

# Orchard Care Homes.Com (2) Limited

## Sutton Hall and Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Sutton Hall and Lodge is registered as a residential care home, which also provides nursing care. The home can accommodate up to 60 adults and is set in private grounds. Accommodation is over two floors and there is a passenger lift as well as staircases available to access upper floors. The home is split into four units; each unit has 15 bedrooms, with quiet and communal areas available. Two units, which are on the ground floor, have been set up specifically to care for the needs of people with a dementia type illness. The service currently provides a service to 47 people, 15 of whom require nursing care.

This inspection took place on 10, 11 and 16 August 2016 and was unannounced on the first two days. The previous inspection took place in September 2105 when the service was found to require improvements to ensure people's safety. We recommended that the provider review staffing levels and medicine management practice.

There was a manager in post at the time of our inspection who had applied to the CQC to be registered. 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.

People told us they felt safe at the service. Staff had been trained in safeguarding. However, we identified one recent safeguarding incident that had not been reported correctly. This demonstrated that further learning was required to make sure procedures were followed and understood by all staff.

Improvements were required to make sure that people were supported to take medicines safely and as prescribed. Fridge storage temperatures were not recorded accurately and there were recording errors identified with the use of creams. A medicines audit action plan had been produced following an audit in June 2016, however, none of the actions had been followed up to ensure improvements were made.

Risks to people had been assessed and plans put in place to keep risks to a minimum. There were regular health and safety checks to make sure people were kept safe in relation to fire and other environmental risks.

There were enough staff on duty to make sure people's needs were met, however, improvements were needed in the deployment and organisation of staffing in order to effectively meet people's needs. Recruitment procedures made sure staff had the required skills and were of suitable character and background.

There were clear guidelines to maintain standards of infection control. However, we found that some parts of the home were not kept to a satisfactory standard of cleanliness and tidiness.

Staff told us they felt supported and there had been improvements in management support. Staff were supported through training, regular supervisions and team meetings to help them carry out their roles.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted. The registered manager had taken appropriate action for those people for whom restricted movement was a concern.

People were provided with sufficient amounts of food and drink. However, mealtimes were not well organised and on both days we visited the temporary cook was not provided with clear information about people's nutritional requirements.

The service involved other health professionals where needed to support people, such as a doctor or speech and language therapist. We identified concerns with the use of electrical air flow mattresses to support people at risk of skin breakdown. Mattresses were not on the correct setting although this was corrected as soon as we informed the manager.

People and relatives told us that staff were caring and that privacy and dignity were respected. Staff demonstrated a caring and kind approach with people. Some people's appearance suggested their personal grooming routine was not being followed, for example, dirty nails or unkempt hair. Improvements were required to make sure that people's self-esteem and dignity was maintained.

People's needs were regularly reviewed and appropriate changes were made to the support people received. Care plans detailed the support people required to have their needs met, although this was task orientated and there was little evidence that people's preferences, likes and dislikes had been considered. There was a lack of information about how staff could provide a person centred service.

People and their relatives were able to make a complaint if they wished and any complaints were recorded and responded to appropriately.

The service had been through a difficult period recently, resulting in a number of staff changes. We found that improvements had been made to the service over the last few months but we identified a number of areas where further improvement was required. The manager had a good oversight of the service and was aware of areas of practice and leadership that needed to be improved. However, we found a number of shortfalls in the service which had not been picked up by internal quality monitoring. This showed that quality monitoring systems, and governance of the service being provided, were not sufficiently robust.

We identified three breaches of Regulation where action was required. These related to medicines arrangements, person centred care and good governance. You can see what action we have told the provider to take at the back of the report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The management of medicines was not consistent or accurately recorded which meant people were not protected against the associated risks.

Staff were trained in safeguarding people. Improvements were required to make sure that all incidents were reported in line with legislative requirements.

Risks to people had been assessed and written plans were in place to keep people safe.

There were sufficient numbers of staff to meet people's needs, however improvements were required in how staff were organised and deployed. Recruitment procedures made sure that staff were of suitable character and background.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

People were provided with sufficient amounts of food and drink, however, the lunchtime experience was not well organised. There was a lack of handover information for temporary cooks to make sure that people's likes, dislikes and other requirements were met.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed where people's freedom of movement was restricted.

People were supported to access relevant services such as a doctor or other professionals as needed.

We found that the procedures for managing skin care were not robust. Pressure care mattresses were found to be used incorrectly and records were not always accurate.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

People told us that they were looked after by caring staff. We observed staff to be kind and generally attentive. However, some people's appearance was not well maintained.

People, and their relatives if necessary, were involved in making decisions about their care and treatment.

People were not always with dignity and respect whilst being supported with personal care.

**Requires Improvement** ●

### Is the service responsive?

The service required improvement to be fully responsive.

Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

Improvements were required to care plans to make sure they were personalised and contained information about individual preferences for support.

People knew how to make a complaint or compliment about the service. There were opportunities to feed back their views about the service.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

The manager was in the process of applying to register with the CQC.

Quality monitoring systems were not effective at identifying areas for improvement. Risks to people who used the service were not always identified in a timely manner. There was a lack of clear leadership and direction.

Staff told us that the culture at the service had been improving over the last few months.

**Requires Improvement** ●

# Sutton Hall and Lodge

## Detailed findings

### Background to this inspection

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

This inspection took place on 10, 11 and 16 August 2016 and was unannounced on the first and second days. The inspection on 10 August 2016 was carried out by two inspectors, a specialist advisor in nursing and an expert by experience, who had experience of caring for an older relative. A pharmacist inspector visited the service on 11 August 2016 to look at medicines management. One inspector returned to the service on 16 August 2016 to complete the inspection.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we looked around the premises, spent time with people in their rooms and in communal areas. We looked at records which related to people's individual care. We looked at eight people's care planning documentation and other records associated with running a residential care service. This included six recruitment records, eight medicines records, the staff rota, notifications and records of meetings. We also received feedback from the local authority quality monitoring team and Healthwatch prior to the inspection.

We spoke with seven people who received a service and seven visiting relatives. We met with the registered manager, regional operations manager and operations manager. We also spoke with three nurses, six care staff and one agency care staff.

Because we were unable to communicate effectively with a number of people at the service, we carried out a Short Observational Framework for Inspection (SOFI). This was a set period of observation to assess how

staff supported people and the interactions that took place.

# Is the service safe?

## Our findings

People who used the service and visiting relatives told us that they felt the service was safe. Comments from relatives included, "I am very happy to go home knowing my [Relative] is safe and well cared for" and "I trust the staff when I am not here". Another said their relative was "Very safe". One person who used the service remarked "I feel safe, happy and settled" and this was confirmed by their relative.

We looked at the management of medicines in the service. Each person had a Medication Administration record (MAR). MARs contained photographs of the individual to reduce the risk of medicines being given to the wrong person. All the records we checked clearly stated if the person had any allergies. This reduced the risk of someone receiving a medicine they were allergic to. Medicines were stored securely in locked treatment rooms and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs, including storage and record keeping.

We checked the stock balances of medicines supplied in blister packs and found them to be correct, however some medicines not in blister packs did not balance. For example, in one unit, we checked a liquid medicine for one person and found there was less remaining than there should have been. Not keeping accurate balances of medicines increases the risk of not having enough medicines in stock to meet the needs of service users.

We found there was poor record keeping for the application of creams and ointments because topical administration records (TARs) were not always completed by care staff. In addition, nursing staff signed the MAR to say creams and ointments had been applied without checking this had taken place. We saw one person's TAR had been signed to say an ointment had been applied, however when we checked the tube we found it was still sealed and had not been opened.

Staff routinely recorded the temperature of the rooms where medicines were stored, and these were within recommended limits. Medicines fridge temperatures were recorded daily on both units as recommended in national guidance. However, the staff we spoke with did not know how to operate the thermometer properly. On the Sutton Hall unit, the same fridge temperature had been recorded every day for two months, and all of these were outside of the recommended range for storing medicines. During our visit the fridge thermometers on both units showed the temperature had been outside of the recommended range for storing medicines and staff had not taken any action to address this. Storing medicines at the incorrect temperature may mean that they are less effective.

We checked a medication care plan for one person who was receiving a 'when required' medicine and found there was sufficient information to guide staff how and when to administer the medicine. We also checked records for one person who was being given medicines covertly (disguised in food or drink) and found this was being carried out in accordance with the Mental Capacity Act.

At our last inspection of the service in September 2015 we identified issues with medicines management and recommended that the provider review practice to make sure medicines were stored and administered

safely. At this inspection there we identified further concerns in this area.

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

Any safeguarding concerns prior to our inspection had been reported to the CQC and other authorities as necessary. However, through feedback, an incident came to light which occurred in between our visits. This was a safeguarding incident which had not been reported until a week after it occurred. It was not raised as an issue during our second visit to the service. Although the person at risk had been made safe, the incident had not been reported in a timely manner to the relevant authorities. The manager, who was absent on the day of the incident, was investigating what had happened and why it had not been reported.

Staff told us they had received training in safeguarding and this was confirmed by the records. Care staff said that they understood how to recognise potential abuse and would raise any concerns with a senior. There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected.

A record of incidents or accidents was maintained and included any remedial action taken. For example, one person was referred to the Speech and Language Therapy team after a choking episode. Accident records made reference to whether accidents or incidents were reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations 2013. Each week an incident tracker was completed by the manager which was sent to the Head Office for review. This meant there were clear systems in place to ensure appropriate action had been taken to prevent the risk of further incidents.

People's care plans included details of risks and there was clear information for staff about how to minimise risks and safely support people. Up to date risk assessments were in place regarding areas such as personal care and mobility. Risks related to moving and handling, skin integrity and nutrition were clearly written and reviewed as appropriate.

There were systems in place to reduce the risks from the environment. The fire system had been inspected in the last year and there was an up to date fire risk assessment in place. There was a personal emergency evacuation plan (PEEP) in place for each person which detailed the support they needed in an emergency. A copy of these was kept in each unit for quick access. Systems such as emergency lights, automatic doors and alarms were tested regularly. There were up to date gas safety, electrical wiring and water legionella tests in place. We spoke with a domestic who showed us that they had copies of Control of Substances Hazardous to Health (COSHH) information in the event of any mishap with cleaning chemicals. Daily health and safety checks were carried out by maintenance staff to make sure that any areas of risk were identified promptly.

An up to date infection control policy was in place and the manager had access to suitable guidance on good practice in this area. We spoke with one of the domestic staff who confirmed they had training in infection control. They had completed an online course about COSHH. They confirmed that they made sure personal protective equipment, such as disposable aprons and gloves, was readily available to staff. Throughout the day we observed staff using this equipment as required to maintain infection control standards. The domestic confirmed they had a cleaning rota which included deep cleaning bedrooms on a regular schedule.

Although the environment was clean and well maintained we found examples where infection control systems were in need of review to make sure risks were minimised and standards maintained. In one person's room there was a vase of dead flowers in dirty water. In an upstairs lounge, we observed that the

shelves on a drinks trolley were not properly clean. We also noted that some staff wore jewellery such as bracelets and rings. As well as being a risk to good infection control practice, jewellery can also cause a risk of injury when handling people.

Recruitment records showed that robust checks were carried out before new staff were allowed to start work. There was evidence of a criminal records background check, references and proof of identification. These checks made sure that new staff were of suitable character and had sufficient experience to work in residential care. Each record held a copy of the contract of employment. New staff completed a probation period to monitor how they were getting on and that they were managing in their new role. The provider monitored the dates of nurse's registration with the National Midwifery Council to make sure it was up to date and current.

There were sufficient numbers of staff to meet people's needs safely. During the day there was one nurse and five care staff on each of the two floors. At night there was one nurse and two care staff on each floor. In addition there were ancillary staff such as cleaners, cooks, activity coordinators and maintenance. Most people and relatives we spoke with felt that staffing levels were sufficient, although one person commented "The home needs more permanent staff". We were aware that the service had had a high use of agency staff over the last few months although the situation had improved. One staff member told us, "Staffing has got better with less use of agency". On the days of our visit there was limited use of agency staff and those that were there knew the service well. One agency member of staff also worked on occasion during the night and said "There are enough staff on at night time".

Although staffing levels were sufficient we identified times during the day when people who used the service were not always receiving the support they needed in a timely manner. For example, one person was seen to be calling for help in their room as they had spilt a drink, although there were no staff in the near vicinity to help straight away. This meant the person had to wait for the support they required to ease their distress. There were also times when people who were living with dementia were left in a group in the lounges without a member of staff being nearby. We were aware that an activity coordinator was absent on one day but there was a lack of a clear plan for staff to follow for how to provide meaningful stimulation and diversion. This was not due to the numbers of staff on duty, rather an issue of organisation and planning. We recommend the provider reviews the deployment and organisation of staff, particularly in the event of staff absence, to ensure that daily routines are effectively managed and carried out in the best interest of people who use the service.

## Is the service effective?

### Our findings

The staff we spoke with told us that they received support to carry out their roles through supervision and training. Comments included "I like it here. ...There is a good support network", "To start with I was a bit nervous, but I am really enjoying it. I have gotten to know all the residents and staff" and "I have felt well supported recently and do love working here". We received positive feedback about the staff. One person commented "The staff understand my needs" and a relative explained, "Staff are really good".

Staff received regular supervisions where they could discuss any issues in a confidential meeting with the manager. One member of staff confirmed "I last had supervision last week with the nurse on duty. I have felt well supported recently and do love working here." The manager told us they planned to start recording supervisions on the computer which would help to make sure they were clearly recorded and improve consistency of how they were written up. Nurses felt that clinical supervision was improving and had had a recent formal supervision with the manager. Nurses were responsible for supervision of care staff and told us that they tried to complete supervisions every few months. Group supervisions were sometimes used to support the process. Yearly appraisals were taking place and these were used to assess progress and consider any goals that staff wanted to achieve over the next year.

Staff told us that there was a range of training available to support them in their work. This included training in key areas such as safeguarding, health and safety, first aid and infection control. The manager told us that training had improved over the last few months and that currently most staff had received the training they needed. This was confirmed by the training matrix which gave an overview of the training available and what had been completed. The matrix identified when training was due for renewal and if it was out of date. This allowed the manager to prioritise training where it was most needed. The manager had identified that staff would benefit from person centred care training and this had been arranged for shortly after our inspection.

New staff received an induction which helped them familiarise with the service and their roles. One staff member said "I had a good induction". Most staff who spoke about induction told us it was beneficial and that they were provided with some training before commencing work, such as manual handling and first aid. This demonstrated that staff were supported in gaining an understanding of good practice before being asked to work on their own.

There were occasional team meetings where the team could share information and discuss issues together, although these had not been taking place on a regular basis. The staff we spoke with appeared well informed about developments in the service. The manager explained that there were a number of ways in which staff were kept informed and supported to run an effective shift. There was a daily 'heads of department' meeting in the morning where representatives from the kitchen, maintenance, care staff, cleaners and nurse team got together to review and plan their day. We sat in on this meeting on the first day of our inspection and noted that any relevant information was shared and each representative had an opportunity to contribute. Each shift also used a handover plan to consider who was doing what, and a diary was used for updates and communication.

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). 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.

There was evidence in people's records that the service was following the principles of the MCA. There were mental capacity assessments in place where there was uncertainty about a person's ability to make a particular decision. Where required a 'best interests' decision had been made on the person's behalf. A best interests decision is made by those people closely involved with the person. We saw best interest decisions had been recorded for areas such as washing and dressing, medicines, and eating and drinking.

Where people's movement was restricted a DoLS had been authorised or requested. A number of people who used the service were unable to leave the unit in order to keep them safe. Some people were also unable to leave their bed due to their frailty or a health condition. The manager had taken appropriate action to make sure DoLS legislation was being followed correctly.

On both days we visited the service a temporary cook was in the kitchen covering for the absence of established staff. We found that the system for communicating people's dietary needs and preferences to temporary cooks was confusing and not well organised. On our first visit an agency cook prepared softened and pureed food for those people who required it. However, the meal was not presented appealingly as each pureed item had been mixed together to form a grey coloured, indefinable meal which was served from a bowl. The manager showed us a guide to preparing special meals that was sent to the agency in order to prepare chefs, which included the presentation of pureed foods using moulds. However, this had not been communicated to the agency chef on duty. On our second visit a cook from another of the provider's services was providing cover. They had been given a scrap of paper by staff which detailed people's dietary requirements. However, they had not been shown a folder in the kitchen which provided detailed guidance on diets, preferences and allergies. This meant there was a risk of people receiving the wrong food. The manager told us that a new cook had recently been recruited and that they would be working closely with them to improve food preparation.

People told us they were generally satisfied with the food offered. One person told us they were "Happy with the food and nutrition", and others commented that food was "Good" and "Reasonable and varied". One relative commented, "Staff know what my wife likes and dislikes at meal times". However, one person on a particular diet due to health reasons found that agency chefs, particularly at weekends were unaware of their needs and could not provide the diet they required. They also complained that there used to be a good menu board, but now there was less choice.

We observed lunchtime meals during both of our visits. On the first day lunchtime was poorly organised and chaotic. Support to people was provided on an ad hoc basis rather than being planned. Choice and preferences were not offered as everyone got the same meal, with gravy poured over without asking if it was wanted. We noted that there were no vegetables offered until we pointed this out and peas were provided half way through the meal.

On our second visit the mealtime experience was improved. The atmosphere was light hearted and friendly. Staff were more organised and seen to offer appropriate support to people. One person requested some music of their choice to be played during the meal and we noted that when this became too loud a staff member checked with the person first before turning it down. Staff responded to people's needs and offered gentle encouragement and support where needed. They were aware of people's dietary requirements and preferences. An alternative meal was offered to one person who did not like what was on offer. Special plates or cutlery was available to those that needed it, for example some people used a plate with a high rim to support them in eating independently.

We observed staff use blue plastic aprons for protection and some staff chose to use blue plastic gloves when assisting with eating. We were told this was to maintain hygiene practices. However, this gave a clinical feel to the meal and worked against making it a homely and relaxed setting. We noted that there was a long delay between the first and last person getting their meal in the dining area. On our second visit there was a 25 minute wait until everyone was seated with their meal.

We spoke with the manager about mealtimes and they were very surprised at our experience, saying that this was an area that they had been working on with staff over the last few weeks. They accepted that further improvements could be made, particularly when permanent cooks were absent. We did not observe any people who appeared malnourished or dehydrated. However, we recommend that the provider reviews the mealtime experience to make sure that people are offered food which meets their requirements and preferences in a setting which encourages choice and independence.

Throughout the day people were offered drinks and snacks. Jugs of water and juice were available in people's rooms which were replenished regularly. People were also offered tea or coffee outside of mealtimes, during the morning and afternoon.

There was evidence of a multi-agency approach to ensure that health needs were supported by appropriately experienced people. These included regular visits by a doctor, and support from the Speech and Language Therapy Team where people had difficulty with swallowing or eating. People living with dementia received support through specialist teams as required.

Health needs were described in care plans and help up to date information about the support people required to maintain their health. However, there were no 'hospital passports' in place. These are documents which give vital information about the specific needs of the individual on admission to a hospital. Without this information there was a risk that hospital staff may not be aware of all aspects of a person's health needs.

Many people who used the service spent long periods in bed and made use of electrical airflow mattresses to minimise the risk of skin damage, such as pressure sores. We checked these mattresses and found that they were all set at a high pressure, irrespective of the weight of the individual. Airflow mattresses should be set according to people's weight so that they operated effectively and reduced the risk of skin damage. The incorrect use of these mattresses meant there was a risk to people's health in relation to skin care. When we raised this with the manager they acted immediately to ensure that all mattresses were on the correct setting. The manager was unsure why the settings were wrong as there was information available in care plans about what the setting should be for each person and the provider and staff were well aware of the need to use equipment correctly.

We looked at the environment to assess how it met the needs of people who used the service. The service was purpose built over two floors, with bedrooms and lounges on each floor. Exit doors were locked with a

keypad for people's safety. We found that there was a lack of air flow through the building. In particular the upstairs unit was warm and muggy. We noted that some radiators were on despite the warm weather and temperature inside. This meant that any odours, particularly those caused by incontinence, tended to linger, causing an unpleasant smell in parts of the building. The manager recognised that the environment could be very warm during the summer, although felt that this was mostly due to the design of the building. They said that this was an area they wanted to improve in order to make it a more pleasant environment to live and work in.

## Is the service caring?

### Our findings

People who used the service and their relatives told us that, on the whole, it was a caring service. Comments included "I love it here" and "Some of the staff are upbeat and bubbly". A relative explained, "It's very nice... They are lovely here... They see what [Name] wants and needs. [Name] is well looked after... I visit whenever I like and am always treated well... We can bring the all of the family in". They added, "We had a birthday in July and they reserved a room and set a table up. All the family came. They went out of their way". Other relatives told us "My [Relative] is looked after well... I think it is nice", "Staff are exceptional. It's brilliant here. I come every day, when I want" and "I trust the staff to care for my mother when I am not here".

Although most comments were positive, we were told about some areas of practice that could be improved to make it more caring. A relative said "The carpeted areas can smell a bit" and one person who used the service pointed out "This is my home and some staff do not always say goodnight when leaving". We also received some comments before the inspection about the care provided by the service and one relative told us "Some carers are very abrupt".

People and their relatives felt that they were treated with respect and dignity. We noted that the Service User Guide detailed the aims and objectives of the service which included the promotion of privacy and dignity, independence, choice, rights and fulfilment. One relative told us "Staff are good with respect and dignity". A female member of staff said, "Male residents. They can get embarrassed. If someone doesn't feel comfortable I will put a towel over them. Some ladies don't like male carers. One person's care plan says they should have only male staff support". We looked at care plans to see what was written about people's preferences for support with intimate personal care. We found that this was not routinely recorded. This meant that people could be placed in embarrassing situations against their wishes. We identified this as an area for improvement in order to make sure people's dignity was maintained.

During the inspection we observed examples of good, caring practice, but also noted some areas of practice which did not maintain people's dignity. On one occasion we saw staff assist a person to reposition in a chair, whilst a relative was sitting next to them. This was managed gently and at the person's own pace. Staff explained what they were doing and took time to reassure the person until they were comfortable. We also observed one person who became upset and did not want to come to the table at lunchtime. The staff member supporting this person was patient and attentive. They reassured the person, and gave clear information about what was happening until the person relaxed and decided to join the others.

However, on another occasion we saw staff supporting a person who had become incontinent in a chair. They were assisted to leave the room to get changed and on return sat down on the same chair, which had not been cleaned. We also found that although most people appeared well dressed and clean there were some people whose hair was untidy or who had dirty fingernails. Some of the female residents had facial hair which had been left to grow. There were times where people were walking around with no footwear and on one occasion a person was assisted by staff with a walking frame, whilst only wearing one slipper. During our observation of a lounge on the first day of our inspection, there was a delay in people receiving a mid morning drink. During an absence of staff, one person was seen picking up and eating crisps off which they

had dropped on the floor. The failure to provide appropriate care at all times is a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there were issues with deployment and organisation, overall, staff demonstrated compassion and warmth. The staff we spoke with showed a really caring attitude when speaking about people who used the service. We saw they were gentle and patient when supporting people. An excellent example of this is where we observed an agency care worker negotiating with someone the benefit of soaking their hands to clean their nails. However, it was clear that further work needed to be undertaken to make sure that all aspects of care delivery promoted the dignity and respect of people who used the service. The manager told us that they had carried out a lot of work with the staff team in this area and that it was improving. They said that a hairdresser came in twice a week and that it was not always possible to trim facial hair as some people were resistant. They added "I want to talk to residents as I would like to get one of them involved in promoting dignity".

We observed occasions where staff took time to involve people in making decisions about what they wanted to do or where they wanted to be, although this was not routine. Some people chose to spend their time sitting in chairs in corridor areas and one person was seen to have their meals on a small table outside the lounge. Staff told us that this was what the person preferred and they respected their choice. Most people who used the service were living with dementia and had difficulty communicating their needs and choices. Although communication needs were detailed in care plans, the information was limited. This could be explored further to provide clearer guidance to staff on how to involve people and communicate in a way that was understandable.

## Is the service responsive?

### Our findings

Each person had a care plan which detailed their assessed needs and how they were to be met by the service. The care plans we looked at were up to date and reviewed as necessary. Areas covered included health, nursing needs, mobility, personal care and medicines. People and their relatives were involved in assessments and reviews and the service took appropriate action where changes in needs were identified. One relative told us "We visited beforehand and had an assessment. It was important [Name] has dementia nursing. We have been involved with the care plan".

Although the care plans contained information about the needs of people, we found this to be focussed on the care tasks rather than a personalised approach to support. There was little information about people's preferences, likes and dislikes. For example there was no information about whether people preferred a male or female carer. One person was described as "Restless at night and can wander" but there was no information about why this might be or how best to manage it. A common phrase found in care plans was "Requires full assistance with personal care". However, there was no explanation of how to complete these tasks in the way each person preferred.

People had a life history document which gave useful information about their experiences and background, although this document was sometimes difficult to find. One care plan stated that the person's life history was in their room, but we were unable to locate it. Care plans contained some information about activities and interests although not in much detail. There was a tick list of interests such as 'TV' or 'music' but no information about what type of programmes or music they liked.

We recommend the provider reviews care plans to make sure they are personalised and contain information about individual preferences for support.

The service employed two part time activity coordinators, although on both days we visited they were absent and we were unable to talk with them. We observed how people were occupied during the day. Those people that did not stay in their rooms gathered in the lounges on each of the units. Although staff made some efforts to engage people in activities, such as a ball game or board games, there were long periods where people were sat in chairs without stimulation or social engagement. On both days, the TV was left on in the background even when people were not watching it.

We observed that there was a secure garden to the rear of the property and some people had doors leading out to the garden from their rooms. Although the manager told us that these doors were often opened we noted that on both days of our visit, with good weather, these were kept locked and the garden was not used. It was warm and muggy inside the building and outside access may benefit people's general well-being and relaxation. Staff confirmed that the garden was used when possible but were unsure why it was not accessible on the day of our inspection.

The manager explained that they wanted to make improvements with activities and that now there were two activity coordinators they would be exploring more meaningful stimulation. They added that they had

started a practice band for people with musical interests, who practiced regularly together. This was an idea from people who used the service. The manager added that there were planned activities such as guest singers and exercise and that other social activities would be introduced. Improvements had been made to the environment by adding displays and pictures which, it was hoped, would promote memories and stimulation for people living with dementia. In one lounge staff had set up a washing line with articles of clothing on it and we were told that this had triggered conversations with some people.

People told us they knew how to complain and felt comfortable speaking to staff or the manager if necessary. Comments from people who used the service included "I have nothing to complain about" and "I have no reason to complain, but my daughter would complain if needed". We saw that complaints information was displayed on noticeboards and information about how to complain was also available in the Service User Guide. This included information about the Care Quality Commission as an alternative contact. We noted that staff were also reminded about how to deal with complaints at the last team meeting.

Complaints were clearly recorded and included details of the action taken in response as well as a section for recording whether the complainant was satisfied. One previous complaint was responded to in writing with a full explanation of the actions taken. There were currently two 'open' complaints which the manager was investigating. Complaints were reviewed during the provider's monitoring visits where feedback was also sought from people who used the service about their awareness of making a complaint.

## Is the service well-led?

### Our findings

The manager had been in post since January 2016 and was in the process of registering with the CQC. They spoke knowledgeably about the service and had a clear understanding of the requirements of the Regulations. They were qualified as a registered nurse and had previous experience in the care sector, although this was their first role as a manager. They described the last few months as "Difficult" due to changes in management and the staff team. At the time of the inspection the service was under 'Collective Care' which meant the local authority was holding regular reviews of the service with other professionals such as the CQC and local Clinical Commissioning Group. This was because of a local authority quality monitoring visit carried out in April 2016 which identified a number of concerning issues about care practices and management. A temporary hold had been put in place on new admissions although this has recently been partially lifted by the local authority who recognised that improvements had been made.

There were systems in place to monitor the quality of care practices in the service. However, these were not sufficiently robust to make sure all shortfalls were identified promptly. For example, we found that pressure support, electrical air flow mattresses were not at the correct setting, some skin care records were inaccurate and some medicine recording errors had not been identified. A medicines audit action plan had been produced following an audit in June 2016, however, none of the actions had been followed up to ensure improvements were made. We also identified issues relating to the safety of people who used the service, such as infection control, the reporting of safeguarding and the organisation of staff.

This failure to identify and mitigate the risks to the wellbeing of people who used the service was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An audit file was kept on each unit. This included information about checking mattresses, pressure support cushions, nutrition, care plans and medicines. There were monthly summaries of people's weight as well as a monthly medicines audit and bed rail audit. A sample of care plans was also audited each month and we saw that there were clear instructions of how the care plans should be improved, with action points and the date completed.

The manager talked with us about the progress that had been made since April 2016 and accepted that there were still improvements required in service delivery. They told us "There have been a lot of changes. Staff attitude has improved. Training has increased and we have been recruiting new staff. We have done a lot of work on people's support plans. They are all up to date".

The manager talked about the morale of staff saying, "The staff team are getting on board with the changes. I think staff will have mixed opinions about me. Staff had a lot of negative feedback following the monitoring visit in April. I am trying to be more positive. Some staff are not happy with me". When asked about this the manager explained "Some staff left who did not like the changes" and added that there had been some disciplinary procedures against staff whose practice had not improved.

Feedback from staff about the management of the service was generally positive and they recognised that

the service had improved. One member of staff said "There are still some issues between the staff and manager. I think the manager is trying. She is approachable and listens to me. She is still finding her feet. Some staff who have left were negative". Another staff member commented "The manager appeared stressed a few months back. She wanted everything right. Over the last few weeks it is a lot calmer. The manager is more understanding. I felt I couldn't approach her before but this has improved". An agency staff member also told us "The manager is nice. She always speaks to me and is approachable. Staff are all together. Morale is good at the moment. If it were a bad place I would refuse to come in. It's better here than other places I work at".

Relatives gave mixed opinions about the manager. One relative said "I am fine with the manager. She is very approachable. She is out and about on the unit. She seems to know everyone's names". However one relative commented that the manager "Did not consult and respect staff" and another fed back that "The job is too much for the manager" adding "I think she needs to be more hands on".

We spoke with the operations manager about the culture in the service during the last few months. They told us "I feel like we have come a long way. We have worked with the staff team to change the ethos. Some staff had to go. Some through disciplinary... Creating an ethos has been difficult with all the changes but I can see the benefits. Staff are starting to do things differently. One member of staff is a totally different carer now. I'm proud of what we have done so far".

The manager outlined a vision for how they wanted the service to be in the future, saying "I want to be delivering excellent care. To make sure residents are stimulated and part of the community and that staff are supported. I want to have more community activities like a gardening club. We have coffee mornings sometimes and want to get staff more involved". They added "I want activities to be seen as an important part of the day. I'd also like to put structures in place for staff for when a manager is not around".

The regional operations manager described the way in which the provider monitored the quality of care at the service. The organisation's compliance monitoring team carry out a visit every three to six months. Following the visit a detailed report is completed which covers the five CQC domains of Safe, Effective, Caring, Responsive and Well Led. The last visit took place in May 2016. The report looked at all areas of practice and included feedback from people who used the service, relatives, staff and visiting professionals. Following the local authority visit in April 2016 an action plan was produced and we saw that this was reviewed and updated regularly to assess the progress made in making improvements.

The operations team also carried out briefer quality monitoring reviews every other month. We looked at the last review which took place in July 2016. This included an update on actions completed and highlighted any areas that required further work such as making sure staff supervisions were up to date. The regional operations manager told us that all reports are discussed at board meetings. They added that there was a managers' meeting every month to share knowledge and learning between services. The manager told us that they had been well supported by senior management and commented "They are always available".

There were opportunities for people who used the service, relatives and staff to give their views about the service. A staff survey was completed in April 2016 and this reflected the low morale of the team at that time. The manager said that surveys were usually completed every six months in order to assess progress. Staff meetings also took place although we noted that the last meeting was in May 2016 and mainly consisted of a series of management expectations rather than an open discussion about the service.

There were occasional resident/relative meetings where people had the opportunity to ask questions and hear about developments in the service. The last resident/relative meeting took place in April 2016. This

included a discussion about staffing, activities, mealtimes and infection control. Some actions had been agreed which we saw the manager had completed. The manager explained that these meetings took place usually every six months. Some feedback questionnaires had recently been sent out to people and their relatives during as part of the provider's quality assurance process, although these had not been returned at the time of our visit.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People were not always provided with appropriate care and support using a person centred approach. Regulation 9(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Incorrect monitoring of fridge storage temperatures and inaccuracies in recording meant that there was not proper and safe management of medicines. Regulation 12(2)(g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality monitoring procedures were not sufficiently robust to identify and mitigate the risks to the wellbeing of people who used the service. Regulation 17(2).