

## Roche Healthcare Limited

# Ashlands

### Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Inadequate



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 22 and 24 September 2015 and was unannounced.

We carried out an inspection in August 2013, where we found the provider was meeting all the regulations we inspected.

Ashlands is registered to accommodate up to 50 older people, most of whom have mental health and/or dementia related conditions. There were 40 people living at the home at the time of the inspection.

At the time of the inspection, the service did not have a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with 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 2008 and associated regulations about how the service is run. A new manager was employed in May 2015 and told us they would be applying to register within the next four to six weeks.

# Summary of findings

On both days of the inspection we saw poor care practice. There was a lack of respect for people who used the service and staff routines took priority. We observed staff members interacting with people who used the service and found these were not always positive. We did observe positive interactions from other members of staff who were caring and patient. We concluded people were not well cared for.

People were not protected against the risks associated with the administration, use and management of medicines. There was a lack of consistency in how people's care was assessed, planned and delivered. There was only a limited range of activities provided at the home and people sometimes sat for long periods with little stimulation. We saw some people enjoyed the food but arrangements did not ensure people were supported to have a balanced diet that promoted healthy eating and met their assessed needs. There was a lack of consistency with the support people received with their health needs.

Staff had completed a range of training and told us, in the main, they felt well supported, although they had not received formal supervision and appraisal. Staff knew how to report any suspicions of abuse. There were not sufficient skilled and competent staff being deployed to meet people's needs. The provider had effective recruitment and selection procedures in place which ensured staff were suitable and safe to work with people who lived at Ashlands.

The provider's system to monitor and assess the quality of service provision was not effective. Actions that had been identified to improve the service were not always implemented. Staff provided positive feedback about the new manager and felt they had already made improvements to the service.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

# 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 not safe.

There was a lack of consistency in how risk was managed. People were not protected against the risks associated with the unsafe management of medicines.

There were not sufficient skilled and competent staff being deployed to meet people's needs.

Staff had received training to help them understand how to safeguard people from abuse. The manager was familiar with safeguarding procedures.

Inadequate



### Is the service effective?

The service was not effective.

Staff received training but were not appropriately supervised and did not receive a regular appraisal of their performance.

People were not supported to have a balanced diet that promoted healthy eating and met their assessed needs.

There were inconsistencies in people accessing external health agencies so we could not be sure people's health needs were met.

Inadequate



### Is the service caring?

The service was not caring.

During the inspection we observed poor care practices and some staff did not interact well with people who used the service.

Staff routines took priority.

People did not look well cared for.

Inadequate



### Is the service responsive?

The service was not always responsive.

There was a lack of activity and stimulation.

There was a lack of consistency in how well people's needs were assessed and their care and support was planned.

The provider had responded to people's complaints.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not always well led.

We received positive feedback about the manager; staff told us they had made improvements to the service since they started in May 2015.

The systems in place to monitor the quality of service provision were not effective.

Actions to improve the service were not always followed up.

**Requires improvement**



# Ashlands

## Detailed findings

### Background to this inspection

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

This inspection was unannounced and took place on 22 and 24 September 2015. On the first day four adult social care inspectors and a specialist advisor in dementia attended. On the second day three adult social care inspectors attended.

Before this inspection we reviewed all the information we held about the service. This included statutory notifications

that had been sent to us by the home and concerns that were shared with us about Ashlands. We contacted health professionals, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of the inspection there were 40 people living at Ashlands. We spoke with two people who used the service, three visitors including a health professional, thirteen staff and the manager. We observed how care and support was provided to people. We were unable to gain some people's views about their experience of living at Ashlands because of the different ways people communicated. We looked at documents that related to people's care including care plans and medicine records, and the management of the home such as rotas, staff recruitment and training records, policies and procedures and quality audits.

# Is the service safe?

## Our findings

We looked at how people's medicines were managed and found staff did not handle medicines safely and people did not always receive their medicines as prescribed.

Medication records that we looked at were frequently inaccurate and incomplete. We checked the stock balance of eight medicines dispensed in named boxes and found discrepancies in six of the boxes checked. There were missing signatures on records and it was unclear if medicines had been given or omitted at those times.

People did not always get their medicines at the correct times or when they needed them. Some people were frequently not being administered their medicines because they were asleep. For example, in the last 25 days previous to our inspection, one person had not received their medicines on 20 occasions due to being asleep. Another person had not received medicines eight times in a 25 day period because they were asleep. We observed three occasions where people were not given their medicines as directed by the prescriber. Medicines were not always available for people because they ran out of supply and staff had not reordered new stock. One person was prescribed medicine which should have been administered weekly; they had only received one tablet in the last four weeks. This meant they did not receive their medicines as prescribed.

Medicines in current use were stored safely in locked cupboards and trolleys. Liquids, creams and eye drops that were in use were within date, and creams and ointments were prescribed and dispensed on an individual basis.

During our inspection we were told ten people received their medicines covertly. Best practice guidance states that covert administration only takes place in the context of legal and best practice frameworks to protect both the person who is receiving the medicines and the care home staff involved in administering the medicines. We found this was not happening. The home had a medicine's policy which included guidance on covert medication; however this was not being followed. We looked at five of the ten care plans for people receiving covert medicines and found there had been no involvement of a pharmacist despite the provider's procedure stating, 'staff should never crush a tablet or mix with food or drink unless they have been told

they can do so by a pharmacist'. In three of the five care plans there was no evidence the GP, relatives, or key workers with knowledge of the individual had been involved in the decision making process.

Some people had a fluid thickener added to their drinks. This is a prescribed product and used when people have difficulty swallowing. We found that some people were being given the thickener even though this was not prescribed for them. Some people's care plans did not accurately reflect the care they needed in relation to thickened fluids.

Some people were prescribed liquid food supplements because they were at risk of malnutrition. However, we found that some people were being given liquid food supplements even though this was not prescribed for them. We could not be sure people who were prescribed liquid supplements were receiving them because staff did not sign when these were given. Some people's care plans did not accurately reflect the care they needed in relation to liquid food supplements. We concluded the registered person was not managing medicines safely. This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. We are dealing with this breach separately and will report on this when this work is complete.

When we asked the two people we spoke with if they felt safe; one person told us they did; another person said they didn't always feel safe because they could not lock their door. We checked the doors and noted doors were fitted with locks that could be locked and unlocked from inside the room without a key. A visiting relative said their relative was safe and, "I think it's wonderful. No matter what time you visit the home is clean, no odour." Another relative said they did have some concerns about cleanliness.

We looked at how risk was managed for people who used the service and found there was a lack of consistency in how this was done. Some systems were in place to help keep people safe; however, other systems were not effective so people were not protected. The provider used a range of screening tools to help identify risks to individuals. These covered risk areas such as falls, pressure sores, weight loss and mobility. Although they had risk assessments in place we found the provider did not always

## Is the service safe?

take appropriate action to reduce the risk of harm. For example, one person had lost a considerable amount of weight but the provider had not identified this as a concern in the person's care records.

We observed staff members assisting people to stand from armchairs using inappropriate moving and handling techniques. For example, staff members used one person's clothing to pull them up.

When we looked around the home we saw the premises were well maintained and measures were in place for the premises to help keep people safe. For example, hot water taps were protected by thermostatic mixer valves to protect people from the risks associated with very hot water, and fire-fighting equipment was available and emergency lighting was in place. We noted one fire escape route was being used to store wheelchairs and walking aids, we brought this to the attention of the manager. Upstairs windows all had opening restrictors in place and carpets were of good quality and were well fitted. We looked at certificates confirming safety checks such as gas installation, fire alarm, fire extinguisher and lift servicing had been completed.

The service had standard environmental risk assessments which covered a range of areas. The provider had completed a 'new and expectant mother's assessment' which was recently updated. Staff were using IT equipment and there were 'display screen equipment' risk assessment forms on site but these had not been completed.

The home's fire risk assessment had different sections and was written in 2005, 2007 and 2010. The manager told us people did not have 'Personal Emergency Evacuation Plans (PEEPs)' which should be available for each person. When we returned to the home to carry out day two of the inspection, the manager had completed an emergency evacuation list, which identified the assistance each person required. We also found fire alarm testing was not completed weekly and fire drills were not carried out every six months for all staff even though these measures were being identified as completed in the fire risk assessment. This was in breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Staff we spoke with told us they had received training in safeguarding adults and the staff records we reviewed confirmed this. Staff were able to describe different types of abuse and where they would report any suspicions of abuse.

The provider had policies and procedures for safeguarding vulnerable adults and the manager was familiar with how to report any safeguarding concerns. The manager told us there were four open safeguarding cases which were being reviewed by the provider or the local safeguarding authority. However, when we reviewed our records we found they had not notified CQC. It is a legal requirement to notify any abuse or allegations of abuse. The manager agreed to review their records and send notifications which were missed. They said they would make sure CQC were notified in future.

A relative told us there were enough staff and they had no concerns. We asked staff members about staffing levels and got a mixed response. One member of staff told us, "It's been appalling, but it's better now. It's better than it was." Another member of staff said, "Some days it is perfect, some days it's atrocious. There always seems to be loads on downstairs." Staff told us they were using less agency workers. They also said staffing levels were lower at the weekend because of staff absences due to sickness.

We spoke with the manager about staffing arrangements. They confirmed they did not have a formal system to determine or review the number of staff and range of skills required in order to meet the needs and circumstances of people using the service but they employed an agreed number of staff at set times of the day. The manager said they did not reduce numbers of care staff and nurses on a weekend. The manager said they had experienced problems with staff sickness but this had improved recently. We looked at the staffing rotas for the last four weeks. These showed the staffing levels were consistent, and absences were covered.

On the first day of our inspection we observed people were sitting for most of the day with very little stimulation and interaction from staff. There were two nurses and eight care assistants working on shift. We observed that, at times staff members were inactive and responding to demand rather than engaging with people. They often chatted to colleagues. From our observations it was evident there were not sufficient skilled and competent staff being deployed to meet people's needs, however, it was difficult

## Is the service safe?

to determine if there were insufficient staff or if the staff were not competent and did not have the right skills or if staff were not being deployed effectively. The provider did not have a system in place to monitor staffing levels so could not provide assurance about the staffing arrangements.

Accommodation was on three floors but people who had their room on the top floor did not generally stay in their room during the day. On the middle floor, we saw people walking in corridors but due to the layout of the unit they were not always observed by staff. We concluded that staff were not deployed in a way that ensured people's needs were met. This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. These included ensuring a Disclosure and Barring Service (DBS) check and two written references were obtained before staff started work. The DBS is a national agency that holds information about criminal records. We looked at three staff recruitment files and saw all of the necessary checks had been completed. Members of staff who we spoke with confirmed these checks had taken place before they started working at the service. This meant prospective staff were being properly checked to make sure they were suitable and safe to work with people who used the service.



# Is the service effective?

## Our findings

We received mainly positive responses from staff when we asked them if they felt supported to do their job well. Staff comments regarding teamwork included: “I think we’ve got a strong team at the minute”, “It’s an amazing team of carers. I think we’re a credit to the company”, “There has been some animosity, but overall it’s a good team”, “Communication could be better amongst everyone”.

The provider had their own training centre which staff attended. Staff we spoke with said they had completed a range of training and were happy with the quality of training provided. We asked staff about the induction programme which they told us involved attending mandatory training and shadowing other members of staff.

We looked at the provider’s training records which showed staff had completed a range of training including moving and handling, safeguarding, health and safety, mental capacity, equality and diversity, infection control and dementia. It was evident that staff had received regular training but there were some gaps in the training records we looked at, we therefore could not establish that all staff had completed all the training that the provider had identified as essential. There were three training matrices and the administrator explained they were transferring all the information onto one record so they would have a clear training record; we saw this was work in progress.

We noted some staff had commented on survey responses that they would like to receive more training for dealing with behaviours that challenge. We looked at the provider’s managing violence and aggression policy which stated direct care staff would receive annual training, however, we saw this was not happening consistently. We looked at five staff files which contained their training certificates. Three members of staff received ‘managing violence and aggression training in March 2014; one member of staff received training in September 2011; and one member of staff had not received any training.

Staff we spoke with had not received either ‘supervision’ with their supervisor or an ‘appraisal’ of their performance in the last year. Supervision and appraisal is a process through which staff are managed and supported. The manager acknowledged that staff had not received formal supervisions or appraisals, and they were taking action to address this. We saw that at a staff meeting the week

before the inspection, the manager had explained they were developing groups and staff would be asked to complete a self-assessment as part of the appraisal process. We concluded that staff were not receiving appropriate support as was necessary to enable them perform their job safely and appropriately. This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive. The manager told us no-one was subject to a DoLS authorisation at the time of the inspection but 19 requests had been submitted to the supervisory body. The manager told us a further 20 authorisation requests would be made in the coming weeks. We saw widespread use of alarm mats both at the side of beds and under mattresses. All bedroom doors had alarms fitted to alert staff during the night if people left their room. Internal doors were locked and people were under constant supervision. A sample of care records for people for whom authorisations were yet to be made demonstrated they lacked mental capacity and suffered from a mental disorder, including dementia.

We spoke with the manager about the use of restraint which included the use of bed-rails. Our discussion demonstrated bed-rail assessments were used to ensure people who may roll out of bed or have an anxiety about doing so would be protected from harm. The manager demonstrated a good understanding of how inappropriate use of bed-rails may constitute unlawful restraint. We observed one person who was cared for in bed and had bed-rails in place. Our observations showed the bed-rail to be correctly fitted with no risk of entrapment.

Staff had received training about the MCA and when we asked staff how this related to their role some were very clear whereas others were unsure. The manager agreed to look at how they could ensure everyone was familiar with their responsibilities.

One person who used the service told us the food was “good” and another person said the food was “alright”. They both said they had a choice of meals. We looked at the menus in use, which staff said were the ‘summer menus’ but advised new ‘winter menus’ were being introduced shortly. We found the menus were not

## Is the service effective?

consistently followed. For example, on the first day of the inspection people were given sausage casserole but according to the menu people should have been served fish in cheese sauce or tuna pasta bake. The teatime menu offered soup of the day, selection of sandwiches and an alternative such as crumpets, beans with fish fingers, pizza and chips, hot dogs and spam sandwiches. There was no breakfast menu.

We asked staff about the quality of meals in the home. They told us that cooked breakfasts were available and lunches were good. Staff said the teatime meals were of poor quality. One member of staff said, “Teas are rubbish.” Another member of staff described tea time meals as “disgusting”.

We asked to look at the food records so we could establish how often the menu was followed and what people had eaten for their teatime meal. We were told there were no food records.

We observed a breakfast and a lunchtime meal experience and found people had mixed experiences. Some people sat at tables in a dining area and others stayed in armchairs and ate in the lounge. At lunchtime six people had their lunch in the dining room and were eating independently. The food smelt nice and looked hot and appetising. Everyone was eating the same meal. In the lounge, four people were having their meal; three had blended/textured meals. Two people’s meal had been blended together in a bowl and looked unappetising. One person had their meal blended separately which looked much more appetising. We looked at records to find out what type of textured meal people should receive but saw these were unclear. The kitchen had ‘resident dietary preference sheets’ and ‘selection menu sheets’ but we found these contained conflicting information. For example, one sheet stated a person had a normal diet but the other sheet stated they had a soft diet. We saw four people’s records contained different information.

We looked at weight records which showed a number of people were being weighed weekly because their weight was being monitored. We noted six people had lost weight in the last three months. The manager said the meals served were fortified to help boost calories and nutrients. We saw the fridge in the kitchen was well stocked with full fat milk and pots of single and double cream. The chef said

they used the cream to add to puddings at meal times, for example, fruit and cream. However, they were using dried skimmed milk powder to make custard and porridge. The manager said the dried skimmed milk should not have been used to make these foods. The chef said care staff asked when they wanted ‘smoothies’ or ‘shakes’, which are used to help boost calories and nutrients. They said they did not make them very often. We did not observe anyone receiving a smoothie or shake during the two days of our visit. We concluded people were not supported to have a balanced diet that promoted healthy eating and met their assessed needs. This was in breach of Regulation 14 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

We spoke with a visiting health professional who told us that nursing staff were good and communicated well when guidance was needed. They described the service as “always busy and a chaotic environment”. We looked at records and saw people had accessed external health agencies for support, for example, one person with a diagnosis of Parkinson’s had a review carried out by a Parkinson’s nurse specialist. Another person had become ill as a result of infection and appropriate medical advice was sought; this was well documented in care records. We saw the management team had shared information with the ‘care home liaison service’. A district nurse was present on the day of inspection administering flu jabs. An optician visited the home in June 2015 although information was not recorded in people’s files so we could not establish that everyone was receiving appropriate support. The manager agreed to follow this up.

We found the service did not always make appropriate referrals to other health professionals when there were changes in some people’s needs, for example to the speech and language therapist or to the dietician. Staff told us one person needed a hearing aid but there was no reference to this in the ‘communication’ section of their care plan. There was no information to indicate a referral had been made to address the person’s hearing need. We concluded the registered person had not done everything reasonably practicable to mitigate risks to people who received care and treatment. This was in breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

# Is the service caring?

## Our findings

When we asked people about living at Ashlands, one person told us they were “comfortable” and the staff were “alright” and “friendly”. Another person told us it was “alright” but said they had been “told not to lock toilet doors and someone walked in”. A relative said, “The residents look well cared for.” And described staff as “hands on and really good”.

We carried out our inspection at Ashlands over two days. On each day we mainly observed poor practice, however we did observe some good practice. We concluded people were not well cared for. There was a lack of respect and staff routines took priority. We observed staff members interacting with people who used the service and found these interventions were not always positive. Staff were heard talking to people in an uncaring way. For example, one care worker was heard saying, “Come this way” “What are you doing?” “You can’t sit there.” There was no explanation or warmth. We saw one person approach a trolley to try and take a cup. A staff member responded, “Leave them.” And then seated the person at a table. Later this person was offered a drink. One person resisted having a protective apron placed on them but the staff member ignored their wishes. We also observed that when they were sat in an armchair they had their knees pushed down by a staff member which caused them some discomfort. The staff member then moved a small table towards them to place food on it. One person who was not eating was being assisted to have something by a member of staff who put some food on a fork and hurriedly tried to give the person something to eat. They declined the food and walked away from the room.

On the first day of the inspection at 8:30am we found 13 people in the lounge on the ground floor and observed that the majority of these people were asleep in armchairs. Throughout the day we noted people were often asleep. On day two of the inspection we arrived at 7.00am because we wanted to check the morning routine. When we arrived, one person was in a small lounge on their own with the door shut and they were shouting. The curtains were closed and lights were off. Loud music was playing. We raised concerns immediately with the member of staff in

charge and were told the person was on their own in the room because they disturbed other people. We shared our concerns with the manager and they raised a safeguarding referral.

On the second day of the inspection when we arrived 14 people were up and in the ground floor lounge; seven were asleep, and eight people were in first floor lounge and a number were asleep. We asked a member of the night staff about the morning routine. They said they had started to get people up at 5.30am, and woke people up if they were asleep. We asked if people were offered drinks when they got up and were told they did if people asked. Breakfast was served from 8am. We looked at people’s care records but their preferred times and routines for getting up and going to bed were not recorded. Daily notes did not identify when people were assisted to get up and go to bed. Two members of the night team said they did not write the notes after 4.30am so did not record who they got up on a morning.

We observed that the majority of people who lived in the home were wearing casual clothing such as jogging bottoms. Three of the care plans we looked at stated that favourite garments had been recorded as ‘jogging bottoms’ ‘tracksuit bottoms’ and ‘comfortable clothing’. We observed a number of people either had socks on or nothing on their feet. Staff told us that people tended to take their footwear off and leave these items around the home. However, we noted that people were not wearing footwear at the beginning of both days of our inspection. One staff member told us that people have odd socks in their room, adding “They do have socks, it’s just a battle to get them.” Another member of staff told us people didn’t always have socks but there was a box in the laundry with spares. We observed that one person had to wait 15 minutes before they were assisted to the toilet. A member of staff showed two of the inspection team around the home. They opened a bedroom door without knocking and the person was in their room. We noted alarms were continuously sounding throughout both days of our inspection. Staff did not respond to these alarms and were often seen walking by the alert panel without responding. People who lived on the top floor did not generally access their rooms during the day. We concluded people were not treated with dignity and respect. This was in breach of Regulation 10 of

## Is the service caring?

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect. We are dealing with this breach separately and will report on this when this work is complete.

Although we found there were significant shortfalls in the caring attitude of some staff we did observe positive interactions from other members of staff who were caring

and patient. We saw staff helped people who wanted to walk around the lounge. We saw one care worker reading a book about animal facts to a person. A care worker was seen encouraging a person to have a dance which they clearly enjoyed, and another staff member assisted a person who needed help with their meal and took time to help them at a pace that suited their needs.

# Is the service responsive?

## Our findings

We looked at people's care records and found there was a lack of consistency in how well people's needs were assessed and their care and support was planned. Some care records contained good information about how care should be delivered, for example, end of life care. But we also found people's care was not designed with a view to ensuring their needs were met, which put people at risk of not receiving the care they needed. Care records contained sketchy life story information and there were few references to people's likes and dislikes.

The manager said they were in the process of introducing new care plan formats and staff were receiving training to help ensure they understood the process. The manager had introduced new care planning and keyworker groups who would be responsible for developing care plans. They also wanted staff to complete distance learning training in dementia and end of life care so staff fully understood how to deliver specialist care. The manager said some staff had done this training but most still had to complete end of life training.

We observed during the inspection that people sat for long periods with very little stimulation and activity. We looked at the activities board and this did not reflect the activity on offer. For example, on the first day of the inspection the activity board stated 'seaside' but the actual activity was making Christmas decorations. Two people joined in. This activity was also offered on the second day of the

inspection but 'manicures' was recorded on the activity board. Other activities advertised on the board included, colouring, hairdressing, dominoes, exercise to music, sing along and 'older people's day'.

We were told they had booked singers for bonfire night, Christmas and Valentine, and were in the process of organising a visit to tropical world. A member of staff said the trips out were organised around people's needs. For example, there tended to be only two people with high needs at a time and they always took one nurse. Members of staff who we asked about activities commented; "I think there could be more", "We are getting better with activities, but I think there could be more for gentlemen". A visiting relative told us their relative was okay chatting with people, but felt there could be more stimulation. Another visiting relative told us their relative had a recent trip to Scarborough. We concluded the registered person had not done everything reasonably practicable to make sure people received care and treatment to meet their needs. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

The manager told us there was only one open complaint at the time of the inspection. They said all others complaints had been resolved. Seven complaints had been recorded in the last 12 months; records showed a response and actions for addressing each complaint were recorded. Although it was evident some people had accessed the complaints procedure there was no information about how to make a complaint/comment displayed in the home.



# Is the service well-led?

## Our findings

There was no registered manager at the time of the inspection. A manager had been in post since May 2015 and told us they would be applying to register within the next four to six weeks. Staff we spoke with told us the current manager was good and they had confidence in them. One member of staff described the manager as “fantastic” adding “it’s nice to have a manager that wants to stay”. Other comments included: “The place is a little happier now, we’ve got good working relationships with the new manager.”, “It’s a lot better now. I’ve noticed a big change since the new manager and deputy manager arrived”, “We have a lot more involvement in things”, “I think it’s changing, mostly for the better”, “I think it’s changing for the better.”

Before the inspection, some other agencies and health professionals shared concerns with us about the service. The concerns included poor management of medicines, inappropriate care provision, insufficient staffing levels, unsuitable building and inadequate record keeping.

The manager told us some of the problems at the home were a result of having several managers in a short period. Since taking up the position in May 2015, the manager said they had identified a number of shortfalls which they had picked up through their own assessment and monitoring system. They had started to introduce staff groups for supervision and appraisal, and to oversee care planning and keyworker responsibilities. A keyworker takes on a co-ordinating role. The manager explained this was because these areas had not previously been well organised. They told us they had made improvements to the medicines management system and gave examples how they did this. However, we still found they were not managing medicines safely.

Records showed there was a lack of consistency in how the service was monitored. Some aspects of the service were being appropriately checked but other areas were not. We looked at audits for telecare systems and mattresses; these showed equipment checks were carried out to make sure they were fit for purpose. However, we were told a sling audit was carried out but this was not appropriately recorded. We looked at the manager’s daily walkabout file and saw only one check had been completed since March 2015.

A number of provider visit reports were completed by senior managers and these identified some areas for improvement but were not consistently followed up. In July 2015, a member of the senior manager team had noted that ‘areas do appear to need tidying up’. The manager said they had moved some dining furniture and this had provided more space. Another senior manager also visited the service in July 2015 and had recorded on a visit report that supervisions were to be completed and this would be monitored weekly. There was no information in the subsequent provider visit reports to show this was being monitored. In July 2015 they recorded that care plan audits needed completing, they also recorded this in July and September. In July 2015, they put a note to check SALT (Speech and language therapist) referral and with reference to this, in August they recorded no action to date. We saw a blank manager’s report which covered various areas of risk such as weight, falls, pressure ulcer and referrals to GP. The manager told us none had been completed.

The manager had completed an accident and incident analysis and this showed there had been a reduction in the number of events. In June and July 2015 there had been 15 each month and in August 2015 there were only seven. We looked at individual accident and incident reports which contained details about the event and suggestions for reducing the risk of repeat events. These contained a good level of detail so it was clear what had taken place. However, we saw actions to reduce repeat events were not always followed through. For example, one person was found on the floor in their room with a skin tear to their arm. The action to reduce repeat events was to ‘bring them to the lounge where they could be observed’. We looked at the person’s care plan and daily records but there was no reference to the change in approach. Another person had fallen in their room and was found with blood on their face and hand. The action to reduce repeat events was to monitor the person ‘when mobile’. We looked at the person’s care plan and daily records but there was no reference to the change in approach. At the inspection we identified there was a lack of gathering, recording and evaluating information about the quality and safety of the service and concluded the registered person’s systems and processes were not operated effectively. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

We looked at what the provider did to seek people’s views about the service to help drive improvement. Staff had

## Is the service well-led?

attended meetings and the minutes showed different topics were discussed. For example in September 2015, they had talked about incentives to help improve the levels of staff sickness. Staff had completed questionnaires about the service in July 2015 although only seven were returned. There was no evidence the results were reviewed and collated so it was not evident these were used to help drive improvement. Fifteen relative surveys had been returned;

the results were collated during the inspection. Nine people had said they felt the care usually met their relative's needs and six said always. Eight said they were usually kept up to date about important issues and seven said always. A relative meeting was held in August 2015 but only one person attended; the manager said they were going to organise another meeting and would be looking at how they could encourage more people to attend.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care  
**Care and treatment was not appropriate and did not meet people's needs.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**The registered person did not assess the risks to people receiving care and mitigate any such risks.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs  
**People were not supported to have a balanced diet that promoted healthy eating and met their assessed needs.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
**The registered person did not have systems that were effective to assess, monitor and improve the quality and safety of services.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing



This section is primarily information for the provider

## Action we have told the provider to take

Treatment of disease, disorder or injury

There were not enough competent and skilled staff who were deployed in a way that ensured people's needs were met.

Staff did not receive appropriate support to enable them to carry out their duties they are employed to perform.

This section is primarily information for the provider

## Enforcement actions

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

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

**People were not treated with dignity and respect.**

#### **The enforcement action we took:**

We have served a warning notice and the provider was told they must become compliant with the Regulation by 11 December 2015.

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The registered person did not have systems for the proper and safe management of medicines.**

#### **The enforcement action we took:**

We have served a warning notice and the provider was told they must become compliant with the Regulation by 11 December 2015.