

Mr & Mrs T F Chon

# Elmhurst Residential 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 17 and 18 July 2017 and was unannounced. The home was last inspected on 28 June 2016. During the inspection we identified breaches of regulations relating to consent, fire safety, staffing, care planning, supervision, training and displaying CQC performance rating. Due to our concerns with fire safety, after the inspection we imposed conditions on the provider's registration and suspended admissions to ensure improvements were made to ensure people were safe at all times. We carried out a focused inspection 7 October 2016 and found improvements had been made. The suspension and condition were subsequently lifted. During this inspection we found improvements had been made with most of the breaches. Our concerns with staffing still remained.

Elmhurst Residential Home is a residential home for up to 34 people with dementia. There were 12 people staying there at the time of the inspection. At our last inspection on 28 June 2016 the home accommodated up to 14 people. Following our last inspection, the provider submitted an application to extend their registration to accommodate up to 34 people. The registration was granted on 29 June 2017.

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

The provider submitted an action plan following the breaches identified at the last inspection. The action plan detailed how breaches would be addressed and included a system would be put in place to calculate staffing levels contingent with people's dependency needs. The breach relating to staffing levels had not been addressed in full. Staff told us that there was still not enough staff to support people. Systems were still not in place to calculate staffing levels contingent with people's dependency levels.

Activities were not taking place on a regular basis. Most people told us that activities were not taking place and records did not detail if people were taking part in regular activities.

Risks associated with people's care had been identified and assessed that provided information to staff on how to mitigate risks to keep people safe.

Regular fire and evacuation tests had been completed. There were evacuation mats in place to evacuate people in the event of an emergency. Staff had been trained in fire safety and were able to tell us how to evacuate people safely.

Quality monitoring systems were in place. Questionnaires had been sent to people, relatives and professionals. Action had been taken following feedback.

Quality assurance systems were in place. The registered manager carried out daily, weekly and monthly checks of the home.

Mental Capacity Act 2005 (MCA) assessments had been carried out using the MCA principles. Deprivation of Liberty Safeguarding applications had been made to deprive people of their liberties lawfully, for their own safety. Staff were able to tell us about the principles of the Act.

People told us they felt safe. Staff knew how to keep people safe. They knew how to recognise abuse and who to report to and understood how to whistle blow. Whistleblowing is when someone who works for an employer raises a concern which harms, or creates a risk of harm, to people who use the home.

Recruitment and selection procedures were in place. Checks had been undertaken to ensure staff were suitable for the role.

Medicines were being managed safely. People were receiving medicines as prescribed and this was recorded on their Medicine Administration Record (MAR). PRN medicines, which is as needed medicines such as paracetamol, were given when needed. Weekly medicines audits were being carried out.

Staff told us they were supported and the registered manager was approachable and supportive. Recent supervisions had been carried out. However, two staff had not received their annual appraisal.

Staff had received training to enable them to perform their role effectively. Staff had received induction when starting employment.

Care plans were informative and person centred. Staff told us that the care plans helped them to provide person centred care.

The previous CQC inspection rating had been displayed at the home.

People were given choices during meal times and their needs and preferences were taken into account. Food was being monitored for people with specific health concerns to ensure they had a healthy balanced diet.

No complaints had been made since the last inspection. Staff were aware of how to manage complaints. People and relatives told us they had no concerns with the home.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made.

People were encouraged to be independent and their privacy and dignity was respected.

We found breaches of regulation related to staffing and activities. You can see what action we have asked the provider to take at the back of the full version of this 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?

One aspect of the home was not safe.

A formal needs and dependency analysis had not been carried out to calculate staffing levels. Staff told us that there was not enough staff to support people.

Staff knew how to identify abuse and the correct procedure to follow to report abuse.

Pre-employment checks had been carried out to ensure staff members were suited to work with vulnerable adults.

Medicines were being managed safely.

People were protected in the event of an emergency.

Premises safety checks had been completed to ensure the premises was safe.

**Requires Improvement** ●

### Is the service effective?

The home was effective.

People's rights were being upheld in line with the Mental Capacity Act 2005 (MCA). Staff knew the principles of the MCA. DoLS application had been made.

People's weights were monitored regularly. For people with specific health concerns their food intake was being monitored to minimise the risk of malnourishment.

Staff told us they were supported in their role.

Staff had received mandatory training required to perform their roles.

People had access to healthcare.

**Good** ●

### Is the service caring?

The home was caring.

**Good** ●

Staff treated people with respect and dignity.

People were encouraged to be independent.

Staff had a good knowledge and understanding of people's background and preferences.

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

The home was not always responsive.

Activities were not taking place regularly. Records did not show if activities were taking place.

Care plans were detailed and person centred.

No complaints had been received since the last inspection. Staff knew how to manage complaints.

**Requires Improvement** ●

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

The home was not always well led.

The provider submitted an action plan following the breaches identified at the last inspection. The action plan included a system would be put in place to calculate staffing levels contingent with people's dependency needs. However, the provider had still not implemented a systematic approach to determine the number of staff needed at the home.

There were systems in place for quality assurance and monitoring.

CQC inspection rating from the last inspection had been displayed.

Staff were positive about the support received from the management team. Staff told us that the culture within the home had improved.

**Requires Improvement** ●

# Elmhurst Residential 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 home, and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 17 and 18 July 2017 and was unannounced. The inspection team comprised one 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 care home.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also made contact with the local authority for any information they had that was relevant to the inspection.

During the inspection we spoke with eight people, three relatives, three social and health professionals, three senior care staff, two care staff, the registered manager and the provider. We observed interactions between people and staff members to ensure that the relationship between staff and the people was positive and caring. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people when they may not be able to tell us themselves.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at five care plans, which included risk assessments.

We reviewed five staff files which included supervision records. We looked at other documents held at the home such as medicine records, quality assurance audits and training records.

# Is the service safe?

## Our findings

People told us they were safe at the home. One person told us, "I feel safe here" and another person commented, "Yes" when we asked if they felt safe. A relative told us, "I visit weekly. He [my relative] is safe, calm and happy" and another relative told us, "She [my relative] is happy and content." A third relative told us, "She [my relative] is very very happy. Ever so happy. They are taking good care of her." A health professional told us, "There has not been any concerns. Residents seem fine."

During our last inspection the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We observed that people that required supervision when they were mobile were left unsupervised and had to call for staff on one occasion when a person that needed supervision was trying to stand up. A formal needs analysis had not been carried out to calculate staffing levels and staff had not been deployed effectively.

During this inspection, we found staffing levels had not changed, there were 12 people living at the home. There were 13 people at the last inspection. The home employed two care staff during the morning, two care staff in the afternoon and two care staff at night. The care workers were supported by a cook and a domestic staff. The registered manager also provided care and support to people. Most people and relatives told us that there was enough staff to support people. We observed that people were being supervised by members of staff at all times. We tested the call bell to check staff response time on the upper floors and found that staff responded within acceptable time limits.

All the staff we spoke to expressed concerns with staffing levels. Some people were mobile and some people used Zimmer frames for support and therefore required regular prompting and supervision. There was one person who liked to walk for a long period of time and required the support of a staff member when they were mobile. Staff told us that only left them with one care staff to supervise 11 people during the day. The provider told us that the registered manager was available when needed. The provider told us the cook supervised people during late afternoons until the evening when the registered manager left and would call care staff for support when required. Staff told us should both care staff be providing people support and if more people required immediate support and care then the cook was not trained to provide this support. They told us that due to people's dependency another care staff was required during the day. Staff expressed concerns that during nights, there was only one waking staff and another staff that slept and was only called upon when needed. We were informed that people woke up during nights that required regular support and one staff member found it difficult to do this. The home had recently been granted registration to accommodate 34 people and was in the process of assessing people to move into the home. We asked if a formal needs analysis had been completed to calculate staffing levels according to people's dependency needs. This had not been completed for the people that currently lived at the home. However, the registered manager showed us that she had obtained a staffing dependency tool and would be completing them as soon as possible. The registered manager told us that they were in the process of recruiting more staff prior to admitting further people to the home.

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

Regulations 2014.

Risk assessments had been completed and provided information on how to mitigate or reduce risks and keep people safe. Risk assessments were completed for each person and these covered risks in areas of diabetes, high cholesterol and wandering. Records showed that the risks assessments had been reviewed and were current. There were general assessments for everyone such as safety awareness, falls, unsupervised wandering, physical/verbal aggression and absconding. During our last inspection we found that a general risk assessment had not been completed for two people. At this inspection we found this risk assessment had been completed for the care plans we looked at. Assessments had been made when people required support with moving and handling that listed people's ability to move.

A falls risk assessment had been completed for people at risk of falls. The risk assessment listed information on how to mitigate the risk of falls and also where required listed items such as sensory mats to be used. Observations confirmed that the risk assessment was being followed such as sensory mats were in place and people were being assisted when mobile.

Skin integrity was assessed using Waterlow charts to predict the risk of developing pressure ulcers. Risk assessments were completed and an action plan was in place for people at risk of developing pressure ulcers such as applying creams and using a pressure mattress and cushion. During our last inspection, we found that one person had a pressure ulcer and there was no pressure ulcer care plan to manage the wound. During this inspection, one person had a pressure ulcer and there were appropriate risk assessments in place to manage the pressure sores.

During our last inspection we found that people may not be protected in the event of an emergency evacuation. Staff had not been trained in fire safety and were not able to tell us what to do in an emergency. Emergency evacuation equipment was not in place. A person identified as a fire risk had not been risk assessed and personal emergency evacuation plans [PEEPs] had not been completed for all people especially for people that could not use the stairs that lived on the upper floors. After the inspection we imposed conditions on the provider's registration and suspended admissions to ensure improvements were made to ensure people were safe at all times. We carried out a focused inspection 7 October 2016 and found improvements had been made. The suspension and conditions were subsequently lifted.

During this inspection we found that improvements had been sustained. The registered manager told us that people that could not use the stairs had been moved to the ground floor, which ensured they could be evacuated in the event of an emergency without having to use stairs. PEEPs had been completed for all people living at the home which contained information on how to evacuate people and the level of support people required. Weekly fire tests were carried out. Regular evacuation drills had been carried out. Risk assessments and checks regarding the safety and security of the premises were completed. Staff were able to tell us what to do in the event of an emergency. There were evacuation mats in place in the upper floors to evacuate people safely and staff were able to tell us how to use the mats.

Premises safety checks had been carried out. We saw evidence that demonstrated appropriate gas and electrical installation safety checks were undertaken by qualified professionals. Checks were undertaken on portable appliances and lifts to ensure people living at the home were safe.

Medicines were being managed safely. People's allergies had been recorded. Medicine records were completed accurately and medicines were stored securely in a locked trolley. People had received Controlled Drugs as prescribed and a second staff member signed entries to witness administration. Controlled Drugs were stored in a locked cabinet. People told us that they had access to PRN medicines



(medicines prescribed to be taken when needed such as paracetamol) and staff would administer PRN medicines upon request. A person told us, "If I tell them, I get extra pain killers." Staff received appropriate training in medicine management and records confirmed this. Staff confirmed that they were confident with managing medicines and we saw that medicines were audited weekly. Records showed errors had been identified and relevant action taken to minimise the risk of re-occurrence. Risk assessments had been completed for people that took medicines, which may make people's skin fragile and therefore prone to bruising. The assessment provided information on how to minimise the risk of bruising.

We observed the home and people's rooms were very clean and tidy. Staff used appropriate equipment and clothing when supporting people. All chemical items had been stored securely.

Staff knew how to keep people safe from abuse. Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police.

The home followed safer recruitment practices. We checked five staff records and these showed that relevant pre-employment checks such as criminal record checks, references and proof of the person's identity had been carried out when recruiting staff.

## Is the service effective?

### Our findings

People and relatives told us that staff members were skilled and knowledgeable. A relative told us, "Any time I come she [my relative] is clean, happy and smiling. They treat her well. They wash her and dress her well, according to the weather." A social professional told us about a person they came to review, "She [person] has done really well, her mobility and speech has improved. Family are very happy." A health professional told us, "Every time I am here, I never have an issue."

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 home was working within the principles of the MCA.

At our last inspection the home was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that MCA assessments had not been completed in accordance with the MCA principles, best interests meeting were being completed without consulting family members or professionals and MCA and DoLS training had not been provided.

During this inspection we found some improvements had been made. MCA assessments were being completed in line with the MCA principles. We found that social professionals and family members had been consulted and were part of the assessments. There was a consent to care and treatment form; during our last inspection the forms had not been completed for five people. Records showed that this had been completed for the people's records we looked at.

Staff told us that they asked for consent before providing care and support and people and relatives confirmed this. A staff member told us, "Of course, we have to ask for consent." We noted that the MCA assessment forms did not record which decisions people did not have the capacity to make, the registered manager told us that this was an omission and people's ability to make decisions with certain aspects of personal care was discussed and the template would be changed to include the specific decision. The home held records of where people had deputies or attorneys to make decisions on their behalf.

Records showed that staff had received training in the requirements of the MCA. However, we were unable to evidence certificates to verify this for some staff. The registered manager was not able to locate the certificates and we were informed that the training provider did not exist anymore. The staff we spoke with told us that they had received MCA training and were able to tell us the principles of the MCA.

Applications had been made for DoLS for people who required supervision when going outside. This meant

that people were being deprived of their liberty lawfully, for their own safety.

During our last comprehensive inspection in June 2016 we found that most staff had not received supervision since January 2016, appraisal forms did not cover training and developmental needs and aims and objectives for staff for the year ahead. During this inspection we found staff had received recent supervisions. The appraisal form had been updated to include developmental needs. However, records showed two staff had not received an appraisal. The registered manager who was relatively new to the post told us that all appraisals would be completed shortly. Staff told us they were supported and if they had any concerns or required support then this was provided.

During our last inspection, the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found not all staff had completed essential training required to perform their jobs effectively. During this inspection we found improvements had been made. Staff had received an induction and mandatory training required to perform their roles effectively. Upon starting work at the home, staff underwent a comprehensive induction, which involved shadowing experienced care staff, meeting people and reading care plans. Staff participated in training and refresher training that reflected the needs of the people living at the home. Staff told us that training was helpful and they were able to approach their registered manager with any additional training requests if needed. There was a training matrix in place to keep track of training due dates. Specialist training had been provided in dementia, behaviour that challenged and oral mouth care. Records showed that all staff had been enrolled in a qualification for social care and were in the process of completing this. A staff member told us, "Training is good. I am doing NVQ level three."

During our last comprehensive inspection we found that the food intake forms did not list the amount of food people ate and two people's fluid intake was not being monitored as needed. During this inspection we found that the food intake charts recorded the amount people ate and fluid intake charts were being completed for people at risk of dehydration. Weight was being checked monthly for all people and records showed that referrals had been made to health professionals where people had lost weight consistently. A meal plan was then put in place, which was being followed. Records for one person who had diabetes showed a referral had been made to a diabetic nurse and a treatment plan was in place.

People told us that they enjoyed the food at the home and if they wanted more food, this was provided. One person told us, "Food pretty good" and another person commented, "Food pretty decent here." Choices were offered to people and we observed that people were asked what they preferred prior to lunchtime by the cook. A person commented, "Get a choice and if you don't like it, you get something else. I get enough to eat and if hungry, staff give me tea and biscuits" and another person commented, "Come and ask you what you want for dinner. Give you something else if you don't like the dinner." Staff confirmed people had choices with meals.

We observed meal times during the inspection. We observed that care staff were very patient and spoke kindly when moving people from the lounge to the dining table. One person was reluctant to move and was enabled to have their lunch in the lounge. Another person asked to eat lunch in the garden but then changed their mind and was escorted patiently from the garden to the dining room. One staff member talked to a group of people while they waited for their food to arrive. We observed staff asking people if they needed anything and the cook came after the meals asking people how they found the food. We saw that staff supported people to eat when required. A person told us, "I only have two teeth so not a lot I can chew. They cut it up for me."

During our last inspection we found bedroom doors only had room numbers and no names or photos of

people who were occupying them. There was also no directional signage around the home that indicated where the toilets, kitchen and bedrooms were which was not considered dementia friendly. During this inspection, we found improvements had been made, people's names had been included on their bedroom doors and there were historic pictures around the home that reminded people of important events in their life.

People had access to healthcare homes. Records showed that people had been referred to healthcare professionals such as the GP, chiropodist, diabetic and district nurses and opticians. Outcomes of the visits were recorded on people's individual records along with any letters from specialists. We observed health and social care professionals visiting the home to check on people. Staff confirmed people had access to healthcare professionals particularly if they were unwell. They gave us examples of where they were able to identify if the person was not well such as not being able to eat, lethargic body language or in pain. Staff told us they would take the person to the GP if they were unwell or in serious circumstances call the ambulance. When we spoke to health professionals, they told us that they had no problems with how people were cared for in the home and regular referrals were made, when required.

## Is the service caring?

### Our findings

People and relatives told us staff were caring. One person told us, "Carers quite nice" and another person commented, "All very nice. Everyone nice." A relative told us, "The staff are caring."

People's privacy and dignity was being maintained. People told us that staff allowed them privacy and we observed people going into their rooms freely without interruptions from staff. Staff told us that when providing particular support or treatment, it was done in private and we did not observe treatment or specific support being provided in front of people that would have negatively impacted on a person's dignity.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. They understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Staff supported people to be independent as much as possible. Staff told us they supported people to be independent and make choices in their day-to-day lives. Observations confirmed people were independent and we saw most people having their meals by themselves during lunch and moving around the home independently. A staff member gave us an example of a person they supported to be independent, "When she came here she was on a wheelchair but through our support, she now can walk with a walking aid."

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. People confirmed they were treated equally and had no concerns about staff approach.

The service considered people's communication needs and ensured staff understood these. People's ability to communicate were recorded on their care plans and there was information on how to communicate with people. For example, one person's communication plan detailed that a person can only respond to questions by saying yes or no and for staff to use closed questions when talking to person. For one person who used a hearing aid, their communication plan detailed that staff should check the person's hearing aid and ensure batteries were in place. We observed that staff communicated well with people and were able to hold conversations with people.

## Is the service responsive?

### Our findings

People told us that staff provided the right support and responded appropriately and on time when support was required. One person told us, "They talk to you and help you. All very nice. If you want something they give it to us" and another person commented, "If I need someone to help they come and help me." A relative commented, "It's well-managed. I talk to registered manager or nurse and they respond." A health professional told us, "I think they [staff] are always helpful."

We saw compliments that were received about the home. Comments included, 'I just wanted to say a big thank you to you [registered manager] and your carers for looking after mum so well', 'I was always confident that she [my relative] was looked after and cared for', 'It is the best of my knowledge, [my relative] is treated with care and respect' and 'Thank you for looking after [my relative] thoughtfully.'

Activities were not taking place regularly. Staff told us that people participated in activities and we observed that staff engaged with individual activities with people on some occasions. However, most people we spoke to told us that activities did not take place. Comments from people included, "Would go to church but no one to take me to church. Pastor has been once or twice. No one to take me", "Don't do any activities", "Nothing to do. They give me books. I watch TV. No games." A person told us when asked what they did during the day, "Not a lot. Go to a cafe in Enfield with lady from Tottenham who works here. Not been out for a couple of weeks", "Can ask [name of care staff], they would take me out if I ask." The registered manager showed us that they had recently invited a theatre group to perform theatre at the home and showed us evidence to support this. However, during the course of the inspection, we did not observe people participating in regular activities or group activities. We observed that most of the time people were sitting in the lounge sleeping or watching the television. There was an activities programme for the day. However, this was not being followed. The registered manager told us that the staff who was supposed to carry out these activities was on training. We did not see records that showed regular activities were being carried out and if people went outside. The registered manager showed us some records that showed activities did take place, which were dated 4 and 11 July 2017. There were no further records that demonstrated activities took place regularly. The registered manager told us that they had an activities coordinator who had been on sick leave for four weeks and they had recently recruited another activities coordinator who should be starting shortly. In the interim an additional care staff was employed during the day to engage in activities with people. The staff rota confirmed that an additional care staff was employed to carry out activities three days a week. However, not for the remaining days as we were informed the staff on duty engaged with activities during these days.

We conducted a Short Observational Framework (SOFI) during the afternoon of the inspection. A SOFI is a way of observing people and their interactions when they may not be able to tell us themselves. We saw that people were supervised at all times and if people required support then staff provided support promptly. We observed that people had been left by themselves with limited interaction from staff whilst staff carried out tasks. During this time staff also were completing a handover and providing an update to staff that were starting their shift. We fed this back to the provider and registered manager who informed an activity coordinator was due to start shortly, which would ensure regular activities took place.

This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, the home was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In two care plans we found important information such as communication, support needs, nutrition and medical conditions had not been completed. This meant that staff may not have important information to provide personalised care to the people. During this inspection we found improvements had been made.

Care plans were person centred, and provided guidance to staff about how people's care and support needs should be met. The format of the care plans had been changed since the last inspection. People's photos had been included on the care plan and there was a section on what people preferred to be called. People's support plans were divided into areas such as mental health, mobility, personal hygiene, nutrition and continence. There was a 'My life before you know me' section that provided information on people's background details such as their family, school life, work and adult life. We found all the care plans we reviewed had been completed in full. One person's care plan detailed that they used their fingers to eat as they liked to feel what was on their plate due to lack of sight. Another person's care plan detailed they liked to wake up between 8am and 9am and staff were advised to not disturb them and in another person's care plan, records showed they did not like to have a shower but preferred a strip wash. Staff told us the care plans were helpful. One staff member told us, "Everything is in order now [care plans], the care plans are good" and another staff member told us, "Care plans are good now. I hope it stays like this."

There were end of life care plans in place, which included people's preference with funeral arrangements, family members to contact and where would they like to stay during the final stages of their life. A Do Not Attempt to Resuscitate Order was in place at the beginning of the care plan that had been completed and signed by authorised health professionals.

Pre-admission checks were being completed to ensure the home could provide the right support and care to people. People were assessed before being admitted to the home in order to ensure that their needs could be catered for. Admission sheets confirmed that detailed assessments of people's needs were undertaken, including important aspects such as their medicines, social interests, health and physical condition and mental state.

Care staff completed daily notes which recorded the person's mood, condition and the one to one support that they received. This method of communication exchange ensured that each staff member, at the start of a new shift, referred to these recordings to be aware of how the person was and any actions that needed to be followed up as a result of any issues or concerns. Observations confirmed that handovers were being carried out during change of shifts.

Records showed no complaints were made by people or their family members since the last inspection. People and relatives told us that they did not have any complaints about the home and felt they could raise concerns if they needed to. We asked staff how they would manage complaints, they told us that they would record the complaint and inform the registered manager and deal with the complaint as much as possible.

## Is the service well-led?

### Our findings

Staff told us that they were supported in their role, the home was well-led and there was an open and transparent culture where they could raise concerns with management and felt this would be addressed promptly. One staff member told us, "I find her [registered manager] good, very fair" and another staff member commented, "She is really good, she is really nice." Staff also told us that they enjoyed working for the home. One staff member told us, "I am enjoying working here" and another staff member commented, "I am still enjoying work here."

People and relatives told us people enjoyed living at the home, "Living in here is peaceful. Cannot fault them." and another person commented, "I like it here. Physio comes regularly. They treat me good." A relative told us, "It's a nice environment" and another relative commented, "If I had a problem, I would take it to the registered manager. She is easy to talk to and sorts it out." A third relative told us, "It is reasonably well managed, got a good registered manager now." A social professional told us, "I think they are doing quite well." A health professional told us, "I talk to [another health professional] and we do not have any concerns."

The home had a quality monitoring system which included questionnaires for people, relatives and social and health professionals. We saw the results of the recent questionnaires, which were generally positive. The questionnaires focused on staff approach, knowledge, activities, meals, personal care and independences. However, we found there was some feedback received that identified areas the home could improve on such as on meals and activities. Records did not show if the results of the surveys had been analysed and an action plan created to make improvements. The registered manager told us action had been taken as a result of the survey as they had employed an activities coordinator and meals had been discussed at residents' meetings.

The home had systems in place for quality assurance. We saw that weekly medicine audits were carried out by the registered manager. There was a daily, weekly and monthly checklist completed by senior care staff and the registered manager. This included checking residents, hourly checks, reviewing fluid and food charts and weight charts. We evidenced that these checks were being made.

During our last inspection the provider had not sent us an action plan on how they would meet the breaches that were identified on the inspection that was carried out on 16 November 2015. When we carried out our last comprehensive inspection on 28 June 2016 the provider, after the inspection had sent us an action plan on the actions they planned to take to meet the breaches identified at the inspection.

Although improvements had been made in a number of areas since the last inspection, we still found concerns with staffing. The action plan submitted after the last inspection detailed that a comprehensive system would be put in place to calculate staffing levels contingent with people's dependency levels. We did not find evidence that systems were in place to calculate staffing levels. Staff told us that due to people's dependencies there was not enough staff to support people. We were also informed that the cook was left to supervise people during late afternoons. This meant that the home was in continued breach of Regulation



18 of the Health and Social Care Act (Regulated Activities) 2014. The provider told us that the manager managing the home at the last inspection had left and she had to recruit another manager, which impacted on implementing these systems.

During our last inspection the home was in breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 as the home had not displayed the rating of the inspection that had been carried out on 16 November 2015. During this inspection we observed the rating of the inspection carried out on 28 June 2016 had been displayed near the entrance of the home.

Resident meetings were being held regularly. These meetings enabled people who used the home to have a voice and express their views. Resident meeting minutes showed people discussed meals, about their rooms and any concerns they may have.

Staff meetings were being held. These meetings kept staff updated with any changes in the home and allowed them to discuss any issues. Minutes showed staff had discussed staffing levels, infection control, nutrition and training needs.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered provider did not ensure that appropriate activities were organised and provided to people on a daily basis.  Regulation 9(1)

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider did not assess the needs of people to sufficiently deploy suitably qualified, competent, skilled and experienced persons.  Regulation 18(1)

**The enforcement action we took:**

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