

SA & JO Care Limited

# Crouched Friars 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?

**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

At our previous comprehensive inspection to the service on 3 May 2016 one breach of the regulatory requirements was made in relation to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst improvements were noted since our last inspection in relation to assessing people's capacity to make day-to-day decisions, other aspects of care provision required improvement.

Crouched Friars Residential Home provides accommodation and personal care for up to 56 older people. Some people also have dementia related needs. The layout of the premises is by means of three interconnected buildings; Crouched Friars [main house], Friars Wing and Colne Lodge [for people living with dementia].

This inspection was completed on 12 and 13 October 2017 and there were 44 people living at the service when we inspected.

A registered manager was in post. 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.

An effective robust system was not in place to assess and monitor the quality of the service. Quality assurance systems had failed to identify the issues we found during our inspection and to drive improvement.

Not all risks to people were identified and improvements were required to record how these were to be mitigated so as to ensure people's safety and wellbeing. Improvements were required to ensure that people's care plan documentation was accessible at all times, reflected all of their care and support needs and how the care was to be delivered by staff.

Although people told us that staff cared for them in a kind and caring manner and whilst some aspects of care by staff was seen to be good, other arrangements were not as effective as they should be and could potentially impact on the delivery of care people received. People were not always actively encouraged to make day-to-day choices and we were not assured that staff always understood the importance of giving people choices and how to support people that could not make decisions and choices for themselves. Improvements were required to ensure the dining experience across the service was consistent.

People's capacity to make day-to-day decisions had been considered and assessed. Nonetheless, improvements were required to ensure more significant decisions which had been made by staff were in people's best interests and clearly recorded the rationale for these decisions. Staff member's understanding and knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental

Capacity Act (MCA) 2005 required improvement.

Although staff had received regular training opportunities, improvements were needed to ensure the effective delivery of training in line with current legislative requirements and that training provided was embedded in the everyday practice of the staff. Minor corrections were required to ensure staff recruitment practices were in line with regulatory requirements and the provider's own policies and procedures.

Suitable arrangements were in place to take action when abuse had been alleged or suspected. People were protected from abuse and avoidable harm and people living at the service confirmed they were kept safe and had no concerns about their safety.

Staff described the management team as supportive and approachable. Arrangements were in place for staff to receive formal supervision at regular intervals. Newly employed members of staff received an induction which was suitable for their role and areas of responsibility.

People's healthcare needs were supported and people had access to a range of healthcare services and professionals as required. Staff had a good relationship with the people they supported. People were treated with dignity and supported to maintain their independence where appropriate.

## 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 consistently safe.

Not all risks to people were identified and improvements were required to record how these were to be mitigated so as to ensure people's safety and wellbeing.

Improvements were required to recruit staff safely in line with regulatory requirements and the provider's policies and procedures.

The management of medicines was safe and people received their prescribed medicines as they should.

The deployment of staff was suitable to meet people's care and support needs, although improvements were required to ensure staff spent time with people to talk and to engage with.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Although staff had received regular training opportunities, improvements were required to ensure the effective delivery of training in line with current legislative requirements. Improvements were also required to ensure that training was embedded in practice so as to ensure positive outcomes for people using the service.

Although people's capacity to make decisions had now been assessed, staff had a variable knowledge and understanding of the MCA, Deprivation of Liberty Safeguards (DoLS) and best interest assessments.

The dining experience for people within the service was variable and improvements were required.

Induction arrangements for staff were appropriate. Staff felt supported and had received regular supervision.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and

**Requires Improvement** ●

services as required.

### Is the service caring?

The service was not consistently caring.

Whilst some aspect of care by staff was seen to be good, other arrangements were not as effective as they should be and this could potentially impact on the delivery of good quality care.

Improvements were required to ensure people were treated with respect at all times and actively encouraged to make day-to-day choices.

People and their relatives were positive about the care and support provided at the service by staff. People told us staff were caring.

Staff demonstrated an understanding and awareness of how to support people to maintain their independence.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive.

Although some people's care plans provided sufficient detail, others were not as fully reflective or accurate of people's care and support needs as they should be and improvements were required.

People were supported to participate in a range of social activities.

People using the service and those acting on their behalf were confident and able to raise concerns. Complaints were dealt with satisfactorily.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

Although systems were in place to assess and monitor the quality of the service provided, improvements were required as these arrangements were not as robust as they could be and working as effectively as they should be to demonstrate compliance and to drive improvement.

**Requires Improvement** ●

# Crouched Friars 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 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.

This inspection took place on 12 and 13 October 2017 and was unannounced. The inspection team consisted of one inspector on 12 October 2017 and one inspector and a 'bank' inspector on 13 October 2017. On the 13 October 2017 the inspectors were accompanied by an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 13 people who used the service, five people's relatives, six members of staff, two senior members of staff and the registered manager.

We reviewed five people's care plans and care records. We looked at the staff personnel records for four members of staff. Additionally, we looked at staff's supervision and appraisal records and training information. We also looked at the service's arrangements for the management of medicines, safeguarding, complaints and compliments information and quality monitoring and audit information.

# Is the service safe?

## Our findings

We asked people whether they felt safe living at the service. People confirmed to us that staff looked after them well and that their safety was maintained. One person told us, "Of course I am safe here." Another person told us, "I feel safe here. If I ring my bell someone will always come and answer it and I do not wait too long." Relatives' comments were also positive. One relative told us, "I feel my [name of relative] is very safe here. We frequently come in at different times and have never seen anything that would make us feel [name of relative] is not safe here." A second relative told us, "My [name of relative] is definitely safe here; they have never said they have been worried about anything and they would tell me."

Staff spoken with had variable understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Although staff told us they would report any concerns to the registered manager, deputy manager or senior care staff on duty, not all staff were able to demonstrate a knowledge or awareness of local safeguarding protocols and how to refer matters of concern to the Local Authority or other agencies. Others confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission without hesitation. Though the above was highlighted there was no evidence to suggest there had been incidents whereby staff had not reported any concerns.

Not all risks had been identified and suitable control measures put in place to mitigate the risk or potential risk of harm for people using the service. This meant that risks to people were not consistently identified and information about risks and safety were not as comprehensive, accurate or up to date as they should be. Information relating to one person recorded between June 2017 and September 2017 showed that they had experienced a total of eight falls. A robust risk assessment had not been completed to minimise the risks associated with falls for this person and there was a lack of guidance for staff detailing the steps to be taken to keep the person safe. From our discussions with the registered manager and information available, the person had previously received support from the local falls team but had now been discharged as it was felt they could no longer provide support.

Another person's care records made reference to them being at risk of developing pressure ulcers. Following their admission to the service, records demonstrated they received regular interventions and treatment by a healthcare professional to their ankle and sacrum. No formal assessment tool to provide an estimated risk for the development of pressure ulcers, for example, 'Waterlow' had been implemented and completed. A risk assessment had not been considered or completed to identify actions needed to manage this risk and to aid the prevention of pressure ulcers developing or deteriorating further.

Staff recruitment records for four members of staff appointed since our last inspection in May 2016 showed that improvements were required in line with the registered provider's own recruitment policy and procedure. The majority of relevant checks had been completed before a new member of staff started working at the service, for example, an application form had been completed, proof of an applicant's identity had been sought and a criminal record check with the Disclosure and Barring Service [DBS] had been completed. However, improvements were required to ensure that written references requested were acquired from an applicant's most recent employer and from someone who knew them well and who could

verify to their character. This would ensure the prospective employer had the most up-to-date information relating to their employment and conduct. We found that no written references had been sought for one member of staff and only one reference had been received for two employees. Dates relating to previous employment for each applicant were either not recorded or were unclear. Furthermore, following discussions with the registered manager, no standardised questions for the prospective candidate were prepared. No information was recorded as part of good practice procedures relating to the interview so as to demonstrate the outcome of the discussion and the rationale for the appointment.

We recommend the provider seeks guidance on best practice in relation to safe recruitment practices from a reputable source and in line with current regulations

People told us that staffing levels at the service were appropriate in meeting their needs throughout the day. Where they were able to tell us, people told us they received the help they needed and this was delivered promptly. One relative told us, "There always seems to be enough staff on duty because they [staff] come pretty quickly to answer the bell if [relative] calls." Our observations indicated the deployment of staff was suitable to meet people's needs throughout the day. We saw that staff were attentive to people's needs and requests for assistance were responded to in a timely manner during both days of the inspection.

Comments about the provider's medicines management arrangements from people using the service and those acting on their behalf were positive, as people confirmed they received their medication as they should. One relative told us, "My [name of relative] sometimes refuses their medication but staff will always return to encourage them to take later." Our observations showed that people received their medication in a timely manner as the medication rounds were evenly spaced out throughout the day to ensure that people did not receive their medication too close together or too late.

Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records [MAR] for 11 out of 44 people living at the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Where people were prescribed medication dependent on the results of a blood test, for example Warfarin, information relating to this was kept with the MAR form and specific instructions and adjustments relating to the dose of this medication were followed.



## Is the service effective?

### Our findings

People's needs were not being met in a person centred way when it came to what they liked to eat, when they ate and how they were supported to do so. People's comments about the meals provided were variable. Where positive comments were noted one person told us, "The food is okay here." Another person stated, "My dinner was lovely," and a third person told us, "The food is very good here and nicely served." Relative's comments included, "My [relative] has never complained about the food and they would if they were not happy with it," and, "My relative always says how good the food here is."

Where less favourable comments were stated, these related to people being asked to give their menu choice the day before. People confirmed they could not always remember what they had ordered and were not routinely reminded by staff on the day about their actual meal choice. People also told us they did not always think there was sufficient meal and drink choices available and fruit was not routinely offered by staff. One person told us, "I like fruit but they do not have much around to help yourself to." Another person told us, "We have tea or coffee in the morning but I don't think you can ask for anything else." Our observations over both days of the inspection confirmed what people told us. On the first day of inspection in Crouched Friars, drinks were already poured into plastic cups prior to people sitting down to their lunchtime meal. On the second day of inspection on Colne Lodge, people were only offered orange juice. No other choice of drink was offered or available for people to choose from.

Our observations of the dining experience were variable. Lunchtime during both days of inspection across the service was observed to be a quiet event with limited conversation undertaken between staff and people using the service. We were concerned that several people residing on Colne Lodge did not have their meals spaced evenly throughout the day. On the second day of inspection several people were given their lunchtime meal between 11.20 a.m. and 11.30 a.m., having received their breakfast only three to three and a half hours earlier.

Where people were observed to be reluctant to finish their meal, little verbal encouragement was provided by staff to support and encourage the person to eat more or to offer an alternative meal choice. We observed one incident whereby one person repeatedly told staff they did not like the main meal choice provided [scampi]. However staff continued to assist this person to eat until they refused to continue to eat the food offered. Consideration was not given to offer the person an alternative meal choice such as fish and chips or egg and chips which were readily and easily available. Additionally, a person was observed to still be asleep when their meal was placed in front of them. The meal was left untouched for 10 minutes before staff attempted to assist the person to eat. Staff did not initially make sure the person was awake and alert before attempting to assist them to eat. We had to intervene and suggest to staff that the person was not yet fully awake and this may hamper their ability to eat and fully enjoy the dining experience.

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

The nutritional needs of people were identified and where people who used the service were considered to

be at nutritional risk, referrals to a healthcare professional had been made. Where instructions recorded that people should be weighed at regular intervals, such as, weekly or monthly, this had been recorded and followed. However, it was not always possible to establish if people had received sufficient food and fluid on any given day so as to determine if their diet was satisfactory. For example, the daily care records for one person showed over a seven day period that their dietary intake including their hydration needs were either 'fair,' 'small' or 'poor'. We discussed this with a senior member of staff and they confirmed that the person's dietary intake was not being monitored. This was not an isolated case but improvements were needed to ensure people received effective support at all times.

Staff training records viewed confirmed the majority of staff employed at the service had received mandatory training in line with the organisation's expectations. The registered manager had attained a Level 4 Certificate in 'Preparing to Teach in the Lifelong Learning Sector' [PTLLS] in 2008. The registered manager confirmed that both they and the deputy manager delivered training to staff with the exception of fire awareness, first aid and pressure ulcer management. However, although the registered manager had many years' experience both as a qualified nurse and as a registered manager, they confirmed they did not have up-to-date knowledge in specific subjects so as to deliver effective training to staff in line with current legislative requirements. The registered manager had not trained as an accredited trainer to enable them to provide staff with training relating to safe moving and handling techniques. Therefore we could not be assured that staff had been trained by a skilled and competent person.

Our observations showed that staff in the main effectively applied their learning. However during the inspection not all staff's practice relating to moving and handling was appropriate and improvements were required. We observed two occasions on Colne Lodge whereby staff placed their hands under people's armpits when assisting them to mobilise. This technique is unsafe, can hurt and cause injury because the person's armpits have too much pressure on them.

Not all staff appeared to recognise that their practice in relation to interactions, exchanges and communication with people using the service, particularly for people living with dementia were primarily routine and task led. For example providing drinks, supporting people to eat their meals and assisting people with their personal care and comfort needs.

We recommend the provider use a reputable and accredited source for staff training to ensure their skills are appropriate for the delivery of their roles and that such training is regularly assessed for its effectiveness.

The registered manager confirmed that all newly employed staff received a comprehensive induction and this was undertaken over a two week period. The registered manager confirmed this could be flexible depending on a member of staff's experience and qualifications attained. Staff told us the completion of the 'in-house' induction was a lot to take in over a one day period and in their opinion would benefit from being extended over two days. Staff were positive about the opportunity they had been given to 'shadow' and work alongside more experienced members of staff and stated this had proved very helpful and invaluable.

Staff told us they received good day-to-day support from the registered manager, deputy manager, senior care staff and work colleagues including regular team meetings where they were able to raise concerns and express their views. Records showed that staff employed at the service had received regular supervision at bi-monthly intervals.

The Mental Capacity Act (MCA) 2005 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 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. The registered manager confirmed only two DoLS applications had been approved by the Local Authority but 15 to 18 applications had been submitted and were awaiting authorisation.

Despite the majority of staff having received this training, some staff demonstrated a poor knowledge and understanding of the main principles relating to MCA and DoLS. Information available showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions they may need help with, had been identified and recorded. However, where more significant decisions were required because people were unable to make these decisions for themselves, a 'best interest' assessment was required. For example, 'best interest' assessments had not been considered or completed in relation to the use of bedrails. Following our discussions with the registered manager and senior members of staff it was evident that their knowledge and understanding in this area was lacking and required further improvement.

People told us their healthcare needs were well managed. One person told us, "If you are not well, staff will come in a lot to see how you are." People's care records showed that their healthcare needs were recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital and GP appointments, District Nurse and Community Dementia Nurse Specialist. Relatives confirmed they were kept informed of healthcare issues relating to their family member.

## Is the service caring?

### Our findings

Overall people and their relatives told us that staff cared for people in a considerate and kind way. This meant that people were generally satisfied and happy with the care and support they received from staff. Relatives confirmed they were happy with the care and support provided for their family member. One relative told us, "The service here is very good. We looked at three homes for my relative and this was the best. I can only speak highly of it here and the staff certainly know what they are doing."

The atmosphere within Crouched Friars was seen to be relaxed and friendly. Staff were noted to have a good relationship with the people they supported and there was good humoured banter during both days of the inspection which several people were observed to enjoy and appreciate. Staff were attentive to people's needs, whether it was supporting a person with their personal care and comfort needs, supporting someone to drink, assisting people to mobilise within the home environment or undertaking a social activity with someone on a one-to-one basis. One person told us, "The staff are kind to you." Another person told us, "The staff are very kind and caring."

The above was inconsistent with our observations on Colne Lodge. The majority of interactions by staff on both days of inspection with people using the service were task and routine led. For example, providing drinks and supporting people to eat their meals and assisting people with their personal care and comfort needs. There was an over reliance on the television and although this was on, people using the service were predominately either asleep or disengaged with their surroundings and not watching the television.

People expressed disappointment that staff were not always able to spend meaningful time with them to simply sit and to have a chat. One person told us, "The staff are caring but do not speak to you much, but do what they have to." Another person told us, "It's a bit of a sore point with that, staff do not have the time to chat to you much. I would say they find it hard to connect with you." Comments were also made that people found it difficult to communicate effectively with staff, to understand some staff's accent and what they were saying, particularly where English was not their first language. We experienced this first hand when trying to ask a member of staff to provide us with information about one person living at the service. The member of staff was unable to tell us anything about the person and immediately sought assistance from another member of staff and the senior on duty.

We recommend the provider review their staff practices and interactions with people to ensure that staff have the ability to communicate effectively in English and ensure staff gain an understanding of their role to deliver person centred, engaged care.

People were not always actively encouraged to make day-to-day choices. From our discussions with people using the service, we were not assured that staff always understood the importance of giving people choices and how to support people that could not always make decisions and choices for themselves. For example, people living with dementia were observed not always being offered choice in relation to drinks. On review of one person's daily observation records over an 11 day period, this repeatedly evidenced the person was given personal care by staff between the hours of 04.45 a.m. and 06.05 a.m. The person was unable to tell us

if this was their choice or preference and their care plan provided no information as to how this decision was being made. The registered manager had not recognised this as a problem and considered how to address this.

However, people's independence was promoted and encouraged according to their capabilities and abilities. People told us they were able to manage some aspects of their personal care with limited staff support. They also confirmed that if they needed assistance this would be provided. One person told us they regularly accessed the community to attend local clubs and on the first day of inspection was seen to get into a taxi so as to attend one of these.

People's privacy was respected by staff. When people asked for assistance with their comfort needs staff engaged and supported people in a discreet manner. Staff were able to verbally give examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing clear explanations to people about the care and support to be provided. Observations showed on most occasions' staff knocked on people's doors before entering and staff were overheard to use the term of address preferred by the individual. People also told us that staff treated them with respect and spoke to them in a respectful manner and listen to what they had to say. However, our observations did not always evidence this in practice.

In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. One person told us, "My family can visit at any time, they [staff] never mind people visiting you here." Staff told us that people's friends and family were welcome at all times. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome. One relative told us, "You can visit at any time and are always made welcome."

## Is the service responsive?

### Our findings

Suitable arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. This ensured that the service was able to meet the person's needs and provide sufficient information to inform the person's initial care plan. Although people using the service and those acting on their behalf told us they had been involved with the above process, people could not always remember if they had seen their care plan or their relative's care plan. One relative told us, "I have not been involved in the care plan, but I know the manager would contact me with any changes, they always phone you." A second relative told us, "I have not been to any meeting about my relative's care, but I am sure they [staff and management team] would let me know of any issues, they do phone with any concerns.

On the first day of inspection we looked at three care plans for people recently admitted to the service. A senior member of staff advised that no care plans were available for these people. We discussed this with the registered manager on the second day of inspection, at this time one of the care plans was produced and an explanation provided to clarify its unavailability when first requested. We noted that their care plan had not been completed until 20 days after their admission to the service. The rationale provided by the registered manager was that their care plan had been difficult to complete due to the lack of information provided by other agencies. The remaining two care plans were initially advised as not having been completed but were later provided to us.

Although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support, others were not as fully reflective or accurate of people's care needs as they should be. This meant there was a risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered. In one person's care plan, the professional visit records for the person made reference to them having received a review of their medical condition of diabetes in September 2017. A person-centred care plan was not in place detailing the arrangements for monitoring this so as to ensure the person maintained suitable control of their blood glucose levels. Another person had experienced a total of eight falls between June 2017 and September 2017, but the monthly evaluation completed during this same period failed to reflect this information. Although these records required improvement, we did not find or observe any impact on people's care during our inspection.

Staff told us there were some people who could become anxious or distressed. Improvements were required to ensure that the care plans for these people consistently considered the reasons for them becoming anxious and the steps staff should take to reassure them. Guidance and directions on the best ways to support the person required reviewing so that staff had all of the information required to support the person appropriately and to reduce their anxiety. Where information was recorded detailing the behaviours observed, the events that preceded and followed this and the staff members' interventions needed improvement. There was little evidence to demonstrate staff's interventions and the outcome of incidents so as to provide assurance that these were effectively being dealt with and positive outcomes were attained for people living at the service. During the inspection we did not witness any occasions whereby people

using the service became distressed and anxious.

People's comments relating to social activities provided at the service were variable; these predominately related to a lack of opportunity to access the local community. One person told us, "I cannot remember going on an outing here." Another person told us, "Staff do not take me out and they could because I am quite able bodied." A third person told us when asked how they spend their day, "We either do colouring and puzzles here." A relative confirmed what people told us and stated, "I don't think they have many outings here, once there was a trip to a zoo."

The registered manager told us that the service was involved with FaNS. This is an initiative funded by Essex County Council, working in partnership with Age UK Essex. It promotes and supports 'community engagement' and provides links between care homes and their local community. As part of this, people using the service had enjoyed participation in a 'bake off' competition, enjoyed attending a concert and the cinema. Additionally, the registered manager told us that people could access the community with their relatives and staff could assist people to access local shops.

Our observations within Crouched Friars and Friars Wing showed that people were supported to participate in individual social activities, such as playing solitary card games, completing jigsaw puzzles and colouring. Additionally, some people were noted to enjoy a game of dominoes or 'Connect 4' with a member of staff, to have a manicure or play ball games. On Colne Lodge, people did some colouring, received a manicure, played ball games or watched television.

We recommend the provider ensures that people are consulted about how they would prefer to spend their time including their views on accessing the local community and how this can be achieved.

People and their relative's knew how to make a complaint or raise a concern and who to complain to. People told us if they had any concerns they would discuss these in the first instance with a family member, with staff on duty or a member of the management team. Relatives stated they felt able to express their views about the service and in their opinion they would be listened to. One relative told us, "I would know how to complain but really nothing goes wrong with the care." Another relative stated, "If I had any concerns I would go straight to a member of staff or the manager."

Since our last inspection to the service in May 2016, the service had received one complaint. Although the complaint was logged and a statement obtained from a member of staff, information relating to the complaint, action taken and evidence to confirm if this had been resolved was not available. An assurance was provided by the registered manager that this would be completed.

A record of compliments was maintained to evidence the service's achievements. Comments recorded included, 'I always felt that the care and compassion of the staff and management there was wonderful and always delivered with such good humour, politeness and helpfulness,' and, 'I would like to thank you all for looking after [Name of person] for all the years and kindness to have shown them.'



## Is the service well-led?

### Our findings

The service had a registered manager in post and they were supported by a deputy manager and additional senior members of staff. The registered manager was able to demonstrate a practical understanding of current guidance and legislation in managing health and social care services and understood the key responsibilities.

We asked the registered manager about the arrangements in place to gather, document and evaluate information about the quality and safety of the care and support the service provided and the outcomes; through the completion of audits, feedback from people who use the service or those acting on their behalf and compliments and complaints. The registered manager confirmed that a monthly medication audit was completed. These were viewed for the period June 2017 to September 2017 inclusive and demonstrated no corrective actions were required.

However, the registered manager confirmed that no other arrangements were in place for analysing and using information to identify the improvements required to provide a high quality service.

The inspection identified a lack of appropriate systems in place to monitor the quality of the service and to identify where improvements were needed. This lack of oversight had led to shortfalls in the way the service was being managed and had failed to identify potential risks to people living there. These shortfalls included information relating to the incidence of pressure ulcers or where people were at risk of poor skin integrity, infections, falls, accidents and incidents not collected or recorded to protect people from risks associated with unsafe care and to drive improvement. Also, people's care plans and risk assessments required review to ensure these reflected all of a person's current needs. A more robust process was required for the recruitment of staff and to ensure that training provided for staff was undertaken by a trainer who had the skills and competence to deliver it in line with current legislative requirements. In addition, this oversight had failed to identify that some staff's practice when providing care and support to people using the service required improvement so as to ensure positive outcomes.

The registered provider completed a monthly report following their regular visits to the service. These were viewed for the period May 2017 to September 2017 inclusive. These showed that the views of people using the service and staff were gained as part of the quality assurance process. The reports demonstrated a lack of oversight of the service by the registered provider as none of the issues highlighted within this report had been identified.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there was no formal quality monitoring systems in place, checks of equipment and utilities were being undertaken at regular intervals, such as fire safety systems and equipment and hoists being checked to ensure they were safe and operating effectively.

The registered manager advised that any issues or concerns raised by people using the service and those



acting on their behalf were discussed at the time and dealt with promptly so that these did not escalate. Furthermore, they told us that they spoke with people using the service, their families and staff regularly so they could monitor the service on an on-going basis. There were policies and procedures in place to provide guidance to staff and the majority of staff knew where these were located.

People and those acting on their behalf knew who the registered manager was and told us the service was managed well. Comments included, "The manager here is very good. When my relative came here they were so helpful, I cannot fault them." Another relative told us, "The manager here is very good."

Staff told us they felt supported by the registered manager and other members of the senior management team, the service was well managed and they enjoyed working at the service. One member of staff told us, "The manager is really good." Another staff member told us, "I can always approach the manager about anything."

Staff meetings had been held at regular intervals to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service. Minutes of meetings were viewed for the period May 2017 to September 2017 and included the topics discussed and actions arising from these discussions. Meetings were also held for people using the service and their families each month. This showed that everyone was encouraged to have a 'voice' and to express their views about the service. Records were available to confirm the above.

Arrangements were in place for seeking the views of people using the service, their families and healthcare professionals. Following the inspection the registered manager confirmed that 15 surveys were sent out, however only four responses had been received so far in September 2017. All of the comments received were positive.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care provided by staff for people using the service was not always as person-centred as it should be.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services were not supported by the providers systems and processes to assess and monitor the quality of service provided. The arrangements in place were not effective in identifying where quality or safety were compromised and required improvement.</p>