

Morleigh Limited

# Elmsleigh Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 November 2014. Breaches of legal requirements were found. As a result we undertook a focused inspection on 23 February 2015 to follow up on whether action had been taken to deal with the breaches.

You can read a summary of our findings from both inspections below.

#### Comprehensive inspection of 13 November 2014

Elmsleigh Care Home is a care home that provides nursing care for up to 48 older people. On the day of the inspection there were 47 people living in Elmsleigh Care Home. 33 people lived in the main house and 14 people lived in the adjoining annex (called Willow House, formerly the bungalow). Some of the people at the time of our visit had mental frailty due to a diagnosis of dementia or other mental health conditions.

The service is required to have a registered manager and at the time of our inspection a registered manager was not in post. However, the manager who was in overall

# Summary of findings

charge of the day-to-day running of the home had made an application to the Care Quality Commission (CQC) and this application was being processed. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

At this visit we checked what action the provider had taken in relation to concerns raised at our last inspection on 1 May 2014. These concerns related to a lack of individualised detail in people's care plans to ensure their needs were met, concerns about medicines management and concerns about staffing levels. At this inspection we found improvements had been made in relation to medicines management and staffing levels and the provider had met the relevant legal requirements in these areas.

However, we found improvements had not been made in relation to the level of detail in people's care plans to ensure staff had clear guidance about how to meet people's individual needs. In addition we found the provider had failed to plan and deliver care that reflected people's needs and wishes, particularly in relation to their social and emotional needs. There was a lack of meaningful activities to meet people's individual needs. We also found the provider did not have a robust system in place for auditing care plans to ensure care records accurately reflected people's needs.

The provider had not notified the Care Quality Commission of allegations of abuse in relation to people who used the service, as required by law.

People and their families were given information about how to complain. Records showed the home had not received any complaints in the last year. We had been advised by a relative, prior to our visit, that they had raised a complaint. The manager was aware of this complaint and told us about how they had dealt with it. However, it is important that the service records all complaints, their investigation and how they are resolved.

The actions we have asked the provider to take are detailed at the back of the full version of the report.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and they were confident that any allegations made would be fully investigated to help ensure people were protected.

Staff were well trained; there were good opportunities for on-going training and for them to obtain additional qualifications. There were enough skilled and experienced staff to ensure the safety of people who lived at the home.

People told us they felt safe living in the home. Visitors also said they felt the home was a safe place for their relatives to live. We saw people received care and support in a timely manner. People, who were able to use a call bell, had one to alert staff if they required any assistance.

People told us staff were very caring and looked after them well. Visitors told us "staff are lovely" and "can't fault the staff, friendly and lovely." When staff talked with us about individuals in the home they spoke about them in a caring and compassionate manner. Staff demonstrated a good knowledge of the people they supported.

Staff demonstrated a good understanding of how they cared for each individual to ensure they received effective care and support. People told us they were satisfied the staff team were well trained. All the visitors spoke well of staff and their ability to meet the needs of people. One visitor told us about how staff cared for their relative "They are very good with my wife".

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People were able to choose where they wanted to eat their meals, in either a lounge, dining room or in their bedroom. People were seen to enjoy their meals on the day of our visit.

Staff supported people to be involved in and make decisions about their daily lives. Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

## Focused inspection of 23 February 2015

Following the inspection of 13 November 2014 the provider wrote to us to tell us what they would do to

# Summary of findings

meet legal requirements in relation to the breaches. We carried out this unannounced focused inspection to check what action the provider had taken in relation to concerns raised at our last inspection.

We found people's care plans had been updated to give staff clear guidance about how to meet people's individual needs. This included how people's social and emotional needs could be met. The service had employed a 'recreational therapist' to facilitate a programme of meaningful activities to meet people's individual needs. There was a robust system in place for auditing care plans to ensure care records accurately reflected people's needs.

We found the service recorded all complaints, their investigation and how they were resolved. The service had notified the Care Quality Commission of allegations of abuse in relation to people who used the service, as required by law. This meant legal requirements had been met.

There was no system in place to monitor the quality of the service provided at the provider level. There was no external auditing process or any opportunities to share good practice across the organisation. This meant there were no standard governance arrangements to help ensure a consistent quality of service across the group's homes.

# Summary of findings

## 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 safe. People felt safe living in the home and relatives told us they thought people were safe as well.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Good



### Is the service effective?

The service was effective. Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

The home understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People told us they were able to choose what time they got up, when they went to bed and how they spent their day.

People's privacy was respected.

Good



### Is the service responsive?

**13 November 2014**

The service was not responsive. People's needs had not been appropriately assessed and they did not have access to meaningful activities.

The service did not record all complaints, their investigation and how they were resolved.

**23 February 2015**

We found action had been taken to improve how responsive the service was to people's needs. People received personalised care and support that was regularly reviewed to take account of people's changing needs.

People had access to meaningful activities that met their individual social and emotional needs.

Requires Improvement



# Summary of findings

The service recorded all complaints, their investigation and how they were resolved.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

## Is the service well-led?

**13 November 2014**

The service was not well led. The provider had not identified areas of the service that required improvement to ensure the care provided met people's individual needs.

The provider had not notified the Care Quality Commission of any abuse or allegation of abuse in relation to people who used the service as required by law.

**23 February 2015**

We found action had been taken to improve the leadership of the service. There was a robust system in place for auditing care plans to ensure care records accurately reflected people's needs.

The service had notified the Care Quality Commission of allegations of abuse in relation to people who used the service, as required by law.

There was no system in place to monitor the quality of the service provided at the provider level by using an auditing process external to the home.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

**Requires Improvement**



# Elmsleigh Care Home

## Detailed findings

### Background to this inspection

This inspection report includes the findings of two inspections of Elmsleigh Nursing Home. We carried out both inspections under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspections checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The first was a comprehensive inspection of all aspects of the service carried out on 13 November 2014. This inspection identified breaches of regulations. The second was a focused inspection carried out on 23 February 2015. This inspection looked at the actions taken by the provider in relation to the breaches of legal requirements we found on 13 November 2014. You can find full information about our findings in the detailed findings section of this report.

#### **Comprehensive inspection of 13 November 2014**

This was an unannounced inspection. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before this inspection we asked the provider to complete a Provider Information Return (PIR). This 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. They did not return a PIR and we took this into account when we made the judgements in this report.

Prior to our visit we reviewed previous inspection reports, the information we held about the home and notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people who were able to express their views of living in the home and four visiting relatives. We looked around the premises and observed care practices. We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with six care staff, the cook, the nurse in charge, the manager and the deputy manager. We looked at nine records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Following the inspection we asked the service to send us an action plan to tell us what they would do to meet legal requirements in relation to the breaches.

#### **Focused inspection of 23 February 2015**

This was an unannounced inspection and was carried out by one inspector. This inspection was completed to check if improvements had been made by the provider after our inspection on 13 November. We gathered evidence against two of the five questions; is the service responsive and is the service well-led? This was because the service was not meeting some relevant legal requirements in relation to these two questions.

We spoke with three people who used the service, one relative, the acting manager and two care workers. We looked at six records relating to the care of individuals and observed staff interaction with people. We looked at records in relation to complaints, notifications of safeguarding alerts and care plan auditing.

# Is the service safe?

## Our findings

At our inspection on 1 May 2014 we found people did not always receive their medicines at the time they needed them. One nurse administered medicines to the main house and Willow House (an adjoining annexe, formerly called the bungalow) and this meant some people received their medicines later than the prescribed time. This was particularly the case for people living in the bungalow because they received their medicines after the main house. We also found there were not enough staff on duty and staffing levels were regularly lower than the provider's own assessment of the number of staff needed to meet people's needs. We found the provider was in breach of Regulations 13 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we checked if the provider had made the necessary improvements to comply with these regulations. We checked if people received their medicines at the right time by speaking with people who used the service, looking at records and observing staff administering people's medicines. We checked if there were enough staff on duty by looking at how the provider determined staffing levels and observing the numbers of staff on duty throughout our inspection.

Since our last inspection the provider had allocated a senior care worker to administer medicines to people who lived in Willow House. The nurse in charge of each shift continued to administer medicines to people in the main house. On the day of our inspection, due to staff shortages, the senior care worker did not administer medicines and the nurse in charge administered medicines to people in Willow House as well as the main house. However, the deputy manager assisted the nurse by administering medicines to some people in the main house. The manager told us that if a senior care worker was not on duty, or not allocated to administer medicines, then the deputy manager, who is a qualified nurse, would assist with the medicines.

People, who lived in the main house and Willow House, told us they received their medicines at the right time. Training records showed staff who administered medicines had received suitable training. We observed medicines being given to people in all areas of the home on the day of our

visit. We found medicines were stored and administered safely. This meant the breach of regulation 13 from our inspection in May 2014, in relation to medicines, had been met.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. Staffing numbers were determined by using a dependency tool, which was regularly reviewed. A dependency tool is used to identify the numbers of staff required by assessing the level of people's needs.

In the morning of our inspection four staff had not arrived for their shift. Two additional staff arrived later in the morning and the senior care worker was able to provide care because they did not administer medicines that day. This still left the home with one less care worker than the dependency level determined. However, staff rotas for the current week and the previous three weeks showed the number of staff on duty was in line with the dependency levels of people living in the home each day. We saw that although staffing levels were lower than had been planned on the day of our visit this had not affected the personal care provided to people. This meant the breach of regulation 22 from our inspection in May 2014, in relation to staffing levels, had been met.

People told us they felt safe living in the home. Visitors also said they felt the home was a safe place for their relatives to live. We saw people received care and support in a timely manner. People, who were able to use one, had a call bell to alert staff if they required any assistance. On the day of our inspection we saw call bells were sounding at regular intervals in three empty rooms. Staff told us there was a fault in the system and this had been reported. When we spoke with the provider we were advised that a new system was due to be installed by the end of November 2014.

Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The management of the home recognised when to report any suspected abuse. The deputy manager told us about three recent incidents that had occurred in the home and how these had been reported to the local authority in line with local reporting

## Is the service safe?

arrangements. We saw staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise the risk to these people.

The home held money for 37 people to enable them to make purchases for personal items and to pay for appointments such as the visiting hairdresser and chiropodist. Money received from either people's families or advocates was held and managed at the provider's head office by the account manager. Cash was given to the home regularly for each person. We looked at records of monies received and taken out for people and found these to be correct. The provider completed regular audits and we saw details of the most recent audit carried out in August 2014, which had not raised any concerns.

Risks were identified and assessments of how any risks could be minimised were recorded. For example how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge

required to provide care to meet people's needs. We looked at the recruitment files for four staff and found these contained all relevant recruitment checks to show they were suitable and safe to work in a care environment.

The environment in the main house was clean and well maintained. We found Willow House was in need of some re-decoration as the flooring was ripped and stained. People who lived in Willow House did not express a view on the environment but one visitor told us they thought Willow House was not a pleasant environment for people to live in. The provider told us Willow House was due to be re-decorated once new furniture was delivered. We saw a copy of the order for new furniture with a delivery date of the beginning of December 2014. We were advised that the re-decoration would commence on 15 December 2014.

There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.



# Is the service effective?

## Our findings

Staff demonstrated a good understanding of how they cared for each individual to ensure they received effective care and support. People told us they were satisfied that the staff team had the right skills to meet their needs. All the visitors spoke well of staff and their ability to meet the needs of people. One visitor told us about how staff cared for their relative “They are very good with my wife”.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. There was a programme to make sure staff received relevant training and refresher training was kept up to date. Care staff told us they met regularly with a senior carer, the manager or deputy manager for one-to-one supervision meetings. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development.

The deputy manager, who was also the clinical lead for the home, completed clinical supervision with the nursing staff. Records we looked at confirmed there was a programme in place to carry out regular supervision with care and nursing staff.

We spoke with one newly recruited staff and they confirmed they had completed an induction when they commenced employment. The care worker told us the induction had been very helpful and they had been supported by other staff into their role. This included working alongside more experienced staff before starting to work on their own.

Care records confirmed people had access to health care professionals to meet their specific needs. For example staff had arranged a medication review for one person to see if changes to their medicines could help lift their mood and increase their appetite. As a result of the medicine review the dose of their mood –altering medicine was reduced. Staff told us, and records showed, that the individual was eating better and had put on weight. They were also getting up for a four period each day and were more engaged with staff and other people.

We observed staff supporting people during lunchtime in the main house and Willow House on the day of our inspection. People were able to choose where they wanted to eat their meal, in either a lounge, dining room or in their

bedroom. The meal was leisurely and people were seen to enjoy their food. Staff helping people who needed assistance with eating did so in a respectful and appropriate manner, sitting alongside the person and talking to them.

Some people were aware that there was a choice of meals and others were unsure. However, we saw staff asking people during the morning to choose their lunch and teatime meals. Some people had difficulty understanding the choices on offer and we saw staff were patient and took the time to explain what the meals were in different ways.

In addition to the main kitchen there were two smaller ‘serving’ kitchens, one in the main house and one in Willow House. Cooked meals were brought from the main kitchen and served from these smaller kitchens. The smaller kitchens were also stocked with drinks and snacks. We saw a member of staff was allocated to work in these kitchens throughout the day serving people with drinks and snacks as required.

Staff asked people for their consent before delivering care or treatment and they respected people’s choice to refuse treatment. For example, we observed people were asked to verbally consent to taking their medicines. When one person said they did not wish to take their medicine the nurse explained the reason why this medicine had been prescribed for them. The nurse returned a few minutes later and asked them again about taking their medicine, to check they were sure about their decision and understood the consequences of not taking it. The person’s decision to refuse their medicine was respected.

The manager and staff had a clear understanding of the Mental Capacity Act (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Many people living in the home had a diagnosis of dementia or mental health condition that meant their ability to make daily decisions could fluctuate. We saw staff had a good understanding of people’s needs and used this knowledge to help people make their own decisions about their daily lives wherever possible.

## Is the service effective?

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. We saw records of where decisions had been made on a person's behalf; the decision had been made in their 'best interest'. For example best interest meetings had taken place to decide on the use of bedrails for some people. Records showed the person's family and appropriate health professionals had been involved in this decision.

There was evidence the manager and deputy manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS is part of the Mental Capacity Act 2005 (MCA) and provides a process by which a person can be

deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Following a recent court ruling the criteria for where someone maybe considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty.

People were assessed to see if there were any restrictions in place that might mean an application under DoLS would need to be made. We saw that nine people in the home had a current DoLS authorisation. We looked at the records of these and saw they were all in date and there was a system in place to review at the expiry date or sooner if the people's needs changed and this altered the restrictions in place.

# Is the service caring?

## Our findings

People told us staff were very caring and looked after them well. Visitors told us “staff are lovely” and “can’t fault the staff, friendly and lovely”. When staff talked with us about individuals in the home they spoke about them in a caring and compassionate manner. Staff demonstrated a good knowledge of the people they supported.

In the morning of our inspection staff were busy because some staff had not arrived for their shift and until additional staff arrived the home was operating under their normal staffing levels. However, we saw despite being busy staff did not convey this to people who needed their help. Staff responded to people in a calm and unrushed manner, this meant the staff shortage did not affect the way people received their care and support.

People told us they were able to choose what time they got up, when they went to bed and how they spent their day. People were able to choose whether to spend time in their room or different communal areas in both the main house and Willow House. We saw staff provided support in accordance with people’s wishes.

Visitors told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or different communal areas.

People’s privacy was respected. Where people had requested their bedrooms had been personalised with

their belongings, such as furniture, photographs and ornaments. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

The care we saw delivered throughout the inspection was appropriate to people’s needs. Staff responded to people in a kind and sensitive manner. For example we observed a care worker encouraging one person to eat their breakfast. The person did not want to sit down to eat so the worker discreetly followed them as they walked around, gently reminding them to eat the toast they were carrying.

We observed another care worker help a person who had become disorientated and was distressed because they could not find their room. The care worker responded to the person with patience and helped them to find their room. It took a few minutes for the person to arrive at their room and the care worker gently re-assured them throughout the time they walked together.

Where possible people were involved people in decisions about their daily living. Staff asked people where they wanted to spend their time and what they wanted to eat and drink. In one of the lounges a care worker checked with one person if they were happy with the television programme that was on. When they said they would like to watch something else the worker changed the channel to the one requested.

# Is the service responsive?

## Our findings

### Findings from the comprehensive inspection of 13 November 2014

At our inspection on 1 May 2014 we found care plans did not accurately reflect people's current needs. Vital information for staff to follow to ensure people's safety and welfare was not always recorded in care records. We found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we checked if the provider had made the necessary improvements to comply with this regulation. We found improvements had not been made in relation to the level of detail in people's care plans to ensure staff had clear guidance about how to meet people's individual needs. In addition we also found the provider had failed to plan and deliver care that reflected people's needs and wishes in relation to their social and emotional needs. There was a lack of meaningful activities to meet people's individual needs.

Since our last inspection some care plans had been updated to give more detail about how staff should meet people's individual care needs. However, we found not all care plans had been updated and these lacked key information about people's needs. There was no clear guidance for staff about how to meet people's needs, particularly for people who had complex ways of communicating who could display behaviour that was challenging for staff.

For one person we found there was no assessment of the individual's needs from which a comprehensive care plan could be developed to describe how care should be delivered to meet their assessed needs. The individual had a diagnosis of dementia and was unable to fully communicate their needs and wishes. A care plan had been written with some personal information about their likes and dislikes but no record of their life history, which could help staff to understand how their past life might influence their current needs. The behaviour section of their care plan described how they could become disorientated to time and place and sometimes this resulted in aggressive behaviour towards others. However,

there was no evidence that staff had been given clear strategies about how this behaviour could be prevented or instructions for staff about how they should respond when it occurred.

For another person, who had no verbal communication, we found their care plan lacked guidance for staff about how to understand the meaning of their non-verbal communications. When we spoke with staff some were more confident than others about how to meet these two people's needs, but it was clear staff did not have a consistent approach. This was because agreed ways of working with individuals had not been developed to ensure staff knew how to consistently provide the right care for each person.

In all the care plans we looked at there was no assessment of how people's social and emotional needs could be met. Care plans did not record individual's needs in relation to how they wished to spend their time and what type of activity they might wish to take part in. We found care plans focussed on people's health needs but details of how their social needs could be met was not included. There was no information about how they might wish to spend their time in order to promote their emotional wellbeing.

We spent six hours observing and speaking with people in the communal areas of the main house and Willow House. On the day of the inspection we did not see any evidence of meaningful activities and seven people were unable to recall any specific activities taking place. We saw some pieces of craft that people had made, although we were unable to evidence how many people had taken part in these activities. We looked at an activities folder, but this had not been completed for three months. This meant that people's social and emotional needs were not being met because the service had not assessed their individual needs and had not provided activity to meet the individual needs of everyone that lived in the home.

We also looked at how the needs of six people, who were also nursed in bed, were being met. All of these people were unable to move from their bed without assistance from staff and were unable to use a call bell to summon help if needed. We saw that these people were in bedrooms upstairs and not in a part of home that staff would pass through to go to other areas. We saw records for all six people of a two hourly 'turn' regime, where staff repositioned them to maintain their skin integrity. Some staff told us they did go into their room whenever they had

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the time to check if they needed any assistance. However, we found there was no system in place to ensure that this consistently happened to order to check the person was safe or spend time sitting with them. This meant that proper steps had not been taken to ensure these people received care that met their social and emotional needs.

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and their families were given information about how to complain. Details of the complaints procedure were displayed in the main entrance to the home. Visitors told us they were aware of the complaints procedure.

Records showed the home had not received any complaints in the last year. However, we had been advised by a relative, prior to our visit, that they had raised a complaint. The manager was aware of this complaint and told us about how they had dealt with it. The manager told us this had been resolved informally and therefore had not been recorded as a complaint. It is important that the service records all complaints, their investigation and how they are resolved.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

### Findings from the focused inspection of 23 February 2015

We found people's care plans had been updated to give staff clear guidance about how to meet people's individual needs and there was a programme in place to keep them under regular review. Where people had specific communication or behavioural needs care plans detailed how these needs should be met. For example one person's care plan gave guidance for staff about how to understand the meaning of their non-verbal communication. For another person their care plan gave guidance for staff about how to respond if they became distressed. Staff were able to tell us detailed information about how people liked to be supported and what was important to them.

Staff interaction we observed during our inspection was respectful and appropriate to their needs.

Care plans also included how people's social and emotional needs could be met. The system for staff to write daily records about people had changed, since January 2015, to include more detail about how people's social and

emotional needs were being met. For example the care plan for one person stated, 'I like company and people chatting to me'. Daily records for this person showed that staff spent periods of time each day talking with them on a one-to-one basis. On the day of our inspection we saw staff spending time talking with the person in one of the lounges.

Daily records for other people also gave a detailed account of their health and well-being, including how they had spent their day. This meant the service could monitor how people's social emotional needs were being met.

Since our last inspection the service had employed a 'recreational therapist' to facilitate a programme of meaningful activities to meet people's individual needs. The recreational therapist started in the role two weeks before this inspection and worked 18 hours per week. They talked to us about what they had implemented to date and what plans they had to develop the role. There were group music and art activities available for people to take part in each day. The recreational therapist told us initially they wanted to understand individual's needs. They were doing this by speaking with each person every day that they were working. From these conversations they had started to develop a profile of each person's social needs and how they wanted to spend their time. A programme of individual and group activities would be developed from this work, being flexible and adapted to people's needs each day. On the day of our inspection we saw people take part in art work in groups and individually.

At our inspection of 13 November 2014 we found the needs of people who stayed in their rooms, either through choice or because they were cared for in bed, were not being met. These people were isolated from the rest of the home and there was no consistent system in place to check the person was safe or to spend time sitting with them. At this inspection we found some of these people were spending time downstairs in the company of other people and staff and people who stayed in their rooms were being checked hourly. The recreational therapist also spent one-to-one time with these people.

The service had received two complaints since our last inspection in November 2014. We found these complaints had been recorded with details of the investigation and

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how they were resolved. Records showed what actions had been taken to learn from the complaints and improve the service. For example reviewing the system for the ordering of continence pads.

This meant the requirements of regulations 9 and 19 of the Health and Social Care Act 2008 (regulated activities) had been met.



# Is the service well-led?

## Our findings

### Findings from the comprehensive inspection of 13 November 2014

Although there were systems to assess the quality of the service provided in the home we found that these were not always effective. The systems had not identified areas of the service that required improvement to ensure the care provided met people's individual needs. This was because; a robust system was not in place for auditing the quality of person centred information in people's care plans, and people's social and emotional needs were not being met.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed with the deputy manager about any safeguarding alerts that had been made by the home when there were, concerns about allegations of abuse or where people had been the victim of abuse. We found the management of the home had reported any suspected abuse appropriately to the local authority and as a result measures had been put in place to protect people from further harm. However, the provider had not notified the Care Quality Commission of any abuse or allegation of abuse in relation to people who used the service as required by law.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and their families were asked to complete questionnaires regularly to give their feedback about the home and about the meals provided. We looked at the completed questionnaires from the survey conducted in August 2014. We found that although some positive comments were made about staff and the food provided there were some very negative comments about the environment in Willow House. However, we saw that the provider had responded to these comments and plans were in place to purchase new furniture and re-decorate that part of the home. As detailed in the safe section of this report we were advised that the re-decoration would commence on 15 December 2014.

Since our last inspection the provider had appointed a deputy manager to assist with the day-to-day running of the home. The deputy manager was also the clinical lead

for the home, as a qualified nurse. There was a good working relationship between the manager and deputy and it was clear they worked well together to manage the home.

Staff told us the deputy manager was approachable and visible in the home. The deputy often worked alongside staff to support them and ensure they understood people's needs. All staff told us they would be confident to speak to the manager or deputy manager if they had any concerns about another staff member. They told us that they had no concerns about the practice or behaviour of any other staff members.

Staff told us they enjoyed working in the home, were supported by management and worked well together as a team. It was clear that ensuring people living in the home were safe and happy was important to them. On the day of our inspection the home was short staff due to sickness. However, staff did not respond negatively to this and told us it made them even more determined to work together as a team to ensure people's needs were met.

Before this inspection we asked the provider to complete a Provider Information Return (PIR). They did not return a PIR because they told us the original was lost and they had requested a duplicate but this had not been received. However, the request for a duplicate PIR was made in September 2014 and there had been no further contact from the provider to notify the commission that a second copy had not been received. The provider did send us a PIR a week after our inspection using, and making the necessary changes to, a template sent to them for another one of their locations.

### Findings from the focused inspection of 23 February 2015

Since our inspection of 13 November 2014 the service had implemented a system to regularly audit people's care plans to check if care records accurately reflected people's needs. We found evidence of these audits in the care files we looked at. The acting manager told us these audits involved all staff working in the service. This was achieved by allocating certain people each day to be 'residents of the day' and all staff contributed to the review of the person's needs on that day. This included nursing staff, care staff, domestic and kitchen staff.

## Is the service well-led?

We found the service had made two safeguarding alerts, about allegations of abuse in relation to people who used the service, since our last inspection. The Care Quality Commission had been notified of these referrals, as required by law.

This meant the requirements of regulations 10 of the Health and Social Care Act 2008 (regulated activities) and the requirements of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 had been met..

There was no system in place to monitor the quality of the service provided at the provider level. There was no external auditing process or any opportunities to share good practice across the organisation. This meant there were no standard governance arrangements to help ensure a consistent quality of service across the Morleigh group's homes.