

Maria Mallaband Limited

Batley Hall Nursing and Residential Home

Inspection report

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26 July 2017

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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?

Inadequate ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 25 and 26 July 2017. Our last inspection took place on 6 June 2016 when we gave an overall rating of the service as 'Requires Improvement'. We found a breach of the legal requirements in relation to safe care and treatment. At this inspection we found ongoing concerns with how risks to people were managed and new concerns regarding staffing arrangements, care records and governance arrangements.

Batley Hall Nursing and Residential Home is located in a quiet area of Upper Batley. The home provides accommodation, personal and/or nursing care for up to 51 people. Batley Hall is a 19th century building which has been modernised and refurbished. Accommodation is provided over three floors, which can be accessed using passenger lifts.

At the time of our inspection there was a registered manager 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.

Information concerning accidents and incidents was recorded and there was evidence to show this had been analysed. However, actions to reduce levels of risk were not always evident.

There were insufficient numbers of staff in place to provide timely responses to people's needs. Rotas showed that shifts were not always fully covered.

We observed occasions when staff made comments which did not respect people's dignity, although people and their relatives shared positive feedback with us regarding staff and the care they received.

Adequate records of people's food and fluid intake as well as repositioning charts were not kept. The registered provider had identified this in February 2017 and in subsequent visits. This had been mentioned to staff during meetings, although this was still a concern at our inspection. The quality director carried out an ad hoc 'flash' meeting with staff to address this on the second day of our inspection.

The registered manager had not notified us regarding an incident which the registered provider had found during a quality visit in June 2017.

Mental capacity was not always recorded appropriately in the records we looked at. Staff recognised the importance of giving people choice and gaining consent to provide care. Applications relating to the Deprivation of Liberty Safeguards (DoLS) had been made where needed.

We found examples of contradictory information in some people's care plans such as in relation to their religion, gender and communication needs. Discussions regarding end of life wishes had not routinely taken

place.

Staff provided mixed feedback regarding the support they received from the registered manager and whether they had a visible presence in the home, however; people and relatives spoke positively about the registered manager.

Medicines were mostly well managed as the storage, administration and disposal processes were effective. Staff access to protocols for the use of 'as required' medicines and body maps required improvement. People had access to healthcare services when they needed this support.

Most people were complimentary about the food they received, although one person told us food was not always served hot. We observed a positive mealtime experience where people were offered choice. The home had been awarded a 'Healthy Choice Award,' by Kirklees Council for being committed to good standards of food hygiene and healthy food options.

The majority of staff training was found to be up-to-date. Staff supervisions and appraisals were taking place. Staff meetings were taking place on a regular basis, although there was very limited evidence of the staff 'voice' in the recording. People and relatives provided positive comments about staff who they felt were capable and responsive to their needs.

Information on how to make a formal complaint was available. Records concerning a complaint received showed this had been appropriately responded to. Meetings for people and their relatives demonstrated they were involved in decisions about the running of the home. 'Resident' surveys had been carried out in October 2016 and provided mostly positive feedback.

Building maintenance and fire safety was appropriately managed as relevant checks had been completed.

We looked at the recruitment of three members of staff and found this process was safe as relevant background checks had been carried out. People and their relatives told us they felt safe at this service. Staff we spoke with were able to describe abuse and knew how to report this.

There was a varied programme of activities both within the home and through trips provided. People were satisfied they received sufficient stimulation.

We found 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.

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 always safe.

Risks to people had not been appropriately managed.

There were insufficient numbers of staff in place to promptly meet people's care needs. Not all shifts were fully staffed.

Recruitment practices were found to be safe. Staff were familiar with safeguarding procedures.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Mental capacity assessments were not always in place.
Deprivation of Liberty Safeguards (DoLS) were appropriately managed.

Staff training, supervisions and appraisals were appropriately managed.

Most people were complimentary about the quality of food provided and the mealtime experience was positive.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Staff did not always demonstrate appropriate attitudes and values in their actions.

People and relatives provided positive feedback about staff and the care and support they received.

Discussions regarding end of life wishes had not routinely taken place.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

The recording in care plans did not always correspond with actual staff practice.

Information on how to complain was available to people and a complaint had been responded to.

People were satisfied they received sufficient stimulation through a programme of activities.

Is the service well-led?

The service was not well-led.

Areas of concern found at our last inspection were still evident at this inspection.

Staff provided mixed feedback about the support they received from the registered manager.

Sufficiently detailed records of food and fluid intake and positional changes were not kept, despite the registered provider identifying this concern from February 2017.

Inadequate 

Batley Hall Nursing and 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 25 and 26 July 2017 and was unannounced. On day one, the inspection team consisted of two adult social care inspectors 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. On day two, two adult social care inspectors completed the inspection. On the first day of our inspection there were 46 people living in the home. On the second day this number was 44.

We spoke with a total of six people who lived in the home as well as eight relatives who were visiting the home at the time of our inspection. We also spoke with the registered manager, the regional director, a quality director and seven members of staff. We observed care interactions in the communal lounge. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at four people's care plans.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection, we reviewed all the information we held about the home. We contacted 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.

Is the service safe?

Our findings

At our last inspection in June 2016, we found a breach of the regulations relating to safe care and treatment. Risks to the health and safety of people were not always appropriately assessed and key information was missing from some care plans. At this inspection we found insufficient action had been taken as risks to people had not been appropriately acted on.

We looked at a record of accident and incidents which were reviewed on a monthly basis. The registered manager looked for common factors by reviewing details, for example; times of events, where incidents had taken place and the types of injury sustained. The records showed in April 2017, one person had been found on the floor in their own room four times. Another person had been found on the floor in their room on three occasions in May 2017. We spoke with the quality director who advised us that assistive technology, such as floor sensors had not been put in place for these people. This meant that although information concerning accidents and incidents was sufficiently analysed, there had been a lack of action in putting measures in place to reduce the risk of the same incident happening again.

On the first day of our inspection, we observed one person being assisted by two members of staff to transfer to a seat in the lounge. One member of staff was seen holding the person using their trousers which meant both the person and staff member were at risk of injury. We overheard one staff member tell their colleague, "That's a waste of space" in reference to the stand aid. Later in our inspection, we asked another member of staff whether they would use a hoist or stand aid for the person we saw being assisted to transfer in the lounge. They told us they would use either a hoist or a stand aid, although they added they had never used a hoist for assisting this person. We looked at the same person's care plan which stated, '[Name] is immobile and is unable to stand/sit by self,' and, 'The resident is totally immobile and unable to walk/mobilise by themselves.' We asked the registered manager how this person was assisted to move and were told staff sometimes use the hoist, sometimes a stand aid and sometimes the person could manage with staff guiding and assisting, depending on the person's ability on the day. However, this information was not included in the person's care plan. Furthermore, the section of the moving and handling assessment for this person which indicated 'hoist requirements' was blank. This meant there was no information to guide staff as to how to safely assist the person to move. The registered manager said, "I see what you're saying, there isn't enough information is there."

We looked at food and fluid charts which were also used to record the repositioning of people which is carried out to help avoid pressure wounds. The repositioning records for three people showed staff routinely documented 'awake' and 'asleep' instead of stating the physical position of the person, for example, right side or left side. We also saw gaps in the recording which meant this information was not routinely documented.

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.

The registered provider's PIR stated 'Staffing levels are monitored, for a balanced skill mix, rotas are checked

on a daily basis, and staffing levels set against a dependency tool which is reviewed every two months'.

People and relatives gave us mixed feedback about staffing levels. Comments from people included; "Most the time there are, sometimes there aren't but it doesn't cause a problem for me", "No, the wait is not too bad at all" and "No, at times there are not, in the afternoon mainly." Relatives who commented on staffing levels told us; "It's not a massive problem, maybe there's a short wait", "There is nobody around. I have to make coffee for her myself in the afternoon" and "No there are not enough on dinner duty. Everybody is serving and nobody is left to keep an eye out." However; we noted positive feedback in the October 2016 satisfaction survey regarding availability of staff when people needed them.

Staff we spoke with overwhelmingly told us they felt the home did not have enough staff to meet people's needs. Staff comments included; "I've left here in floods of tears before today. You ask all the carers. They're exhausted. There aren't enough." Another staff member told us, "It's like speed-caring. No time to talk to people. Morale is low. Staff are stressed. They're run ragged", "We're all here because we care but it's so hard. There aren't enough of us", "It depends on the time of day" and "I just feel the residents aren't getting the care they need." We noted the layout of the building meant care staff were required to cover three floors.

On the first day of our inspection, we spoke with one person who was unable to access their call buzzer as this had not been left within their reach. When we passed this to them, they pressed for assistance which took 10 minutes to arrive. We found the same person had called for assistance earlier in the day and saw it took eight minutes before staff responded. The staff meeting minutes dated May 2017 recorded 'We know we have residents who call emergency when it isn't but these must be answered quickly. What if it was an emergency'?

On the first day of our inspection, we observed one person waited 15 minutes for assistance when they had asked to be taken to their room. Shortly after they first asked for help, they told staff they wanted to use the toilet. As staff were busy with other duties, this person was left without assistance. At different intervals, the person called out for help and asked one staff member, "You won't be long will you or I'll do it all on the floor". At one point, two members of staff walked past the person waiting who asked them if they were there to help. One staff member replied, "I'm just going for my dinner, then I'll take you down." After staff left the area, the person said, "They just walk past you as if you're not even there." When the person was eventually assisted, they said to the staff member, "I'll give you a big kiss." During this period of waiting, we noted another member of staff was in the lounge throughout.

At the beginning of our inspection we asked the registered manager about response times to people using call buzzers to request assistance. The registered manager told us, "I think we're fairly where we need to be." The area director told us they were able to access records which would show individual response times, although the system was unable to provide a report on a range of call times over a longer period.

On the first day of our inspection, the registered manager told us that from 2:00pm, the number of care staff routinely reduced which reflected reduced dependency levels in the afternoon and early evening. The regional director explained to us that people were allocated a set number of staff hours determined by whether the person had residential or nursing needs. The number of hours of staffing cover needed was reviewed by the management team on a bi-monthly basis. We looked at the staff rotas and the registered provider's assessment of people's needs which showed the service was over staffed based on the provider's own calculations. Although, the rotas showed 24 out of 84 shifts over a four week period were not fully staffed.

This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities)

We looked at how medicines were managed. Medicines were administered by a nurse and senior care staff. Staff were trained to administer medicines and their competency was regularly assessed. This involved their practice being observed and discussions about different aspects of medicine management and feedback being given to the staff member.

Medicines were stored securely in locked trollies and cabinets. Some medicines are required to be stored at specific temperatures. We saw the fridge used for this purpose was kept secure and temperatures were checked daily, and found to be appropriate. The registered provider's medication policy stated, 'Rooms where medication is stored are not to be of temperature exceeding 25 degrees, as this can affect properties and effectiveness of some medication.' However, records showed in the room where medicines were stored, the temperature had reached over 27 degrees in 18 out of the last 23 days.

We observed people were supported to take their medicines by a member of staff in a kindly, reassuring manner. We saw, if people refused their medicines, the member of staff appropriately moved away and returned to the person later. Good infection control practice was observed, such as hand-washing. We checked some random samples of medicines and found these reconciled with the medicine administration records (MARs).

MARs were held on an electronic system. The records contained photographs of each person, which reduced the risk of medicines being given to the wrong person. We observed staff signed the MAR after the medicines had been administered. The record for each person changed colour, once the person's medicines had been administered which reduced the risk of medicines being missed.

We checked the controlled drugs, which are prescription medicines controlled under Misuse of Drugs legislation and found this was appropriately managed.

Some medicines, such as paracetamol for example, were administered on a PRN (as and when required) basis. The person administering the medicines was not aware whether there were any PRN protocols in place. PRN protocols can include information such as frequency, dose, signs which indicate the medicine would be required and the effects of the medicine. This can help to ensure PRN medicines are administered appropriately and at safe intervals. We shared our findings with the registered manager and a director, who showed us there were PRN protocols in place, although these were not kept with the medicine trollies and were not accessible on the electronic system. The director assured us they would introduce measures to ensure these were made available to relevant staff.

In the registered provider's 'record of visit' dated July 2017, it was noted that recording of the administration of topical creams had initially been identified as requiring improvement in February 2017. This continued to be an area of concern in subsequent quality visits from the provider. During our inspection we looked at the administration and recording of topical creams. We asked the person responsible for administering medicines whether body maps were in use. Body maps show staff where on the body to apply the cream. The deputy manager told us the electronic system indicated where to apply the cream. However, when the deputy manager showed us the system, we found this was not the case and the system records stated, 'apply daily,' with no indication where on the body to apply the cream. Later, the deputy manager shared with us a body map and said, "These have not been in use, but we will be using them."

We looked at three staff files and found records relating to the recruitment of each staff member demonstrated this process was safe. We saw evidence of identity checks, relevant references were taken and

checks had been made with the DBS. The DBS is a national agency that holds information about criminal records. These checks helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

People and their relatives told us they felt safe at Batley Hall Nursing and Residential Home. One person we spoke with told us, "Yes, that's why I've come to this live here". Staff we spoke with understood their responsibilities to safeguard people and knew how to report abuse. The registered provider had a whistleblowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

Relatives we spoke with were satisfied with the exterior grounds, although we received mixed feedback about the decoration in some areas inside the home, with carpets and furniture mentioned to us by people and relatives who said they had been assured these were scheduled for replacement. One relative told us, "It's nice outside, the garden is good. Inside needs refurbishing, it looks tired."

We looked at a faults log which staff used to record where maintenance was required in the building and saw this work has been carried out where required. Hot water temperature checks were completed and adjustments made where required. All windows had been sufficiently restricted to protect people from falls from height. Call buzzers, bed rails, hoists and wheelchairs were also regularly maintained. Certificates relating to gas safety and electrical wiring were found to be up-to-date.

A register of people's emergency evacuation plans support needs for in the event of a fire was available to staff. Monthly fire drills had been completed at different times of the day from January through to and including July 2017. We saw evidence of weekly fire point testing from different locations within the home. A fire risk assessment had been completed in December 2016. A table top exercise in June 2017 was used to give staff hypothetical situations regarding fire safety to check how they would respond. This meant the registered provider checked staff had an adequate understanding of the importance of fire safety and what to do in the event of a fire.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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. Although staff had received MCA training, we found documentation regarding capacity was not always in place and consistently recorded.

We asked to see the decision specific mental capacity assessments for a person whom the registered manager confirmed had a DoLS in place. The deputy manager showed us a mental capacity assessment for this person in relation to a 'do not attempt cardio-pulmonary resuscitation' order. However, this was dated 2013 and indicated the person had capacity to make this decision. No other decision specific mental capacity assessments for this person could be found. Decision specific mental capacity assessments should be in place to evidence areas of daily living where people need support with their decision making and to promote their ability to make decisions in other aspects of their life.

Another person had a mental capacity assessment in relation to consent to photographs. This assessment indicated the person did not lack capacity, yet then showed a decision had been made in the person's best interests. It is not lawful to make a decision in an adult's best interests if that person has capacity to make that decision themselves.

This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

Records of consent showed where relevant, people had signed to consent to care, the sharing of information, annual reviews, use of equipment and consent to photos.

Staff recognised the importance of offering people choice and gave examples around supporting people to choose what they wanted to wear as well as food and drink choices. One staff member told us it was important not to overwhelm people living with dementia with too many choices. Where people had capacity and refused assistance a staff member told us, "I just respect their decision." People said they were able to choose how they wanted to spend their day. One person said, "You can choose for yourself what you're going to do and what time you're going to get up."

People and relatives we spoke with were satisfied they were supported by a suitably skilled staff team. One relative said, "They are very efficient. They are very good." People told us staff asked them for consent and

explained what they were doing when providing care. One person said "They always ask and explain what they are doing."

Supervision records we looked at contained a basic record of discussions with staff. One staff member said, "I've had quite regular ones." Staff received an annual appraisal which was recorded in depth and considered staff performance, 'employee perception of their position', culture and working environment and training needs. Training records we looked at showed staff were mostly up-to-date with their training programme, which covered, for example, moving and handling, health and safety, first aid, infection control and dementia awareness. Feedback from the October 2016 staff survey showed high satisfaction levels regarding the training received with 79 per cent 'happy' and a further 14 per cent 'very happy'.

The activities coordinator routinely asked people for their lunchtime meal preference 24 hours in advance. One staff member told us, "There's a lot that can't remember what they've picked." However, they added that where people changed their mind, arrangements were made for them to have an alternative meal. One relative confirmed to us, "The meals are very nice. They are asked what they want and can have an alternative.

Most of the people and relatives we spoke with spoke positively about the quality of the meals they were offered. One person commented, "They are alright. Well-cooked and good enough for me to eat." However, we received mixed feedback about whether food was always served hot.

At mealtimes, most people chose to eat in their rooms, although a small number of people preferred to eat in the dining area.

In March 2017, a mealtime observation had been carried out which showed a number of areas of improvement were needed. We observed the mealtime experience and saw this was a positive experience. Tablecloths and place settings with napkins and a centre piece of flowers were evident. Staff offered fruit juice to people and hot drinks were provided at the end of the meal. Nobody was rushed and all were encouraged to finish their meal. Staff asked people if they were enjoying their meal. We heard one person who commented, "This is nicely cooked chicken".

People told us there were snacks and drinks available between mealtimes. One person said, "Yes, there are drinks and things all day". Another person commented, "You can have tea and coffee when you want."

The home had been awarded a 'Healthy Choice Award,' by Kirklees Council for being committed to good standards of food hygiene and healthy food options. This showed the home was recognised for best practice in relation to healthy food.

People we spoke with felt they had good access to other health care professionals. One person told us, "I go out to see the doctors or people if I need them." Relatives we spoke with commented positively about staff communicating details about referrals made to health professionals and other changes. One relative said, "The Doctor came in last week and I was told about it". A visiting health professional told us, "You can tell they really care for the patients. They make sensible decisions. There seems to be a good handover of care."

Is the service caring?

Our findings

During our inspection we found staff did not always demonstrate caring attitudes to people they were supporting. For example, one person dropped an item on the floor in the lounge which a member of staff picked up. As another member of staff walked past, they asked, "Is she throwing stuff about?" On another occasion, two staff members were talking in the foyer about a person who had just been weighed. Referring to the person who had just been weighed, one staff member said, "He's as fat as a little piggy." One person's care plan stated, '[Name] is persistently noisy throughout the day' which meant this person's presentation had not been recorded sensitively. One person told us, "In most cases they are very nice. Some are a bit sharp." We discussed our observations regarding staff with the management team who told us they would address this immediately.

This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

People we spoke with shared mostly positive feedback about the care and support they received from staff. Comments included; "It's a nice place, the staff are lovely" "They are easy to talk to they are lovely staff", "Sometimes one [person] shouts. The staff go and hold her hand and talk to her", "I am quite happy", "I am very happy living here" and "Why would I complain when I'm so comfy?" People told us they felt involved in their daily care "You could ask them to do things for you and they will". During our inspection, we saw people were appropriately dressed in clothes that looked clean and well cared for. Most people we spoke with were satisfied that staff were familiar with their care needs and preferences. One person told us, "On the whole, they know what I prefer."

Relatives were satisfied with the care provided for their family member. Their comments included; "Very happy with the service", "They can't do enough for him and are making him very comfortable", "They are kind and caring and treat her with respect they sit and hold her hand", "The people we've seen are all very attentive" and "Generally speaking we are happy, they keep it clean."

People told us staff took care to protect their privacy and dignity. One person commented, "Yes, they close doors and curtains. No one comes in until I'm covered up again." People and their relatives felt they were supported in being as independent as possible. One person said, "I always want to do things myself. They help if they see me struggling." People told us having their door closed or open was their choice not decided by staff. One person said, "I choose to have my door open during the day. It's my choice, they ask me and I tell them".

We asked people whether they were able to have a bath or shower when they wanted and found some people thought they were on a rota, whilst others said this was a flexible arrangement. One person told us, "There is a rota, but if I needed one, they would let me have one".

A compliment from a relative received in March 2017 stated 'To everyone at Batley Hall. Can't thank you enough for the lovely care you gave [name of person] and the compassion you showed when he passed

away'. We observed a birthday card in a person's bedroom which read 'Lots of love from everyone at Batley Hall.'

One person's care plan indicated they followed a particular religion and then stated they followed a different religion in the same section of the care plan. We saw some people's care plans included statements such as, 'Does not have cultural sensitivities,' and 'Does not have gender sensitivities,' and, 'Does not have sexuality sensitivities.' However, the plans did not include a record of any discussion or involvement of the person relating to these statements. This meant systems in place to respect people's equality, diversity and human rights were not effective.

We looked at 16 people's end of life care plans and found two of the 16 had meaningful end of life wishes and preferences recorded. The others were either blank or indicated, 'no immediate wishes,' or, 'DNACPR in place.' We recommended the registered provider reviews this to ensure appropriate discussions have taken place with people and their relatives about their wishes and this information is recorded in care plans.

Is the service responsive?

Our findings

At the start of our inspection the registered manager commented on the electronic care planning system introduced earlier in the year which they said had resulted in "teething problems."

Care records and assessments were held on an electronic system. We looked at four care records in detail and looked at specific aspects of people's care in a further 13 care records.

Care plans contained information relating to different aspects of people's care such as maintaining a safe environment, medication, mobility and falls risk, communication, personal care, skin integrity, nutrition and hydration, continence, mental health and activities. The person's individual needs were selected from a range of available options and these populated the care plan. Whilst preferences and choices were included in some care plans, there was limited supplementary information to make care plans person-centred.

We found examples of contradictory information in some people's care plans such as in relation to their religion, gender and communication needs. Some care plans contained statements such as, 'Yes,' and, 'Essentials,' and, 'Not required,' but the record did not show what these statements related to. This was because the information had been transferred from another area within the electronic care record but without any context. One person's care plan stated, 'Does not have special requirements to meet accessible information standards,' and in the same care plan stated, 'Has special requirements to meet the accessible information standards.' We shared this with the management team who advised they would consider this further.

A care plan we sampled included detail regarding how a person preferred to take their medicine. We asked a member of staff and they demonstrated they were aware of this person's preference. A further record showed a person was at risk of using the cable from their call buzzer to cause self-harm. A member of staff we asked was aware of this and outlined to us the measures in place to reduce this risk. This showed some plans contained important information relating to the person's care and staff were aware of this.

People and their relatives told us they had not been involved in their care planning. However, we saw a notice on display in one person's room which stated 'Dear residents. Your care plan is now on the computer system. If you would like to look at it please ask a nurse or care assistant. We welcome your input into planning your care. All resident and families – we welcome your help and do please ask if you have any queries regarding cares or treatments'.

The regional director told us they had already identified care plans as an area for improvement. We recommended the registered provider reviews the consistency of recording in care plans as a priority.

In August 2016, a survey for people provided the following statement; 'The home offers a range of activities that suit my relative or friends individual needs'. We saw 67 per cent of people agreed with this statement. Most people and their relatives we spoke with were positive about the level and quality of the activities provided, both one to one and in groups. One relative said, "From what we have seen they have fun films,

quizzes and carers coming in to do jigsaws in the room." People told us they were assisted to go into the grounds of the home if they asked. One person told us, "They would take me out if I asked them." Another person said, "Someone comes into my room to talk to me and comes up with quizzes. I am never bored."

An activities planner listed activities across seven days a week, including; listening to music, gardening, ten pin bowling and a film afternoon. The activities coordinator told us they tried to see people for one to one activities at least once a week.

On the first day of our inspection, the activities coordinator invited people to make 'fruit kebabs' by offering pieces of fruit of their choice to place on a skewer. Where people declined to take part, the activities coordinator still offered them pieces of fresh fruit to eat.

We saw a reminiscence board on display which was on the subject of 'the coast'. This helped people to remember, for example, seaside trips and contained photographs, objects to pick up and poems. Outside the lounge area was a patio area where people had been assisted to grow their own vegetables, plant herbs and make scarecrows. A trip on the canal had taken place in September 2016 and more recent trips had taken place to a local garden centre. During our inspection we saw notices inviting people to attend the coffee morning which was held every Thursday.

Not all people and their relatives we spoke with were aware of the process for making a formal complaint. However, we saw the complaints procedure was on display in the home. A 'guide to our services' was also available to people and visitors which identified how complaints could be made. A staff family tree was on display which meant people and visitors to the home knew who to contact if they had any queries. People and relatives were confident the staff and management team would respond to issues raised outside of a formal meeting. One person said, "They will listen to you and act on it if they can." We looked at the records of complaints and found one on file which had been dealt with appropriately as this matter had been investigated and responded to.

Is the service well-led?

Our findings

The registered provider's PIR stated five formal complaints had been received in the 12 months before our inspection which were managed under the formal complaints procedure. However, when we reviewed the complaints file, details of only one complaint was recorded. The 'record of visit on behalf of the registered provider' dated July 2017 showed a complaint had been received in June 2017 which had not been logged in line with the registered provider's complaints procedure and noted both the CQC and local authority safeguarding team had not been informed of this. Following our inspection, we checked our records and saw a notification had not been submitted concerning this matter. This meant the registered provider had not fulfilled their responsibility to notify us regarding such events.

At our last inspection we found that care plans did not always contain information concerning the settings needed for pressure mattresses. At this inspection we asked the registered manager about the mattress settings for two people who had this equipment in place. The registered manager told us they should be recorded in the person's care plan, although we found this was not the case. The registered manager said they would deal with this. This meant sufficient improvements had not been made in response to our findings at the last inspection.

The minutes from the January 2017 staff meeting showed the recording of food and fluid charts had been discussed. The record stated 'Carers you must ensure these are filled in properly – no excuses. For those for whom we record dietary intake, accurate amounts please'. We found this had not been discussed since.

In February 2017 the registered provider had identified concerns regarding the lack of recording in respect of food and fluid and positional changes. In April 2017 the record of a visit on behalf of the registered provider by the quality director noted 'Again there were gaps in food records and no evidence of mid-morning/afternoon drinks'. This was recorded as an action with a completion timescale of April 2017. The same reports for May and June 2017 recorded this was still an area of concern. Food and fluid intake should be recorded for people at risk of weight loss to help identify strategies to improve the amount people eat and drink.

One person's nutrition and hydration care plan stated, 'Please record fluid intake and dietary intake.' The deputy manager confirmed this person's food and fluid intake needed to be monitored. However, when we inspected records of this, we found staff had not documented this appropriately and records were not completed in such a way that would enable any meaningful analysis. The deputy manager provided records for a further two people whose food and fluid intake was being monitored which further demonstrated intake was not being appropriately documented.

The recording of food and fluid intake as well as repositioning was still a concern at the time of our inspection which meant action had not been taken to identify the root cause and put measures in place to remedy this. During our inspection we approached the registered manager regarding gaps in this recording and they told us, "The problem is there are too many charts to fill in."

On the second day of our inspection, the regional quality director held an unscheduled 'flash meeting' with staff in response to our concerns regarding the recording of people's food and fluid intake as well as how often people were repositioned to provide pressure relief.

Records showed one person had lost 14.9kg in weight from May to June 2017 and they had not been re-weighed up to the time of our inspection. We queried whether any action had been taken in relation to this person's weight loss or whether the person had been re-weighed to check the accuracy of the records and found no action had been taken. The person was re-weighed during our inspection and was found to have actually increased weight from their May 2017 record. This indicated the person had not lost 14.9kg in weight as the records had indicated. However, no systems in the home had identified this concern and this had not been acted upon prior to the inspection. This showed systems and processes were not in place to effectively monitor people's weight.

The registered provider's 'record of visit' dated 17 July 2017 noted that at the residents meeting dated 25 May 2017 it was said by one person that 'meals were served cold'. In the same provider report it was recorded, 'However no proactive action had been taken as a result of the comments made at the meeting and minuted'. On the first day of our inspection, one person told us, "Sometimes the food is a bit cold."

From January 2017 to the time of our inspection, there had been a total of 68 accidents and incidents. We found there had been a lack of action in response to the number of falls people experienced and care plans did not always contain guidance which was consistent with staff practice concerning people's moving and handling needs.

Staff we spoke with provided mixed feedback about the registered manager. One staff member told us, "I wouldn't go to [name of registered manager] with any concerns. She's no people skills." Another staff member said, "I feel a lot of our support is negative. We don't get anything positive." Other comments from staff included; "They wouldn't discourage you from raising concerns", "They helped resolve conflicts with other members of staff" and "Whenever I need any help, I know I could phone them."

We asked three members of staff whether the registered manager had a visible presence in the home. Comments made by staff were; "More so these last few days, but not normally", "I see her quite a lot" and "Not that much."

We reviewed the minutes of the staff meetings which took place in January, May and July 2017 and saw evidence of subjects covered which included, for example; infection control, health and safety, teamwork, supervision and appraisal and training needs. However, there was little evidence of the 'staff voice'. One staff member told us, They're just [name of registered manager] saying what it is. It's not a discussion." This meant not all staff felt able to contribute their ideas for making improvements in the service.

We saw evidence of recent audits completed which covered, for example, safeguarding, health and safety, pillows and mattresses, infection control and care files. However, not all audits were effective based on the findings from our inspection.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Audits of medicines took place bi-monthly. Areas checked included the medication administration records, entries being signed appropriately, management of controlled drugs, recording of allergies, random counts of medicines and storage. We saw some actions had been taken as a result of these audits, such as missing

photographs being uploaded in order to reduce the risk of medication errors.

People and relatives we spoke with gave positive feedback about the registered manager. One relative said, "Definitely friendly and approachable". People and relatives felt there was a good atmosphere in the home. One relative said, "It's friendly and quite jolly." People said they would recommend living at this service. One relative commented, "Yes, I would recommend them to have a look around."

The minutes of the three 'resident and relative' meetings held in 2017 showed how well people were involved in service delivery. For example, in February 2017, people were consulted regarding colour schemes for a part of the home which was to be redecorated. At each meeting, people were asked for feedback about food and what people wanted to see on the menu. Other discussions took place around the fire procedure, social activities, complaints and suggestions for improvement. These clearly documented the recording of people's involvement.

We looked at results from the satisfaction surveys carried out by the registered provider in October 2016 which was completed by 49 people and 15 relatives or friends. People were asked for feedback about 'staff and care', 'home comforts', 'choice and having a say' and 'quality of life'. The results showed high levels of satisfaction, although there had been a small reduction in satisfaction compared with results from the survey carried out in 2015.

In response to the staff survey carried out in October 2016, one member of staff stated: 'I enjoy working at Batley Hall. It is a very well-run company.' During our inspection one staff member said, "I really enjoy it here."

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	People's capacity had not been appropriately assessed and recorded.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
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.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person did not assess the risks to people receiving care and mitigate any such risks.

The enforcement action we took:

We served a warning notice on the registered provider and told them they must become compliant with the regulation by 18 December 2017.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person did not have systems that were effective to assess, monitor and improve the quality and safety of services.

The enforcement action we took:

We served a warning notice on the registered provider and told them they must become compliant with the regulation by 18 December 2017.