. All staff spoken with told us their training was beneficial and relevant to their role.

We looked at the premises and people's bedrooms and found they were clean, warm, well presented and people had personalised their bedrooms with their own possessions. The provider had adapted the premises and environment to ensure it was suitable for people who lived there. However one person told us, "Carpets on the ground floor have a complex floral pattern and my sight with this carpet is a bit of a problem." In addition, some chair designs matched the carpet. We spoke to the owner and the manager about consideration for contrasting colours to support people living with a visual impairment or dementia.

We looked at how people were supported to maintain good health, access community health care services and receive on going health care support. There were links with the local primary health services and professionals such as district nurses, dieticians, doctors, and community mental health practitioners. These

professionals came into the service to offer support whenever they were needed. People we spoke with told us they were able to access health care services as required. Two healthcare professionals we spoke with informed us the home was proactive in referring people for specialist support in a timely manner and that the advice they gave was taken on board.

## Is the service caring?

### Our findings

The people who lived at the home made positive comments about the staff team and the care and support they received at the service. Their comments included, "Staff are very kind. If they can't do it that minute, they'll come back to it right away" and "They are kind and caring.", "What they need is someone to sit and chat with you". Relative comments included, "Staff have always been very nice, they're lovely, very caring, very kind and do their best and I couldn't give them a black mark for anything", "Staff can manage her behaviour and have to be firm but still caring very much so."

We found Danesmoor Residential Care Home had a friendly and welcoming atmosphere. We observed positive and respectful interactions between people using the service and staff. Staff showed kindness and compassion when they were supporting and encouraging people with their daily living skills and activities.

We found positive relationships were encouraged. People's care records included their background history, cultural needs and religious beliefs. Their individual skills and abilities, matters of importance to the person and how they could best be supported were highlighted. There was a 'one page profile' which was written in a person centre way. Important relationships were highlighted and people told us they were supported to keep in touch with family and friends. Staff spoken with were knowledgeable about people's individual needs, personalities and backgrounds. They told us they were familiar with the content of people's care records. One support worker said, "We are like family here and if I have to work every day I will to support people."

People's privacy was respected. Some people chose to spend time alone in their room and this choice was respected by the staff. People's bedroom doors were fitted with suitable locks to help promote privacy of personal space. Staff described how they upheld people's privacy, by sensitively supporting people with their personal care needs and maintaining confidentiality of information.

We observed staff knocked on bedroom doors before entering and ensured doors were closed when people were receiving personal care. People's bedrooms had been made personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves. Staff were always available in case people needed assistance. Staff explained how they promoted independence, by enabling people to do things for themselves. People were encouraged to express their views and opinions during daily conversations. Staff supported people to follow their hobbies and favourite subjects. For example staff took time to encourage one person to play musical instruments as they had done this before coming to live in the home.

There were notice boards and displays at the service which provided information about forthcoming events, activities, meetings, the complaints procedure and other useful information.



There was a statement of purpose of Danesmoor Residential Care Home. This provided people with brief information about the services and facilities available, including; the staffing arrangements, the aims of the service and the complaints procedure. The aims of the service made reference to involving people with all aspects of daily living, maintaining people's rights to privacy, dignity, choice, independence and fulfilment.

The care staff we spoke with displayed a real passion in relation to the care of people and it was evident that the ethos of the service was based on the care and compassion of the people who lived at the home.

## Is the service responsive?

### Our findings

We asked people who lived at the home if they felt their needs and wishes were responded to timely and appropriately. Comments included, "They know my likes and dislikes.", "If I want anything done, I say and it's done." Another resident gave mixed feedback, they said "I attended some resident's meetings and suggested a curry night but nothing came of it." Comments from relatives included, "They put a new wooden floor in my [relative]'s bedroom as he's in a wheelchair and also they use a hoist it's much better than the carpet. I thought that was a good move and a very good thing to do."

We looked at how the service provided person centred care. People's records had been written in a person centred manner. We looked at four people's care plans. We noted the some care plans were kept in a secure cupboard and new care plans were stored on a secure computerised system. Staff had handheld devices they used to access care records as they provided care. All care staff had full access to this information. We found some of the care plans were organised and clearly written. They also included people's personal preferences, life histories, and aspirations. However we found inconsistencies in the content of the care files. We found this was mainly due to the fact that the home was in process of transferring to the new computerised system; however paper files were still available as back up for staff to refer to.

The care files we reviewed contained pre-admission assessments. These are required to demonstrate how the service ensured they could meet people's needs before admitting them into the home.

We also found in three care files care records information was not always accurate to reflect people's needs. For example one person who had regular pain had been assessed as not having pain and not requiring a pain management care plan despite being prescribed medicines for pain management. In two other records people's mental health records were not accurate to reflect their current needs. The records could not demonstrate what these people's needs were and how care staff were supporting them to meet these needs.

However we noted that regardless of the inconsistencies in records, staff were aware of people's needs and people had been supported to ensure they received the care they required. People had not been exposed to harm due to this. There were ongoing discussions about people's needs and well-being; this included regular staff 'handover' meetings.

We saw evidence to indicate the care plans had been reviewed and updated on a monthly basis or in line with changing needs. There were ongoing discussions about people's needs and well-being; this included regular staff 'handover' meetings.

We checked whether people had been involved in the development of their care plan. The majority of people could not remember. A relative confirmed they had been consulted about their family member's care. The relative said, "I was involved significantly and sat with the social worker to agree best interest decisions." Daily reports provided evidence to show people had received care and support in line with their care plan. We noted the records were detailed and people's needs were described in respectful and sensitive

terms. We also noted records were completed as necessary for people who required any aspect of their care monitoring, for example, weight, falls and behaviour.

We looked at whether people had been provided with meaningful daily activities. On the two days of inspection we observed in the mornings there was a lack of activities for majority of the time until lunch time. We spoke to people to get their views on activities and people's views were mixed. Comments included, "Activities?, None that I've seen with anybody, then again it's time.", "If you can find something to do it's not so bad but haven't got things to do" And "They very rarely have activities, they ask me but I don't usually join in. Staff never take me out of home and I don't go in the garden."

We looked at records of activities for four people; we observed that activities had not been recorded as provided or declined. For one person they had one activity recorded every month; the activity recorded included nail clipping and family visits. In three people's records the only activities that had been recorded consistently were visits by family. We spoke to the manager and the owner regarding the lack of meaningful day time activities. They informed us that one member of the care staff was responsible for co-ordinating activities and activities included animal therapy. We found no documented evidence or evidence from people to show that this had happened. We also noted that the care staff who were responsible for activities were also responsible for providing care support to people and other domestic chores in the home and there was no dedicated time allocated for them to provide activities.

We noted that outside there was a pond with ducks and chickens. There was also a sheep and an alpaca. All the animals were visible from the lounge windows and some of the bedrooms; they were popular with residents.

We recommend the provider follows best practice from the National Institute of Clinical Excellence (NICE) and Social Care Institute of Excellence (SCIE) in mental well-being and the provision of stimulation in care homes.

We looked at how people were supported to maintain local connections and take part in social activities. We found people were encouraged to maintain local community links. People and their relatives told us they were fully supported with this involvement. People were supported to maintain contact with their families.

We reviewed how the service responded to complaints. We looked at the policies and procedures along with information provided to people and their relatives. People had been fully informed on how to make any complaints and were given detailed information on how or who to contact. People we spoke with confirmed they knew how to make a complaint. We saw one complaint had been received and had been dealt with appropriately. We saw a significant number of compliments which had been received from people and their relatives. We saw people had made positive and complimentary comments about the service.

## Is the service well-led?

### Our findings

There was no registered manager in post at the time of the inspection. A new manager had been recruited and was in the process of applying for registration with Care Quality Commission. We received positive feedback from people and their relatives regarding management and the provider. Comments included, "[Name Removed] comes and talks to me and is approachable." Comments from relatives included, "The manager will always let me know if someone like a health professional is coming to see [relative], then I can be there", "If I have any ideas to improve [relative]'s care, they listen to me and do things I ask like suggesting a food that she enjoyed on a day out together. They will make the food available at the home" And; "They've spent a lot of money on this place."

We also received mixed feedback about the management of the service from the six staff. Comments included: "The manager is attentive and listens", "The manager is supportive", "It's a lot better than it was before, she is making the right changes" and "Oh yes, she is easy to talk to." Three of the six staff we spoke with told us they did not feel listened to or fully supported and felt that the culture within the staff team was not positive. However three staff told us there was a positive culture within the service and everyone got along well. They informed us they felt supported to do their job and were equipped with the skills and knowledge as required. The three staff informed us that there was lack of confidentiality between management and the staff. They told us that they did not feel confidentiality was maintained regarding concerns they discussed with the manager or the owners.

We spoke to with owners regarding the feedback from care staff. They informed us that they were aware that some care staff were disgruntled and had attempted to engage with them to ensure this did not impact on the care people received. They also informed us that they have always protected staff's confidentiality and will discuss staff's concerns with the manager.

We spoke to health care professionals about their views on the service and management. The feedback we received was positive. One professional said; "We have noticed a change and things are getting better. Staff are helpful and will always ring us if they have concerns about people here."

We found the manager was familiar with people who used the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in her care. For example, the manager was able to identify people with complex needs and the risks associated to these individuals. This showed the manager took time to understand people as individuals and ensured their needs were met in a person centred way.

We observed a decline in the standards of care since our last inspection in May 2015. It was evident that the manager and the provider had started to take actions to improve the standards of care and service delivery. The new manager had identified several areas that needed to be improved and had started to put measures in place to ensure the service was compliant and the care delivered was to the expected standards. However, further improvements were required to ensure the standards of care improved and can be sustained in the long term.

Although there were areas which required further improvements, we found that there were clear values and visions on where the service was going and efforts had been made to follow best practice.

During this inspection we identified three breaches of regulations relating to safe care and treatment and, seeking consent. This demonstrated that the arrangements for assessing quality and safety required further improvements to ensure they were effective and robust in identifying concerns.

We found some quality assurance systems were in place and had been implemented. For example we saw audits carried out which were related to medicines administration records, cleaning and infection control audits and health and safety. These were consistent and showed actions taken when concerns had been identified. However, there was a lack of consistent quality auditing and governance processes. Formal audits had not been completed in a number of areas. We found no evidence of regular audits for care files. Medicine audits did not include an audit on records for topical creams. We found concerns and issues that could have been picked by routine formal audits in topical records and people's care records. This meant that the quality assurance processes operated at the home were not robust to monitor and continue to improve the quality of the service and care.

We looked at how the service providers maintained oversight and governance on the service. They were visible in the service and maintained a close contact and regular communication with the manager. They visited unannounced to check on staff and the manager. However systems and processes for maintaining oversight and accountability had not been formalised by the provider. The organisation's own policy required that regular monthly oversight meetings were undertaken with the manager and recorded to demonstrate compliance and for the provider to assure themselves that the manager was compliant with regulations. We spoke to the owners who informed us they will introduce formal compliance checks on the service. After the inspection they informed us they had started to do formal compliance checks on the manager.

We looked at how staff worked as a team and how effective communication between staff members was maintained. There were regular staff meetings, handovers every day, a communication book and notice board. We looked at the minutes of a recent staff meeting. Topics discussed included reminders for staff to ensure people were offered their medicines; bedrooms being kept clean and signing medicines administration records appropriately.

People were actively encouraged to be involved in the running of the home. We saw residents meetings were held and minutes of recent meetings showed a range of issues had been discussed. People commented on the quality of the service, food and their environment. We saw changes that were made following suggestions by people.

We saw evidence to demonstrate that the management and leadership at the home worked in partnership with other agencies to improve the quality of the care they provided. For example we noted the manager had arranged a meeting with the local district nursing team to improve support. They told us that these meetings were very informative and covered a wide range of useful topics that played a part in the provision of care.

The provider had systems in place to enable them to learn from significant incidents such as accidents, or safeguarding concerns. Local safeguarding board protocols for reporting incidents had been followed. They had maintained links with local organisations such as the local Clinical Commissioning Groups, and the local authority. The manager attended multi agency meetings to improve their skills and knowledge and share best practice with others.

We checked to see if the provider was meeting CQC registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had fulfilled their regulatory responsibilities in respect of sending notifications. Incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified.

We spoke with the service providers and the manager during the inspection. Both were responsive to issues raised and proposed courses of action to make necessary improvements. The manager acknowledged the level of improvements required in the home and the challenge for the service to continue to improve and maintain standards. They sent us an action plan with details of how they were going to address some of the concerns we identified during the inspection.

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 11 HSCA RA Regulations 2014 Need for consent<br><br>The provider had failed to ensure that legal consent for care and treatment was obtained from people who used the service.-Regulation 11 HSCA RA Regulations 2014 Need for consent               |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had failed to protect people against risks. This was because people's medicines had not been safely managed.-Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. |