

Handsale Limited

Handsale Limited - Shakespeare Court Care Home

Inspection report

1 Shakespeare Close
Butler Street East
Bradford
West Yorkshire
BD3 9ES

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24 January 2017

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10 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Handsale Limited - Shakespeare Court Care Home Nursing Home provides accommodation and nursing care to a maximum of 80 people some of whom are living with dementia. The home is split into four separate units each accommodating up to 20 people. All the accommodation is in single rooms and there are communal lounges and dining rooms on each unit. At the last inspection on 15 July 2015, the home was given a rating of 'Requires Improvement' although no breaches of regulation were identified.

We inspected the service on 24 January 2017 and it was unannounced. On the day of the inspection 58 people were living at the home.

The person previously registered as manager was due to leave the service two days after our inspection. They had cancelled their registration with the Care Quality Commission. This person is referred to in the report as the outgoing manager. A person registered as manager at another of the providers' services had started work at Shakespeare Court and was due to take over management responsibility. This meant there was not a registered manager for the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People and relatives we spoke with told us the service delivered good quality care and they did not raise any significant concerns with us. People said they felt safe and trusted the staff. They said staff were kind and care and support provided was appropriate and met their individual needs. People told us they did not have to wait for staff attention. People said they were treated with dignity and respect and their privacy was respected. This was confirmed by our observations.

Staff understood how to identify and act on any safeguarding concerns. Systems were followed to report safeguarding concerns appropriately. Risks to people's health and safety were assessed. Care plans included any necessary risk assessments based both on actual and perceived risk.

Overall, we concluded medicines were safely managed although some improvements were needed. People received their medicines as prescribed and medicines were stored securely.

Overall, we found there were sufficient staff to meet people's needs although we have recommended the provider ensures this is kept under continuous review. Safe recruitment procedures were in place. Staff training was not up to date and the induction programme was of a poor standard.

The premises was safely managed. There were pleasant communal areas for people to spend time and the required maintenance and checks took place to make sure the building was safe. The service was clean and tidy.

People told us the food was good and that they had sufficient choice. We found mealtimes to be a pleasant experience and people were provided with diets that met their religious and cultural needs. Nutritional needs were assessed but monitoring of nutritional intake and people's weight was not always sufficient.

The service had failed to take action in relation to a recommendation we made during our previous inspection and therefore was not always acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's needs were assessed and clear and person centred plans of care put in place. People and their relatives told us they were involved in care planning. Staff we spoke with had a good understanding of the people they were caring for.

A programme of activities was in place, provided by an activities co-ordinator. However this was insufficient to meet the needs of all of the people living at the home.

A system was in place to record, investigate and respond to any complaints. People had responded positively about the manner in which their complaints had been managed. People were listened to and their opinions used to make positive changes to the service.

Systems to assess, monitor and improve the service were not sufficiently robust. Some audits were carried out, but action was not always taken to address issues identified.

We found three breaches of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations. You can see what action we asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Staff were being recruited safely. Overall there were sufficient staff deployed although this needs to be kept under continuous review.

Medicines were safely managed but some improvements were needed.

Risks to people's health and safety were assessed and clear plans of care put in place which were understood by staff.

The premises was well maintained and kept in a safe condition.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff did not receive the training they needed to support them in their role.

People enjoyed the food provided by the home. We saw there was sufficient choice and cultural and religious dietary requirements were met.

The service was not acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were assessed and clear plans put in place. Advice from external health professionals was regularly sought and incorporated into plans of care.

Is the service caring?

Good 

The service was caring.

People and relatives said staff were kind and caring and treated them well.

This was confirmed in interactions we observed where staff comforted people when they became distressed. The service

respected people's privacy.

People said staff listened to them and discussed their care with them.

Is the service responsive?

The service was not consistently responsive.

The service took steps to understand people's individual needs and requirements and made reasonable adjustments to meet them.

Provision of activities was insufficient to meet people's needs.

Complaints were well managed.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

There was not a registered manager in place.

Systems for auditing were in place but actions had not been taken to address identified issues.

Views of people involved with the service were sought.

Requires Improvement



Handsale Limited - Shakespeare Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 January 2017 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor nurse who specialised in mental health and the Mental Capacity Act (MCA), and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with eight people who used the service, four relatives, two registered nurses, five care workers, a member of the cleaning staff, two chefs, the administrator, two managers and the deputy manager.

We looked at elements of eight people's care records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting the local authority safeguarding and commissioning team.

As part of the inspection process we reviewed the Provider Information Return (PIR), which the provider completed prior to the inspection. This asks them to give key information about the service, what the

service does well and what improvements they plan to make.

Is the service safe?

Our findings

We spoke to five people living at the home who told us they felt safe at Shakespeare Court. One person told us they felt safe because "People are very good here, we all have a laugh together." Another person said they felt safe because of the staff "they ask me if I am alright." We spoke with two visitors who told us their relatives were safe. One told us "I have met a lot of staff and am happy with them. Some are more caring than others but I have not come across anyone whom I do not feel comfortable with." Another visitor said "I have got to know the staff and have confidence in them. I can talk to them, feel listened to, can ask them anything. I feel part of the place because I am here so often."

Staff we spoke with demonstrated a good awareness of how to identify and act on any safeguarding concerns. They all said they thought people were safe from abuse and well looked after, and did not raise any safety related concerns with us. We saw where safeguarding incidents had occurred, they had been reported to the manager and safeguarding referrals had been made. Incidents were logged on incident forms and also within people's care and support plans. We looked at a sample of incidents and saw appropriate action was taken to help keep people safe.

Risks to people's health and safety were assessed. Care plans included any necessary risk assessments based both on actual and perceived risk. The identified areas of risk depended on the individual and included issues such as skin integrity, mobility, nutrition, moving and handling and health needs. The home used recognised assessment tools for looking at areas such as nutrition and tissue integrity. Where significant risks were identified plans of care were put in place to help keep people safe. Risk assessments had been evaluated to make sure they reflected people's current needs although we found one relating to person's nutritional needs lacked correct information.

Generic risk assessments were completed for fire safety and mobility. For instance all people had a personal emergency evacuation plan (PEEP). Each PEEP was tailored to people's individual needs. For example we saw the service had considered where people could undertake the evacuation unaided they may need help to combat their anxieties. We saw where risks had been found, risk reduction strategies had been identified.

Risk assessments were underpinned by specific observations over a period of time to help protect people from harm and to protect other service users and staff from harm. For example, we saw one person had a history of aggressive behaviour to other people and staff. Staff had commenced recording incidents of untoward behaviour with Antecedence, Behaviour, Consequence (ABC) charts. We saw staff were recording each incident to try to predict what triggers were leading to the adverse behaviour. Whilst no patterns had emerged the records clearly demonstrated positive staff intervention to protect people from harm. However some of these charts needed to be clearer about the exact nature of the incident. In some cases, there was also a lack of evidence these were subject to regular review or considered in care plan evaluation.

Safe staff recruitment procedures were in place. These included ensuring prospective staff completed an application form which detailed their employment history and qualifications. Checks on staff character to

ensure they were suitable to work in a caring role were completed. These included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and conducting an interview. We spoke with a new member of staff who confirmed they had been subject to these checks.

On three of the four units we found staffing levels were sufficient for people's individual needs. Staff we spoke with told us that staffing levels were appropriate and they were able to meet people's individual needs. However on the Willow unit staff told us that the current staffing provision during the day of three care staff and one nurse for the 17 people on the unit was not sufficient. They told us it was particularly difficult assisting people up in the morning in a timely manner.

We raised this issue with the outgoing manager who told us that as two people had stayed at the home longer than anticipated (on respite care), four care staff may now be more appropriate. They said they would ensure staffing levels were reviewed. The outgoing manager told us they used a dependency tool in order to ensure there were enough staff to care for people safely. We saw evidence of this but did not see this had been reviewed to take into account the increased number of people living on Willow unit. Following the inspection visit the provider confirmed with us that staffing numbers had been increased on Willow unit.

Two relatives we spoke with said they worried because they felt there was not enough staff and a lot of agency staff on at weekends. However review of current staff rotas showed that whilst agency staff were used, this was not predominantly at weekends.

We recommend the provider keeps staffing levels under continuous review in line with the numbers and dependency of people living at the home.

We inspected medicine storage and administration procedures in the home. We found the storage cupboards were secure, clean and well organised. We saw the controlled drugs cupboard provided appropriate storage for the amount and type of items in use. Medicine fridge and room temperatures were taken daily and recorded.

We observed the morning medicine round on the Willow Unit conducted by an agency nurse. We found the nurse had taken steps to ensure they had the necessary information on people's needs to carry out the medicine round competently. We looked at the provider's medicines policy. The policy demonstrated the provider had taken steps to ensure staff had the ability to comply with current legislation and best practice in the administration of medicines.

Most medicine was administered via a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medicine which had not been dispensed in the monitored dosage system.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation and are known as controlled drugs (CD's). We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medicines were found to be in date.

We saw evidence people were commonly referred to their doctor when issues in relation to their medicines arose. Records of changes to medicines in care plans and on Medication Administration Record (MAR) sheets were signed by care staff.

We saw all 'as necessary' (PRN) medicines were supported by written instructions which described situations and presentations where PRN medicines could be given. We saw nurses recorded the administration of PRN medicines and the effect the medicine had on the person's symptoms.

We saw the application of topical medicines was supported by body maps which clearly described where the cream should be applied and how often.

A nurse we spoke with showed us the MAR sheets for the past month were complete and contained no gaps in signatures. We saw any known allergies were recorded.

Whilst the administration of oral and topical medicines was well administered we found issues with administration of thickening agents. We observed three people were prescribed Nutilis powder to add to drinks. We saw staff were not ensuring each person was administered their own supply of the product. We saw one container in the dining area being used for people other than to whom the product was dispensed. In another person's room we saw a supply of the product which had been dispensed for someone else. It is important that people only take the medicines which they are individually prescribed including thickening agents. In the clinical room we saw the home had an adequate supply of Nutilis powder for each person.

We spoke with the provider about this following our visit. They confirmed to us that action had been taken to make sure make sure people used their own supply of Nutilis powder.

We carried out a random sample of supplied medicines dispensed in individual boxes. We found on all occasions the stock levels of the medicines concurred with amounts recorded on the MAR sheet. We examined records of medicines no longer required and found the procedures to be robust and well managed.

Is the service effective?

Our findings

A person who lived at the home told us the staff were "trained well, they deal with things professionally." Another person said "I can tell staff know what they are doing because of the way they behave." A relative we spoke to told us "staff are well trained, they are normal people who care." This relative added "Everybody here is so polite, reception, kitchen staff etc and the cleaner is great, she looks in on my relative."

We saw records to show that staff received supervision approximately six times each year. The outgoing manager told us they conducted supervision for senior staff who then conducted the supervisions for staff within their team. The outgoing manager told us appraisals had not been conducted as the provider had not provided documentation for appraisals and no training had been provided to staff for conducting appraisals. We saw this had been identified in an audit commissioned by the provider but no action had been taken.

New staff followed a two day induction. However we saw from one person's induction record that they had covered over ninety topic areas in one day. We also saw the person had received training in fire safety, nutrition, moving and handling and safeguarding on one of these days of induction. The training was recorded as completed with a date given for update in a years' time. We considered this amount of induction and training over a two day period would not be effective and topics would not be covered in the required depth.

New staff did not complete the care certificate. The care certificate is a government backed training scheme for staff in social care which it is recommended that all staff new to care complete.

When we inspected this service in August 2015 we were told they were transferring the training for staff from e-learning to class room based learning and had a plan in place to ensure this was completed by the end of 2015. We saw the majority of training was still done through e-learning although practical moving and handling training was delivered by appropriately trained staff in the home.

The service has two units dedicated to providing care to people living with dementia. However we saw from the training matrix that only thirteen staff had received training in this area and this was over five years ago.

The training matrix further showed that over half the staff did not have up to date fire safety training and eighteen staff did not have up to date moving and handling training. Many staff did not have up to date training in other areas such as health and safety, infection control and Mental Capacity Act.

This is a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. When people were not able to verbally communicate effectively we saw staff accurately interpreting body

language to ensure people's best interests were being met. Our discussions with staff, people using the service and observed documentation showed consent was sought and was appropriately used to deliver care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. We saw one person was subject to DoLS. Inspection of the authorisation showed one condition was attached to the authorisation which was being met.

We were told one person had no known relatives or friend to support them in decision making. We saw this person had been appointed an Independent Mental Capacity Advocate (IMCA). Care plans and care deliver records showed the IMCA had been involved in care planning and reviews.

During our inspection of medicines we became aware of one person receiving their medicines covertly. Our discussions with a nurse demonstrated they knew how this method of medicine administration had to comply with the MCA. The nurse was aware the home had a medicines policy. Despite the medicines policy describing the correct method of ensuring a legal framework was in place to support the administration of covert medicines we saw no legal framework existed. The only evidence we saw, which the nurses were relying on, was a letter from a GP, issued 20 month previously, which asked staff to crush all tablets and open capsules and mix with food. We spoke with the outgoing manager who confirmed there had been no best interest meeting, no prepared list of which medicine could be administered covertly, no description of the procedure for administering the medicines, no pharmacist involvement and no review process.

At our last inspection of this service we found the same issues and said in our report 'We recommend the provider considers current guidance on giving people covert medicines and takes action to update their practice accordingly.' Our findings on this inspection demonstrated the provider had not taken action in relation to our recommendation and were therefore not working within the legal requirements of the MCA.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the outgoing manager about the use of restraint and any policy documents to underpin restraining methods. We were told all forms of restraint were not a feature of the service. Any need to protect people or staff from harm was provided by attempts to de-escalate situations. Our subsequent discussions with care staff showed the philosophy of care was well understood.

We looked at a sample of care plans for people who we saw had bed-rails attached to their beds. Assessments of people's needs demonstrated bed rails were used only to prevent people falling out of bed or where people were anxious about doing so. We saw people who used the service or where appropriate their families had been included in discussions prior to bed-rails been used. We saw risk assessments were carried out to ensure the potential risks of using bed rails were balanced against the anticipated benefits to the user.

All the people and relatives we spoke with told us the food was good at Shakespeare Court. A range of suitable nutritious food was prepared based on people's choices and individual needs. Although there was no pre-planned menu with kitchen staff planning food provision on a weekly basis, we saw people had access to a good variety of foods with consideration given to the balance of nutrients. A four weekly menu was currently under development based on people's likes and preferences which the assistant chefs told us would be rolled out in the next few weeks.

At breakfast time people had access to cereals, porridge and a cooked option which included bacon and/or sausages. At lunchtime there were two main hot options available which varied from day to day. A range of additional options such as meat and vegetarian curries were also prepared to meet people's individual cultural needs. In the evening people had access to further hot and cold choices including sandwiches and pizzas. Nutritious snacks were provided throughout the day. These included milkshakes to provide additional calories to people.

Systems were in place to ensure kitchen staff were aware of any specific dietary requirements for example around the consistency of food or people who were diabetic. Food was fortified to help ensure people received enough calories.

We observed the lunchtime experience on Rowan unit. We saw people were encouraged to be independent with plate guards in place for those who needed them. One person who did not eat very much was given sandwiches which they asked for and staff encouraged the person to eat them which they did. Another person said they did not want anything to eat but was encouraged to have a small portion most of which they ate. People were served with cold drinks as they waited for their meal and people were offered choices. We found the mealtime to be unhurried and staff were available to people as they needed.

Some people living at the service were assessed as being nutritionally at risk and their food and fluid intake was monitored. Whilst these records were consistently completed at each mealtime, the size of the portion or whether the person ate all that was offered was not recorded making it difficult to effectively monitor whether these people had received an adequate diet.

Some people were weighed regularly and we saw evidence of appropriate action taken to address nutritional risks. However this was not consistently the case. We saw one person had lost over 10% body weight in recent months, but the monitoring of their food intake and nutritional care planning was not sufficiently robust to demonstrate the action taken to mitigate the risk. Another person who was of very low weight had a requirement in their care plan that they should be weighed weekly; however since 17 December 2016 they had only been weighed on 3 January 2017. The recording of their food intake was also not sufficiently clear to establish exactly what they had eaten. We raised this on the day of the inspection and received assurances this had been addressed.

On the Cedar unit some environmental adaptations had been made to assist people living with dementia. This included clear signage indicating the rooms within the unit and décor designed to stimulate people with points of interest. We also saw memory boxes containing photographs and other items from the person's life had been fixed next to bedroom doors to assist people to locate their bedroom. These demonstrated an understanding of people living with dementia as photographs included in the memory boxes were not up to date photographs of the person occupying the bedroom. Although not all people had these memory boxes, the outgoing manager told us there were plans in place to supply them for all of the people on the two units for people living with dementia.

On Willow unit we saw signs on two doors to indicate they were accessible to people using wheelchairs.

However, one of these rooms was an accessible toilet whilst the other was a store room. The deputy manager spoke with the maintenance man during our visit to request the removal of the sign from the store cupboard door.

We saw evidence that people's healthcare needs were assessed by the service and plans of care put in place. Where people's health or condition changed we saw appropriate referrals took place to healthcare professionals such as tissue viability nurses, mental health specialists, GP's or speech and language specialists. In most cases we saw their advice had been recorded to inform plans of care. The service used the telemedicine scheme run by a local NHS trust. Telemedicine provides remote video consultations between healthcare professionals and patients either in care and nursing homes. It helps to reduce peoples' lengths of stay in hospital and also supports care outside hospital, including early discharge, or avoids unnecessary visits and admissions to hospital. We spoke with a nurse who demonstrated they knew how to use the equipment to seek specialist advice.

All the people we spoke to told us they do not have to wait to be seen by a doctor. Two people's relatives told us there was a prompt response to the need for medical attention although a third told us they had taken their relative to the doctor themselves.

We saw VIP hospital passports were included in people's care files. These are useful documents for people needing to go to hospital so that hospital staff can see details of any existing medical conditions and the care needs of the person concerned. However these had not always been completed. We raised this with the managers who told us appropriate action would be taken immediately.

Is the service caring?

Our findings

All of the people we spoke with were complimentary about the care they received. People said: "Staff treat me with respect, they are all very good", "Staff are fine, they have a friendly and helpful manner are caring and treat people with respect and dignity".

We observed care and support within the home and found staff treated people in a respectful and dignified way. Staff comforted people who became distressed using both verbal and non-verbal communication. For example one lady who became distressed was supported patiently by the nurse on duty to walk and re-orientate themselves with their surroundings. This was done in an unrushed and compassionate manner with gentle reassurance given throughout.

Staff we spoke with demonstrated good caring values and were able to give examples to us of how they provided personalised care and support to people that maintained their dignity.

Two people who lived at the home told us they were aware of their care plan, one adding that staff discussed things with them. A person, who said they were not aware of their care plan, told us "discuss the situation and my care and agree with staff how to go about things. I will bring up what doesn't suit me, have a good chat and then things get sorted out."

All the relatives we spoke to told us they are fully involved in their relatives' care plans and that these had just been reviewed. One relative told us "I have meaningful input and am listened to."

Care records contained information on people's likes, dislikes and personal preferences. Information on people's life history was also present to aid in the provision of personalised care and support. Care staff were assigned to set units within the home which allowed them to develop meaningful relationships with people. Staff we spoke with had a good understanding of people, for example about their life history, interests and any behavioural triggers.

People appeared to have received good support with their personal care needs. People were wearing clean and appropriately fitted clothing. We saw staff were quick to intervene to ensure people's dignity was maintained, for example in adjusting clothing and cleaning up any spillages. People were offered clothing protectors at mealtimes to reduce spillage onto clothing and preserve their dignity.

We observed people were listened to by staff. Staff asked people questions throughout the day such as what they wanted to eat or drink, where they wanted to sit and if they needed anything. Staff patiently waited for responses and acted on people's individual choices and requests.

Staff on the Willow unit told us that nearly everyone went for bed rest in for a period of time during the mid-afternoon. We observed this was the case with only one person left in the lounge at 2.30pm. Whilst the outgoing manager told us that nearly everyone on the unit chose to go to bed in the afternoon, when we questioned staff about it, the terminology they used suggested it was a more of a task based or institutionalised practice. We asked the managers to review this situation to make sure the care delivered

was person centred and that staff understood this.

Examination of care plans and discussions with staff showed the service were aware of anti-discriminatory practice as described in the Equality Act 2010. We saw a number of people receiving care were of the Muslim faith and another person was blind.

We asked the manager how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke particularly about the protected characteristics of disability, race and religion.

Our discussion with the manager and our examination of care records showed the service was complying with the requirements of the act. For example, the needs of people who required halal foods or a vegetarian diet were being met. The outgoing manager told us they had certificates on file to evidence that the Halal meat had been prepared in accordance with people's religious needs.

We observed at lunchtime, one person was brought a plate of dhal with naan breads and was spoken to in Punjabi. The staff serving were not Punjabi speakers but had all learnt enough to ask basic questions, staff told us most non Punjabi speaking staff did this.

We saw another person with loss of vision was helped with one-to-one care for a long period when they first came to the home, to ensure they were fully orientated. Signs on doors had raised lettering to help the person be independent in their movement throughout the home, which helped the person's ability to carry out normal day-to-day activities in the same manner that sighted people did.

Is the service responsive?

Our findings

Care records demonstrated people's needs were assessed prior to admission to ascertain whether the service could meet their individual needs and requirements. Following admission more detailed care and support plans were developed which demonstrated people's needs were assessed. These covered areas such as eating and drinking, safety, communication and dementia. Where people displayed behaviours that challenge, information on how to reduce people's distress was recorded. Where people had specific healthcare needs for example around catheter care, plans of care had been created to help staff deliver appropriate care. Care plans were created and reviewed by registered nurses.

In most cases, daily care records demonstrated care plans were followed. Regular checks were undertaken on people. For example some people were at high risk of developing pressure ulcers. We saw daily skin checks were recorded by staff as part of a pressure ulcer preventative regime.

We looked at the care records for a person who had been refusing support with personal care. Records showed the person had not taken a wash or bath for several weeks. Whilst a care plan was in place for this and the person had full capacity to make choices about their lifestyle, we noted that the unpleasant effects of the lack of personal hygiene were evident in the area around the person's room including other people's bedrooms. We asked the managers to review this situation to ensure the comfort of all of the people living on the unit concerned.

The service took steps to understand people's individual needs and requirements and made reasonable adjustments to meet them. People's religious needs were assessed as part of the pre-assessment process. Kitchen staff made a range of meals within the home to meet people's cultural and religious needs. This included making a range of vegetarian and meat based Asian cuisines.

One relative told us the home was very poor for activities and there are no trips out. They told us their relative was bored and sometimes although there were activities on other units but people were reluctant to go down for them. They also felt the garden furniture was not 'fit for purpose' and therefore people were unable to take advantage of the garden. Another relative said there are quite a few activities (at least once a week) but their relative was not interested in taking part. One person who lived at the home told us staff take them walking in the park in the summer but was not aware of any other activities.

A full time activities co-ordinator was employed by the service. In addition, staff were able to give some examples of activities they engaged people in for example dominos, watching football and singing and dancing. We did however note that a lot of the interactions with people were rather task based with staff having little time for social interaction. Staff told us that wherever possible they tried to spend time with people chatting to them about their interests. However, staff on the Willow unit told us that they seldom had time to spend with people to engage in conversation and social activities. For example one staff member told us "no time for activities, need more staff!"

The activities programme in place showed that on two days each week people attended activities outside of

the service. The outgoing manager explained this involved the activities co-ordinator taking two people to a church luncheon club or to a day centre. Different people went to the activities but this meant that on those days there were no planned activities for all of the other people living at the home.

One person who lived at the home told us they thought there may be a complaints procedure but other people were not aware of one. All the people we spoke to felt confident to talk to the staff or the manager if they had any complaints but none had done so. Relatives we spoke with were aware of the complaints procedure. One relative told us the response to their complaints was positive. There was a copy of the complaints procedure on the notice boards and a timetable of the home manager's surgeries. This was an opportunity for people to see the manager to discuss any issues or queries they may have without needing to make an appointment.

We saw complaints made to the service had been managed well. Responses to complainants included what changes had been made as a result of their complaint. Responses from people who had made complaints were positive. One person wrote 'You have taken all my issues seriously and answered them thoroughly with evidence of action taken.'

Is the service well-led?

Our findings

At the time of our visit there were two managers working at the home. One of these had been the registered manager but had cancelled their registration with CQC as they were leaving the service the week of our inspection. The manager due to take over was registered as manager at another of the provider's services. This meant that at the time of our inspection there was not a registered manager at the service.

The deputy manager who worked on a supernumerary basis was also leaving the week of our inspection. The provider confirmed to us following the inspection that interviews were taking place to appoint a new deputy manager. The provider told us that whilst the new deputy would be mainly supernumerary, they would be expected to work possibly two care shifts each week.

Staff we spoke with told us they got on well with the outgoing manager and that they felt listened to, valued and able to raise concerns with them. They reported morale within the service had been good although some told us they were uncertain about how the recent changes in management would affect the service going forward.

A person living at the home told us the home was well run and would recommend it because "I can rely on people, I am very satisfied"

Some systems were in place to assess and monitor the quality of the service but actions were not consistently taken to address identified issues. For example a provider audit completed in September 2016 identified the need for improvements in the handover sheet used at the service. The outgoing manager said the provider had not yet supplied new handover documentation. Similarly a lack of documentation for staff appraisals had been identified through audit but this had not been addressed. Six monthly analysis of staff training had taken place which had identified that training was not up to date. However no action had been taken to address this.

We also found action had not been taken to address risks associated with the administration of covert medication that we recommended at the previous inspection.

We found audits of important care records were not effective. For example poor completion of fluid intake records for a person who needed to have their fluids very carefully monitored due to serious medical condition had not been identified.

A recommendation relating to covert administration of medicines had been made at the last inspection of this service. However no action had been taken. This meant the provider had failed to act on recommendations made to improve the quality and safety of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

All of the relatives we spoke with were aware of monthly resident/relative meetings. Views of people using the service and their relatives were sought through annual satisfaction surveys. We

saw initial results from the most recent survey were positive with suggestions from people for further improvements. The outgoing manager told us surveys were responded to with a 'You said – we did' document to be shared with people involved with the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The service was not working within the legal requirements of the MCA in relation to covert administration of medicines.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided. Regulation 17 (1)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff were not receiving the training they needed to carry out their roles safely. Regulation 18(2)(a)
Treatment of disease, disorder or injury	