

**Bamford Care Limited**

# Ashbourne Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

**Requires improvement****Is the service safe?****Inadequate****Is the service effective?****Requires improvement****Is the service caring?****Requires improvement****Is the service responsive?****Requires improvement****Is the service well-led?****Requires improvement**

### Overall summary

This was an unannounced inspection which took place on 27 October 2015 and 12 November 2015. The service was last inspected on 06 January 2014 when we found it to be meeting all the regulations we reviewed.

Ashbourne Nursing Home provides accommodation for up to 43 people who have personal care needs, including those with dementia. There were 40 people living in the service on the day of our inspection.

The service had a registered manager in place 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.

During this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service had not considered any risks within the environment that may affect people who used the service, visitors and staff members. We also saw that

# Summary of findings

where risks associated with people's care and treatment had been assessed the appropriate control measures to reduce the risks had not been identified or put in place. For example one person at risk of falls had sustained 19 falls within an eight week period and appropriate control measures were not in place to reduce the risk of serious injury. This meant that sometimes people who lived in the service were not safe.

We found that people who used the service did not have Personal Emergency Evacuation Plans (PEEP's) in place. This meant that in the event of an emergency situation such as fire people may not be evacuated effectively.

We looked at the management of medicines within the service and found that safe systems and procedures were in place in relation the receipt, storage, administration and disposal of medicines. However we found the staff signature list that was in place required updating as it did not reflect the current staff team.

Staff we spoke with and records showed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). However, further records identified that the registered manager had not followed the requirements in relations to DoLS for those people who were being restricted within the service.

Records we looked at showed that the service had determined one person lacked capacity without undertaking a capacity assessment and relatives were signing to consent to care and treatment without the correct authority in place.

**We have made a recommendation that the service considers current best practice around supporting people with dementia to remain independent.**

Care plans in place within the service were not person-centred. They did not contain clear instructions for staff on how to support people and they did not evidence that the person had been involved in them. We saw care plans were not updated to reflect changes in people's needs or support level's. There was no evidence to show that people's religious and cultural needs were being addressed.

Quality assurance systems that were in place within the service were not sufficiently robust to identify the health, safety and welfare concerns that we found during our inspection. We saw that some monthly audits had not been completed since August 2015 and those that had been completed did not evidence what had been audited.

We saw interactions from care staff that were calm, respectful and valued people. We saw people were given choices and support and encouragement was offered. However during our inspection we found that people's privacy and dignity was not always maintained. **We have made a recommendation that the service considers its own policies and procedures in relation to this.**

Training records we looked at and staff we spoke with confirmed they had received training in safeguarding and were able to tell us how they would identify concerns and raise them with a senior member of staff.

The service followed safe recruitment procedures when employing new staff members. Policies and procedures were in place for them to follow.

People who used the service had access to a range of healthcare professionals such as GP's, dieticians and speech and language therapists in order for their health care needs to be met.

People who used the service spoke highly of the activities co-ordinator and described them as going 'above and beyond' their duties to support people. We saw evidence of activities that had occurred in recent times such as birthday celebrations. Although no activities were being carried out on the day of our inspection the hairdresser was in the service.

Staff meetings were held on a regular basis for both the day shift and the night shift. We saw that topics discussed included infection control and training and staff were able to put items on the agenda for discussion.

Policies and procedures were in place within the service for staff to follow good practice. We saw that these were accessible to staff.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe. Appropriate control measures were not in place to address the risks associated with people's health care needs.

People who used the service were at risk in an emergency situation due to the lack of Personal Emergency Evacuation Plans (PEEP's).

The service had a safeguarding 'champion' in place. This person was undertaking enhanced training in this area in order to offer support to staff members in any issues relating to safeguarding.

Inadequate



### Is the service effective?

The service was not always effective. The relevant Deprivation of Liberty Safeguards (DoLS) applications had not been submitted for those people who were being restricted.

We saw relatives were signing to consent to the care and treatment given to their family member without the appropriate authority in place.

People were supported with their nutritional needs. We saw people could have a choice of breakfast including a cooked breakfast and a choice of two nutritional main courses at lunch time.

Requires improvement



### Is the service caring?

The service was not always caring. People's privacy and dignity was not always maintained as bedroom doors were left open whilst people were being nursed in bed.

We saw staff interactions were calm, sensitive and respectful with people who used the service.

The service was committed to supporting people to maintain contact with their relatives.

Requires improvement



### Is the service responsive?

The service was not always responsive. Care plans in place for people were not person-centred and did not reflect that people had been involved in the development of them.

There was a lack of stimulation for those people living with dementia. We did not see any dementia friendly resources or adaptations throughout the service.

We saw that the service had undertaken activities such as trips into the local community and celebrations for birthdays.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not always well-led. Quality assurance systems in place within the service were not sufficiently robust to identify the issues and concerns we found during our inspection.

Staff we spoke with told us that the management within the service were approachable and they felt able to discuss any issues or concerns with them.

Staff meetings were held on a regular basis where staff could add items to the agenda and discuss any topic they wished.

**Requires improvement**



# Ashbourne Nursing 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 the 27 October 2015 and 12 November 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors, a specialist advisor who was experienced in nursing care 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 service.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key

information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning.

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we carried out observations in all public areas of the home and undertook a Short Observational Framework for Inspection (SOFI) during the breakfast meal period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who used the service and five visitors. We also spoke with seven staff members, the cook and the registered manager.

We looked at the care records for five people who used the service and the personnel files for three staff members. We also looked at a range of records relating to how the service was managed. These included training records, quality assurance systems and policies and procedures

# Is the service safe?

## Our findings

People we spoke with who used the service told us they felt safe at Ashbourne Nursing Home. Comments we received included, “I feel safer here than at home”, “I am well-looked after and feel quite safe here” and “I have been here five years and plenty of changes in staff, but I feel safe”. One relative we spoke with told us “I feel that [relative] is safe here and nothing is too much trouble for the staff”.

We looked at the risk assessments that were in place for the environment. We saw a fire risk assessment was in place but this was the only environmental risk assessment we saw in place for the whole service. This meant that the service had not considered any other risks the environment may pose to people who used the service, staff members and visitors such as health and safety or hazardous substances.

We saw that where risks associated with people’s care and treatment had been assessed control measures to reduce the risks had not been identified or put in place. This meant that sometimes people were not safe. For example we saw that one person required pressure relief when in bed. However there was no risk assessment in place to direct staff on how to manage the risk and any other action that needed to be taken, such as the frequency of turns required or recording the time the person was turned. Other records we looked at showed that one person had fallen 19 times in the eight weeks prior to our inspection. We saw the care plan in relation to falls had been written on 28 April 2015. This did not direct staff on how to manage the risk of falls or highlight strategies that were to be put in place to reduce or eliminate this risk. This meant the person was at risk of continually falling and potentially injuring themselves. This record also had not been updated to reflect the recent increase in falls. The service had placed bed rails in situ; however care records showed that the person was climbing over these and therefore placed the person at greater risk of serious harm.

The service did not have a policy and procedure in place in relation to accidents and incidents. This meant that staff did not have access to guidance on how to report any accidents or incidents that occurred within the service. The service had an accident book in place. This showed that the falls people who used the service had sustained were recorded but did not evidence any lessons learned or steps taken to prevent further falls.

**These matters were a breach of regulation 12 (1) and (2)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risk assessments were not in place to ensure the health, safety and welfare of people who used the service or to ensure that care was provided in a safe way.**

We looked at all the records relating to fire safety. We saw weekly inspections were undertaken of means of escape, emergency lighting, fire alarm, fire exits and a visual check of firefighting equipment. There was also a list of call point locations and fire alarm points. The training matrix showed that fire safety training was mandatory and staff had completed this.

The service undertook weekly fire drills and recorded the names of staff members that had been involved in them. However, there was no record of people who used the service being involved in any fire drills. We asked to see the Personal Emergency Evacuation Plans (PEEP’s) for people who used the service. The registered manager told us that no one in the service had a PEEP in place as they had been informed by the local fire officer that they were not required. During our inspection we spoke with the local fire officer who confirmed that any person who required support to leave the building in an emergency situation must have a PEEP in place as part of a standard procedure. Therefore this meant that people who used the service may not be evacuated safely in the event of an emergency situation.

**This matter was a breach of Regulation 12 (1) and (2) (a) and (b) of the Health and Social Care Act 2014 as risks were not assessed or mitigated in relation to the safe and effective evacuation of people in an emergency situation.**

Staff we spoke with told us they had received training on safeguarding and were able to tell us how they would identify signs of abuse and told us they felt confident in reporting any concerns of abuse with a senior staff or the registered manager. Records we looked at confirmed care staff had received training in safeguarding as part of their mandatory training requirements.

The registered manager told us that the service had identified a staff member who was a ‘champion’ in relation to safeguarding. The staff member was undertaking enhanced training in order to be able to support other staff members on any issues relating to safeguarding. The

## Is the service safe?

service had a safeguarding policy in place. This gave staff clear examples of the types of abuse and signs that they needed to observe for and report on, along with how to deal with a safeguarding issue.

We saw the service also had a whistleblowing policy in place which gave staff clear steps to follow should they need to whistle blow (report poor practice). Staff we spoke with told us they were aware of the whistleblowing policy and knew what to do if they had any concerns. They told us they would approach the manager or another member of the management team and felt confident to do so. Records we looked at also showed that whistleblowing was also discussed in staff meetings and during staff inductions.

We spoke with staff members about the staffing levels within the service. One staff member told us they felt the staffing levels were “About right” and another told us they felt that at times the service could do with a more flexible use of staff which was reflective of the workload, which changed from day to day. The registered manager told us that staff did have time to spend with people, especially in the afternoon, evenings and at a weekend. They told us staff would sit and talk with people. We saw staff were able to spend time with people during the day.

We asked the registered manager how they assessed the staffing levels for the service. They told us that the director had a system to calculate the staffing requirements of the service, although levels had always been eight staff in a morning, six staff in an afternoon and four staff throughout the night. Extra staff members were brought in if people who used the service had appointments etc. and the registered manager was able to cover as and when required. We looked at the rota’s covering a three week period. The staffing levels reflected what we had been told and what we saw on the day of our inspection.

We found robust recruitment processes were followed by the registered manager when recruiting new staff. We saw the service had a policy and procedure to guide them on the relevant information and checks to be gathered prior to new staff commencing; ensuring their suitability to work at the service.

We examined the files for three staff members. We saw the service obtained two written references and an application form (where any gaps in employment could be investigated) had been completed. The service undertook a criminal records check called a disclosure and barring

service (DBS) check prior to anyone commencing employment in the service. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked at the management of medicines within the service. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) for a number of people who used the service.

We saw the service had a medicines policy and procedure in place which provided staff members with information on the storage, recording, disposal and ordering of medicines. We saw this was available in the treatment room. We saw patient information leaflets were available and we were told people who used the service were encouraged to read these.

Medicines, including controlled drugs, were stored securely and only authorised, suitably trained care staff had access to them. Medicines that required storing in a fridge were correctly stored. Regular temperature checks of the fridge were undertaken on a daily basis to ensure correct storage. Regular temperature checks were also completed within the room to ensure medicines were stored at recommended temperatures.

We noted all the Medication Administration Records (MAR) contained a photograph of the person for whom the medicines were prescribed; this should help ensure medicines were given to the right person. Staff members recorded the times medicines were given and all entries were clear and legible. The application of creams/ ointments was recorded on the MAR and body maps were in place to show where they needed to be applied.

We checked to see that controlled drugs were safely managed. We looked at the record of controlled drugs held in the service. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two staff members to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who use the service and staff from the risks associated with the misuse of certain medicines.

Competency checks were undertaken by the registered manager on an annual basis to ensure that staff remained



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competent to administer medicines. Records we looked at showed medicine audits were undertaken within the service. This was completed on a monthly basis by the registered manager. There was a staff signature list for staff to be accountable for their practice should an error be detected. However, we found this required updating as it did not reflect the current staff team.

We observed a medicine round at lunchtime. We noted that staff had to wear a specific tabard when administering medicines that alerted people they were not to be disturbed. We observed some good practice during the administration, such as explaining to the service user what tablets they were being asked to take and giving people time to take them.

We saw moving and handling equipment throughout the service, such as mobile hoists. Records we looked at showed these had been serviced in July 2015 and were deemed safe. Staff we spoke with told us they had received training on the use of equipment. We saw that all the gas and electrical equipment had been serviced and checked.

The service had an infection control policy in place. This identified the registered manager as the lead person for infection control and gave detailed information around topics such as effective hand-washing, cleaning spillages, handling soiled waste and the use of protective clothing. However this did not cover barrier nursing.

Infection control training was highlighted on the training matrix as mandatory for all staff members and showed that

the majority of staff had completed this. We observed staff throughout the day wearing Personal Protective Equipment (PPE) such as aprons when undertaking personal care or serving meals. We checked a number of bathrooms throughout the service and found that liquid hand wash and paper towels were available. We also saw hand sanitizer was available at points throughout the service. We observed the service was clean and tidy and free from offensive odours.

Cleaning records we looked at showed that bedrooms were cleaned on a daily basis. This included toilets, high and low level dusting, hoovering and emptying of bins. There was also an infection control and cleaning audit in place which was to be completed by the registered manager on a monthly basis. Staff meeting minutes we looked at also showed that infection control was a mandatory discussion.

We looked at the laundry within the service. We found this was kept tidy and was organised. The service had an industrial type washing machine with a sluice facility as well as a domestic washing machine and an industrial type dryer. On the day of our inspection the dryer had broken and the service was awaiting a part in order for this to be repaired. The laundry staff informed us that in the meantime they would be using a launderette in the local area to dry people's clothes. Clean and dirty linen were segregated within the laundry area to prevent recontamination. We saw that staff members used coloured linen bags to separate linen, for example, red linen bags for soiled laundry.



# 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. Then they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest 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 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.

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.

Staff we spoke with told us and records we looked at showed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service also had a policy and procedure in place in relation to MCA and DoLS at the time of our inspection which was accessible to staff.

Records showed that five people had a DoLS in place, a further two had been submitted and seven had been declined as inappropriate. Prior to our inspection we reviewed our records and saw that DoLS applications, which CQC should be made aware of, had been notified to us. DoLS authorisations that were in place were in relation to people who could not make their own decision to reside at Ashbourne Care Home and did not include care and treatment. One person who used the service was being restricted by the nature of their illness. The registered manager had not followed the requirements in relation to DoLS as an application for this person had not been submitted to the relevant supervisory body, despite this person being restricted. The registered manager informed us that as this person was being nursed in bed and was not attempting to leave the service they had not submitted an application.

**These matters were a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were deprived of their liberty for the purpose of receiving care or treatment without lawful authority.**

Care records we looked at showed that consent forms were in place in relation to photographs, medication and care and treatment. However, one person's records showed that the service had determined the person lacked capacity without undertaking a capacity assessment and that this person's care and treatment was being discussed and agreed by their family members. We saw no evidence that a best interest meeting had been held and no lasting power of attorney was in place. Another person's records we looked at showed their relatives were signing to consent to their care and treatment without the correct authority in place.

**These matters were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as care and treatment was not provided with the consent of the relevant person.**

We found the environment did not suitably meet the needs of those people living with dementia or the visually impaired. We noted there was a lack of appropriate signage throughout the service. This included a lack of pictorial signs to identify toilet and bathroom facilities as well as a lack of photograph's or other identifying features on bedroom doors. We saw a door with a small brass sign stating 'bathroom'. We looked in this room and found various equipment was being stored there. The registered manager informed us that this bathroom was not in use as it was being used as a store room. However we found this was unlocked and accessible to people who used the service. This could be confusing for people living with dementia who may enter the room believing it to be a useable bathroom. We saw bedrooms that had recently been decorated as part of on-going improvements. **We recommend the service considers best practice guidance in relation to the specialist needs of people living with dementia and how to support them to remain independent whilst using the service.**

## Is the service effective?

People we spoke with told us they felt staff were trained to support them. Comments we received included “I think that all the staff appear to be trained properly”. One relative told us “They appear well-trained, and I feel that all [relative] care needs are taken care of”.

We asked the registered manager how they ensured that staff had the appropriate knowledge and skills to undertake their role. They told us this was achieved through induction and training and they also ensure there was a varied skill mix when completing the rotas.

Staff members we spoke with told us they had received an induction when commencing employment. Comments we received included, “Before I started work here, I was given a booklet of just about everything I should know and the training in place. Since the beginning I have attended a number of training sessions, including safeguarding, moving and handling, first aid, and dealing with end of life issues, and being aware of changes and needs of residents”.

Records showed that staff had to complete an induction when they commenced employment. The registered manager told us that if a new staff member had no previous experience in care then it was mandatory for them to complete the Care Certificate. All staff were expected to complete mandatory training which included moving and handling, safeguarding, medicines, food hygiene and first aid. Records we looked at showed that staff had completed the necessary training.

One staff member we spoke with about their training told us, “I am at level NVQ2 and studying for my NVQ3. Training this year has covered 4 or 5 sessions including, palliative care and moving and handling. I feel I have been well-prepared for dealing with Dementia Issues since I saw a film on the subject. It really opened my mind and made me more aware of the changes that take place with people that have it”.

We also saw that other courses were available to staff such as, end of life, dignity in care and dementia. Six staff members were also in the process of completing a course entitled ‘Passport to Palliative Care’. Diploma Level’s two and three in health and social care were also available to those staff members who had not yet undertaken them.

The registered manager told us that the deputy manager had made a request to complete their Diploma Level five and this was facilitated by the service. This showed the service was committed to training the workforce.

Staff members we spoke with told us they received regular supervisions and appraisals. One staff member told us, “I have had my supervision this year and I receive any support I need from staff”. The service had a supervision policy in place which stated staff were to undertake supervision every two months. The registered manager kept all supervision notes confidential in a sealed envelope and had a supervision matrix to show when staff were due their supervision and when they had received it. Topics covered within supervisions included, performance in roles, training, support, well-being and the option to discuss anything else.

People who used the service told us they had access to healthcare professionals. One person told us “I am well-looked after and feel quite safe here. I did break my hip, and when I came out of hospital the physiotherapy stopped but [member of staff] helped me do some exercises”, we observed this member of staff encouraging the person to do their exercises. Other comments we received included, “I have regular visits from the podiatrist” and “The dentist sometimes calls and my eyes are tested”.

Records we looked at showed people had access to a range of healthcare professionals in order for their health care needs to be met. Records we looked at showed that visiting professionals included GP’s, dietician and speech and language therapists. The registered manager informed us they attended handover meetings and ensured that any reports of a person being unwell were reported to the GP.

People who used the service told us the food was good. Comments we received included, “The food is good. We have a choice every main meal and there is a menu in large print on the table that we can read” and “I usually stay in my room, but it is nice to come and have lunch in a different place. Because of my legs, I am unable to sit at a dining table, but the staff help me by bringing this mobile table to me. This is much better.”

One relative we spoke with told us “I think all my [relative] needs are taken care of including plenty of drinks and staff also come round with fresh fruit that is chopped up - every day.”

## Is the service effective?

We looked at how people were supported in meeting their nutritional needs. We were told that people could have what they wanted for breakfast, this included a choice of cereal, toast, cooked breakfast and with advanced notice special items could be ordered in such as kippers. There was a four weekly menu cycle. We saw that a menu was available within the dining area to show what was for lunch. We saw that people had a choice of two main courses and two desserts. Food was well presented and looked appetising. We also observed that drinks and fresh fruit were offered to people during the day.

We saw the kitchen had been awarded a five star rating from the environmental health which meant food was stored and served safely. The cook told us they received daily deliveries of bread, vegetables and salad, twice weekly deliveries of meat and one delivery of dried food items. We looked at the kitchen and food storage areas and saw good stocks of food were available. Staff told us that food was always available out of hours. A discussion with the cook showed they were knowledgeable about any special diets that people needed and were aware of how to fortify foods to improve a person's nutrition. We observed a list in the kitchen of people who required special diets.

The cook undertook necessary checks such as food temperatures and fridge and freezer temperature checks. There was a daily, weekly and monthly cleaning checklist in place which was signed. We observed the kitchen to be clean and tidy.

During the lunchtime meal service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We noted that tables were nicely laid with tablecloths, napkins and condiments and music was playing. Staff brought pots of tea and coffee to each table for people to choose which they wanted.

We saw there was plenty of staff available to assist those people who required support with eating their meals as well as serving meals to other people. We saw a staff member approach one person to ask them if they would like their tea pouring for them. Another staff member asked a person if they would like their chair pushing closer to the table so they could reach their food easier. Positive interactions were noted throughout the lunchtime period from staff members.

Bedrooms we looked at had been personalised and the registered manager informed us people were encouraged to bring in their own furniture. Communal areas within the service were light and bright.

# Is the service caring?

## Our findings

People who used the service told us staff were caring. Comments we received included “All the staff treat me with respect and don’t talk down to me like they do at other places. The staff are really friendly and helpful here” and “Staff treat me with respect”.

During the inspection we saw a number of visitors either sitting with people in their own rooms or in the lounge areas. We noted that during the afternoon there was a positive ‘buzz’ in the lounge of all the different conversations taking place with family members. The registered manager told us that people get lots of visitors on a daily basis.

We observed that staff members’ approach was calm, respectful and valued people. They explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We saw that one staff member, who was not employed as care staff, approach a person who was walking back to their chair to offer support and encouragement. Before the person sat down we saw the staff member encouraged them to undertake their physiotherapy exercises. We saw care staff giving people choices such as what they wanted to eat and drink or asking if they required support.

One person who used the service told us they liked to see their relatives as much as possible but due to their age they were unable to visit them at the service. They told us that the activities co-ordinator would support them to visit their

relatives by dropping them off when an outing had been arranged and collecting them later. This person told us “If this was not happening I would not get to see my relatives”. This showed the service was committed to supporting people to maintain relationships with their family and friends if they could not do this for themselves.

During our inspection we noted two bedrooms in the main entrance area had the doors left open whilst people were being nursed in bed. It was possible to see straight into these people’s bedrooms when entering the service. We found no evidence that these people had consented for their door to be left open. None of the care records we looked at identified the need for the door to be left open whilst these people were being nursed in bed. This meant people’s privacy and dignity was not always maintained.

**We recommend the service considers its own policies and procedures in relation to privacy and dignity to ensure that people’s privacy and dignity is maintained at all times.**

All records relating to people who used the service were stored securely and only authorised people had access to them. We saw that those people who had capacity to do so formally agreed to their information being shared with relevant bodies/people. For example sharing information with a district nurse who was required to provide additional care and treatment.

The registered manager told us that there was nobody within the service that was receiving end of life care. Records we looked at showed that staff had received training in this area should anyone require end of life care.

# Is the service responsive?

## Our findings

Records we looked at showed that pre-admission assessments were undertaken. We looked at three pre-admission assessments and found these were a brief assessment of a person's health and social care needs and contained limited information. For example, no information on relevant past history. One pre-admission assessment we looked at showed the person was unable to communicate; however the death and dying section of the assessment stated 'None expressed'. This showed that information within the pre-assessment was not accurate.

Staff we spoke with told us there was a key worker system in place within the service. One staff member told us, "I am a key worker for three people. Each staff member is a key worker for three or four people. I check the rooms are safe and clean, that curtains are okay, clothes are hung up right and that people have the right toiletries".

One relative we spoke with told us they did not know if they had been involved in the development of a care plan. When we further explained if they had been asked about likes and dislikes they stated "No we have not been asked these questions yet".

We looked at the care plans in place for people who used the service. Care plans were not person-centred, there were no clear instructions for staff on how to support the person and they did not evidence that people who used the service had been involved. Care plans consisted of a series of points such as; requires turning regularly, with no further detail on how often this should be done or if this required recording. Care plans also did not reflect the care being provided. For example one person's care plan stated they had a bath/shower twice per week, however notes we looked at showed this person was having a bed bath on a daily basis.

Care records showed that care plans were subjected to a review on a monthly basis. Staff members we spoke with told us that any changes in a person's condition would be communicated during handover. We saw reviews had been undertaken and changes in a person's needs or level of support noted; however we found that care plans had not been updated to reflect the changes. This meant that care staff may not have access to up to date and correct information in order to support people.

We saw no evidence that people were involved in the reviewing of care plans and discussed this with the registered manager. They told us that it was difficult to involve some people due to their condition/diagnosis and they were trying to involve the families wherever possible. We saw that some people had signed a consent form to agree to the care and treatment; however this was the only involvement evident.

During our inspection we also looked at how the service addressed people's religious and cultural needs. None of the care records we looked at included a care plan to ensure people's religious or cultural preferences were addressed. One person who used the service who was of ethnic origin was receiving palliative care. We looked at their records and found very limited background information and no consideration had been made to their religious or cultural preferences or what to do in the event of their death. This meant this person's needs and/or wishes may not be followed on a daily basis or in the event of their death.

**These matters were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the care and treatment of people who used the service did not reflect their preferences.**

The service had an activities co-ordinator in place. People we spoke with about activities spoke highly of the activities co-ordinator and that she goes 'above and beyond' her duties to support people who used the service.

We saw that trips had included going into the local community and singers coming into the home. A notice board in the main entrance contained photographs of some activities such as St George's day celebrations and a birthday party. There were no activities being undertaken on the day of our inspection, although the hairdresser was in the service.

We asked people who used the service if they knew who to approach if they wanted to make a complaint. One person told us, "I just tell the carer and they deal with it and put it right, so I don't have anything to complain about".

The service had a complaints policy in place. This detailed how to deal with both verbal and written complaints that the service may receive and noted that staff were to be trained in dealing with complaints. We spoke with the registered manager who told us that day to day comments/remarks were to be dealt with by staff members and more

## Is the service responsive?

'serious complaints' were dealt with by themselves. They also confirmed there was no specific training for staff in handling complaints. This meant the service was not following its own policies and procedures in relation to complaints.



# Is the service well-led?

## Our findings

The service had a manager who registered with the Commission on 27 July 2011. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at the quality assurance systems in place within the service and found that these were not sufficiently robust to identify health, safety and welfare concerns that we found during our inspection, for example the number of falls sustained by one person who used the service. We saw that audits were being undertaken in areas such as cleaning, risk assessments, infection control and the environment. However we saw that these did not describe what was being audited in detail and the registered manager had just put comments in a box. We also saw that a number of monthly audits had not been completed since August 2015. We spoke with the registered manager regarding this and they told us that the quality assurance systems were an area that required improvement.

**These matters were a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as effective and robust systems were not in place to ensure the health, safety and welfare of people who used the service.**

Staff we spoke with told us the management within the service were approachable and felt they were able to raise concerns with them. Comments we received included, "I have been here 10 years and I wouldn't be still here if I wasn't happy. We have plenty of training and we don't have any problems discussing concerns with each other" and "I have been here two years and more than happy with being here".

On the day of our inspection we were made very welcome by the registered manager and staff members. We observed the registered manager interacting with visitors, relatives and people who used the service in a friendly and personalised manner. The registered manager was able to speak in great detail about all the people who used the service.

There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included recruitment, safeguarding, infection control, whistle blowing and complaints. These were accessible for staff and provided them with guidance to undertake their role and duties.

The service also sent out satisfaction survey to relatives and/or advocates on an annual basis. Records we looked at showed that the service had recently sent the forms out and had received a total of 20 replies up to the day of our inspection and were expecting more to be returned. We saw that 13 of these showed a positive experience throughout the survey with one comment stating, "I have been in other care homes and this is the best one I have been in". However, we saw that five people had referenced that they were made to feel 'a nuisance' around mealtimes. As the survey was still in progress the results of these had not been concluded.

Staff told us and records showed that staff meetings were held on a regular basis. We looked at the minutes of the last meeting held on the 07 October 2015 and found that 16 staff members attended from both the day shift and the night shift. We saw that topics discussed included, infection control, housekeeping, training, safeguarding, new admissions, equipment and documentation. Staff told us they were able to add things to the agenda and were able to bring items up during these meetings.



This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care  
**The care and treatment of people who used the service did not reflect their preferences.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent  
**Care and treatment was not provided with the consent of the relevant person.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment  
**People were deprived of their liberty for the purpose of receiving care or treatment without lawful authority.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
**Effective and robust systems were not in place to ensure the health, safety and welfare of people who used the service.**