

# Cookridge Court Limited

# Cookridge Court

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place over two days, on 13 and 15 December 2015. Both days were unannounced.

At the last inspection in May 2015 we found the provider had breached several regulations associated with the Health and Social Care Act 2008. We found people's care plans did not contain person specific mental capacity assessments, applications for the Deprivation of Liberty Safeguards had not been carried out appropriately, care plans were not updated on a regular basis, some sections were not completed or were inaccurate. There were not enough staff to provide support to people who used the

service, the provider had not taken steps to ensure staff received ongoing or periodic supervision and an appraisal to make sure competence was maintained. The management of medicines did not protect people from the risk of unsafe care or treatment, risks were not fully assessed for the health and safety of people who used the service and the environmental risks had not been updated. The provider had not taken appropriate steps to ensure people were protected from abuse and improper treatment, complaints were not acknowledged, recognised or handled in accordance with the provider's complaints procedure and the provider had failed to

# Summary of findings

monitor the quality of the service to identify issues. We told the provider they needed to take action; we received an action plan. At this inspection we found the home was still in breach of two of these regulations.

Cookridge Court and Grange is registered to provide accommodation for up to 96 people who require personal care, included people who are living with dementia. The accommodation is situated over three floors that are serviced by passenger lifts. All bedrooms are single rooms with en-suite facilities. There are several communal and dining areas and the home has an enclosed garden.

At the time of this inspection the home did not have a registered manager, although there was a manager who had been in post since May 2015 and had applied for registration. 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.

We found it difficult to establish if staffing levels were maintained effectively on each floor on each shift. Staff did not receive individualised supervision and appraisal. Staff training did not always equip staff with the knowledge and skills to support people safely. We found care plans did not always contain sufficient and relevant information.

People told us they felt safe in the home and we saw there were systems and processes in place to protect

people from the risk of harm. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People received their medicines at the times they needed them and in a safe way.

Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work. People's mealtime experience was good and they received good support which ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

The care plans we looked at contained appropriate mental capacity assessments. At the time of our inspection Deprivation of Liberty Safeguard applications had been carried out appropriately. There was opportunity for people to be involved in a range of activities within the home or the local community.

People had opportunity to comment on the quality of service and influence service delivery. Effective systems were in place which ensured people received safe quality care. Complaints were welcomed and were investigated and responded to appropriately.

Although there had been some improvements since the last inspection, there was still a breach of regulation 9 and regulation 18 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.

# 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 always safe.

We concluded staffing levels were not always maintained effectively on each floor on each shift. The provider had effective recruitment procedures in place.

People were protected against the risks associated with use and management of medicines. People received their medicines at the times they needed them and in a safe way.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. Individual risks had been assessed and identified as part of the care planning process.

**Requires improvement**



### Is the service effective?

The service was not always effective in meeting people's needs.

Staff did not receive individualised supervision and appraisal. Staff training provided did not always equip staff with the knowledge and skills to support people safely.

Staff we spoke with could tell us how they supported people to make decisions. Care plans we looked at contained appropriate mental capacity assessments. Deprivation of Liberty Safeguards applications were made appropriately.

People's nutritional needs were met and people attended regular healthcare appointments.

**Requires improvement**



### Is the service caring?

The service was caring.

People valued their relationships with the staff team and felt they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

**Good**



### Is the service responsive?

The service was not always responsive to people's needs.

We found care plans did not always contain sufficient and relevant information. People were not protected against the risks of receiving care that was inappropriate or unsafe.

There was opportunity for people to be involved in a range of activities within the home and the local community.

Complaints were responded to appropriately in most cases.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was well led.

The manager and regional supporting manager were very supportive and well respected.

The provider had systems in place to monitor the quality of the service.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and daily interactions.

**Requires improvement**



# Cookridge Court

## Detailed findings

### Background to this inspection

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

This inspection took place on 13 and 15 December 2015 and was unannounced. The inspection team consisted of five adult social care inspectors, an inspection manager, a pharmacy inspector, a specialist advisor in governance, a specialist advisor in dementia and two experts 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.

At the time of this inspection there were 69 people living at Cookridge Court. We spoke with 29 people who used the service, 15 relatives, 34 staff, the manager, the regional supporting manager and the regional manager. We visited the home and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at 10 people's care plans.

Before the inspection, the 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. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us.

# Is the service safe?

## Our findings

At the last inspection we rated this key question as inadequate. There were not enough staff to meet people's needs, medicines were not managed safely, not all incidents had been reported appropriately and individual risks had not always been assessed and identified. Following the last inspection the provider sent us a plan which identified how they were going to improve the service. At this inspection we saw they had followed their plan, however, we concluded staffing levels were not maintained on each floor on each shift.

We received mixed views from staff we spoke with as to whether staffing levels were adequate. Comments included, "The home has mainly permanent staff and we use some bank staff when required. Things have improved over the last two month staffing wise", "When people are off sick they try and cover with staff from the home. Not many outside staff are used Most times the staffing level is good", "I have worked here a year and found there are always enough staff", "Since working here I have found we have enough staff and people will cover", "There is always enough staff on nights", "Staff are not normally moved to other floors" and "Always have enough staff and we get cover for sick."

Other staff comments included, "We normally have three staff on. We normally have cover for sick but not always", "I get moved to other floors quite frequently", "Normal we have one senior and two care assistants", "We have two on here, sometimes we have one. That's with sickness" and "Never have enough staff on a night." We asked staff what happened when care staff did not work a 12 hour shift. One staff member told us, "They get another member of staff from one of the other floors. I would say it is 50-50 the number of times it's just me and [name of staff member]."

One person who used the service we spoke with told us, "Staff have responded promptly when I have needed to press the buzzer." Another person said, "The problem here is there are not enough staff. Some days it's adequate but other days it's sparse. Yesterday another person fell out of bed and as a result I didn't get breakfast until 10:00am. But mostly it's reasonable. Sometimes there are only two staff on at night. How they cope I don't know." A third person said, "There is always enough staff on duty."

The manager and deputy manager told us the normal staffing levels were one senior staff member and three care staff on each floor for each shift. The provider information return stated 'the care home equation for safer staffing (CHESS) has been introduced. This calculates staffing levels based on dependency levels which is link to the care plan and the environment and this ensures the safety of the service through staffing levels. There is an on call system in the home where a manager is on call 24 hours a day seven days a week'.

Staffing arrangements were not accurately recorded. We found it was difficult to get a clear picture of the staffing level on each floor from the records we looked at. We found the provider used different systems for staff to record when they were working. This meant it was difficult to check whether shifts were fully staffed and whether they matched the rotas. We, however, noticed a much improved staff presence throughout the home at this inspection and staff were easy to find and responded quickly to call bells.

We looked at the staff signing in book in the reception area, the time and attendance sheets, the electronic (fob) records and the payroll allocation sheets. We found none of these matched the number of staff on shift. For example The rota for the night shift for 12 November 2015 showed eight staff were due to work. The staff time and attendance sheet showed two staff had arrived for their shift. The payroll information showed six staff had worked a 12 hour shift. One staff member told us, "Some staff do not use the signing book. Some just use the fob swiping system. You should use both."

The payroll records for 30 November 2015 showed seven night staff worked a 12 hour shift. The 06 December 2015 payroll records showed 11 day staff worked a 12 hour shift. The manager stated there should be 12 staff on shift at any one time.

Based on people's comments and a lack of accurate records relating to staffing arrangements we concluded the provider had not taken appropriate steps to ensure sufficient numbers of staff were deployed in order to meet people's needs. This is a breach of Regulation 18(1) (Staffing); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service safe?

People we spoke with told us they felt safe or they felt confident their relative was safe at the home. One person said, “Yes I always feel safe here. No one has ever hurt me or tried to hurt me and I haven’t seen anyone else hurt either.”

Relatives we spoke with told us, “I feel completely confident she is well cared for. I have never come across anything that's worried me. If I talk to a member of staff about any issues, they respond right away” and “[Name of relative] is safe and happy. Regular reviews of the care plan have been happening more recently, but for me, the most important thing is that she's safe and happy.”

Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw showed staff had completed safeguarding training, however, safeguarding training for 13 staff had expired.

Some staff told us they had seen the whistleblowing policy and said they were regularly reminded of the existence of the policy in staff meetings. The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

At this visit we looked at the medicines, medication administration records (MARs) and other records for 31 people living across all units of the home. We spoke about the management of medicines, including creams and nutritional supplements, with the manager and four senior care workers responsible for handling medicines.

Only trained, senior care workers were responsible for administering medication. Medicines were stored securely and at the correct temperatures to ensure they were not misused and did not spoil or become unfit for use. Stock was generally managed effectively; however, we saw three cases where people had gone without their medicines as there was no stock available. One person looked after their own medicines. They told us care workers supported them to be independent and they were happy with the arrangements in place.

Medication records were clear. On occasions where medicines had not been given, care workers had clearly

recorded the reason why. Records showing the use of creams and other topical products were kept, but these had been signed for by the senior staff member, rather than the care worker who actually used or applied the product. Whilst senior staff members may countersign to show records had been checked, the original entry should have been made by the care worker responsible in order to reduce the risk of errors and to ensure the person who applied the products could be identified.

We saw some people were woken early in the morning to take their medicines. We discussed this with the manager who assured us timings would be altered to suit people’s individual needs and preferences whilst ensuring the medicines were still given at the correct time with regard to food and drink. Many people were prescribed medicines that only needed to be taken ‘when required’ such as painkillers and laxatives. Care plans were in place to enable care workers to administer each person’s medicines consistently and correctly. One person who lived with dementia often refused to take their medicines and a personal support plan had been put into place showing staff how best to support the person to take their medicines safely.

Regular audits (checks) were carried out to determine how well the service managed medicines; however, these did not cover all aspects of medicines management. We discussed with the manager how the audits could be further developed in order to become more robust and effective.

We saw some risk assessments had been carried out to cover activities and health and safety issues and management plans were being put in place to manage these. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We observed staff assisting people to transfer from wheelchair to armchair using a hoist and saw this was calmly done. Staff let the person know what was going to happen next and reassured them throughout the process. The home was purpose built, in a good decorative state and window restrictors were present on windows. We noted on one floor there was very little signage that was dementia friendly. For example, all the doors were the

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same colour, signs for toilets and bathrooms were not in colour. The manager told us an annual environmental audit was carried out which resulted in improvements including the purchase of new carpets, deep cleaning and the purchase of new cleaning equipment.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency.

We looked at the recruitment records for staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We noted staff files did not always contain two references. We were shown a copy of the employment file audit which showed this had already been identified by the service and work was continuing to address this. Disciplinary procedures were in place and this helped to ensure standards were maintained and people were kept safe.



# Is the service effective?

## Our findings

At the last inspection we rated this domain as inadequate. Staff did not receive regular supervision and appraisal, staff training did not always equip staff with the knowledge and skills to support people safely and care plans did not contain appropriate mental capacity assessments. Following the last inspection the provider sent us a plan which identified how they were going to improve the service. At this inspection we saw they had followed their plan, however, the records we looked at showed some staff training had expired and supervision meetings were not individualised.

People told us they thought the staff were well trained and competent. One person said, “The staff are very nice. Brilliant. They are good and they look after me. I wouldn't change anything really. Give them a good report. They deserve it.” A relative told us, “The staff are great, very approachable. We feel at ease coming and going to visit.”

Staff told us they received regular training and felt they could ask for more if needed. One staff member said “I am going to ask for more dementia training as I find it interesting and it will help me work with people better.” Another member of staff said, “There is lots of training taking place. Just about every two weeks you have to attend some form of training.”

On the second day of our inspection we saw some staff attending Mental Capacity Act, Deprivation of Liberty Safeguards and fire safety training. We looked at staff training records which showed staff had completed a range of training sessions, both mandatory and non-mandatory. These included food hygiene, moving and handling, medicine competences, dementia awareness and care planning. However, mandatory training for some staff had expired in 2014. For example, 13 staff members had not completed infection control or health and safety refresher training. We saw from the non-mandatory training record some staff had not completed training since 2011. For example, challenging behaviour training had not been completed by eight members of staff since 2011. This meant people were at risk of harm because the service had not taken steps to ensure staff had the training and skills to support people's care needs.

The provider information return stated ‘robust training is in place and this is also monitored by the management team’.

The provider's action plan dated 27 November 2015 stated, ‘fire safety training is currently 76% and fire drills is 82% and further training is booked for December 2015 and this is on-going. Fire safety has now changed from yearly to every six months.’

We looked at staff files and were able to see information relating to the completion of an induction programme. Staff we spoke with told us the induction programme consisted of shadowing an experienced member of staff and working alongside a senior member of staff. One member of staff told us the manager also spent some time with them in this period. In addition to on the job training staff told us about a programme of mandatory training including safeguarding, moving and handling and fire evacuation. Another staff member told us, “Induction was good and it covered lots of things.”

One member of staff said they had a supervision at the end of their training week during which they were given feedback on their performance and they had then signed paperwork confirming they felt ready to work unsupervised. Another member of staff said they had not had any evaluation of their competence or progress before their induction had ended.

One member of staff told us managers regularly spot checked their work and these checks were done at random times. They said the manager observed them working and looked at paperwork including MAR charts and cleaning lists. The second member of staff said they had only worked in the service for three weeks and had not been spot checked.

Staff files contained copies of supervisions, although the summary sheets had not been kept up to date. We saw supervisions were used to pass on training or performance standard information and records indicated they were mainly one way communication from supervisor to staff member. For example, on 16 November 2015 the record of supervision for one staff member solely consisted of feedback on a medication error. On 10 August 2015 the supervision notes consisted of a reminder of the service's absence reporting procedure. On 26 November 2015, another staff member's file contained notes relating to performance and training, National Vocational Qualification 3 (NVQ) training had been requested and an

## Is the service effective?

interest expressed in progression with further levels of the NVQ. There had also been a discussion about whether training was up to date. There were no clear actions arising out of these meetings.

One staff member told us their first appraisal was due the week after our inspection. We saw one of the staff files contained an appraisal record. We were not able to see staff appraisals had been carried out in all the staff files we looked at. The provider's policy stated, 'supervision shall take place every eight weeks or six times a year. In addition to regular supervision meetings a formal appraisal should be held with each employee once annually'.

In the PIR the manager stated, 'an appraisal and supervision schedule is now in place to monitor and support staff development within the team and this is monitored and recorded by the management team'.

We concluded the provider had not taken appropriate steps to ensure staff received appropriate supervision and an appraisal in line with their own supervision policy. This is a breach of Regulation 18(2) (Staffing); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager had a good understanding of the MCA and the DoLS application process. We saw DoLS requests for a standard authorisation had been completed following a mental capacity assessment and had been submitted to the local authority. The manager showed us evidence of where DoLS had been authorised or applied for with regard to people living in the home. There were nine authorised DoLS and 27 applications in place for people living in the home.

Throughout the visit we observed people being given choices and time to make decisions. Staff were all aware of

the MCA and could talk about the importance of offering and respecting choice. Two staff said they would look in someone's care plan if they needed to know how to support someone appropriately with making a decision. One member of staff told us about how people consented to being given their medication. They said they could look in the care plan to find the statement of consent and it was also copied onto their MAR chart, but people had a right to refuse at any time.

The care plans we looked at contained appropriate mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. One staff member told us, "For people who can't make decisions, we give the choice and have best interest meetings."

In the PIR the manager stated, 'all residents are supported and enabled to make informed decisions regarding their care and those that lack capacity are supported through mental capacity assessments and best interest decisions which use an multi-disciplinary team approach'.

People we spoke with were complimentary about the quality and quantity of food offered. Comments included, "The food is lovely. Good Yorkshire stuff", "The food is very good and you get plenty. I eat too much really" and "The soup is always very good. They make lovely omelettes. Food is my main bone of contention. The variety has improved lately, but half the time the main course or pudding isn't hot. Just lukewarm", "Yes it's alright. There's enough of it and I enjoy my food" and "I'm very happy."

One relative told us, "The food is good. It's become richer lately. I think they have changed provider. She doesn't like it too rich, but it's to keep their strength up. I know they've had problems in the past, but it didn't affect our [name of family member]'s care."

We saw tables were laid with tablecloths, napkins, cutlery, glasses, teacups and cruets, restaurant style. There were menus on each table. However, one dining room menu was displaying the wrong menu for that day. We observed the breakfast and lunch time meal in the dining rooms on each floor and saw the food looked and smelt appetising. Staff took time to discuss menu options with people and gave them time to decide what they wanted. We noted on some floors people were offered a visual option to help them choose what they wanted to eat. On one floor people were given written menus for a different day and people on one

## Is the service effective?

side of the floor were neither given each lunch course nor a choice of main course. We saw the meal service was not rushed and noted pleasant exchanges between people living in the home. The atmosphere was calm and relaxed. We saw staff working as a team and saw they indicated to each other where they had observed a person requiring support. People were offered seconds and when they had finished they were encouraged to go to the lounge. One staff member told us, "The new company have improved the food. There is fresh fruit and biscuits on the tea trolley and people can have juice."

We spoke with the head chef who told us they were aware of people's likes and dislikes and if people had any allergies or were vegetarian. They said they had a weekly meeting with the manager to discuss any changes to people's dietary requirements. The head chef told us they operated a four weekly menu with two choices at lunch and tea time. We also saw an alternative menu if people did not want what was on the main menu. They said they always had plenty of fresh vegetables. The tea trolleys always went on to the floors with a fresh fruit platter and the kitchenettes on each floor were well stocked.

Throughout the inspection we saw a plentiful supply of fruit juice and water were available for people to help themselves. These were frequently refilled during the day.

We saw evidence in the care plans which showed people received support and services from a range of external healthcare professionals. These included GP's, district nurses and chiropodists.

Staff we spoke with told us health professionals visited the home on a regular basis. One staff member told us the district nurse attended every day to change someone's dressing. We saw when professionals visited, this was not always recorded in people's care plans and staff were not always clear if health professional had visited.

One person we spoke with said, "I like the place and the staff and the food is good. I've got no gripes or grumbles. I just don't know why I feel so down." They said the GP had been called and was coming to see them later in the day. Another person said, "The doctors visit when I need them."

One relative told us, "If [name of person] needs a doctor they come within a couple of days." Another relative told us, "I take [name of person] to the eye hospital but if she needs a doctor the staff organise that quickly."

# Is the service caring?

## Our findings

At the last inspection we rated this domain as requires improvement. Care records did not show how people who used the service and/or their family members were involved in planning their care and support needs and we saw examples of where people's dignity was not respected. Following the last inspection the provider sent us a plan which identified how they were going to improve the service. At this inspection we saw they had followed their plan.

Staff knew people well and were friendly, pleasant and caring throughout the visit. Interactions between staff and people were kind and respectful, and people clearly felt at ease with staff. Staff were giving people time to make choices and do things at their own pace, with friendly conversations. Staff were working as a team, informing each other of individual people's needs. For example, we heard one staff member say, "Can you make sure [name of person] has plenty of drinks around her as she has not had much to eat at breakfast."

One person told us, "I love it here. I was in [name of service] but it has shut down now, a lot nicer here carers are very nice." Another person said, "They change my bed sheets every day. Unfortunately I can't keep myself as clean as I used to. I can shower when I need one. They are very good with personal things. They are angels doing all this for me. They are very well organised with the towels, bedding and things. And these are always clean when they are returned." Other comments included, "The staff are nice in general. Everyone has an off day though"; "The carers are very good. The majority are, though you get the odd one", "They are marvellous. The staff do what needs to be done"; "The staff are all right. We all know each other" and "I wouldn't want to be anywhere else. I couldn't be anywhere better."

One relative told us, "There have been some problems with things disappearing. Nothing big. It's usually another resident that have wandered off with it. But her teeth have gone missing, but she might have thrown them away herself. We have told the manager and the dentist is coming out tomorrow to see her. She has thrown quite a lot of things away herself. [Name of regional supporting manger] is a lovely man, he listens. They have helped with all the medications. She was on lots of tablets before, but now she's only on two, she's not as confused as she was

before, now that's all settled down. The gardens are lovely in the summer months and people sit out. Whenever we come they're always very kind, and the buzzers aren't going endlessly, like some places." Another relative told us, "This is a lovely home, my mum is well looked after, believe you me I would move her ASAP if I thought for one minute she was being neglected."

Relatives said they were able to come and go as they pleased. One relative said, "We feel at ease coming and going as we like. The staff are great, very approachable."

We saw one person was slumped in their wheelchair at the dining table and was very subdued. A member of staff asked if they were not feeling very well. They said they didn't feel very well and did not feel like anything to eat. The member of staff was kind and sympathetic and encouraged them to have something to drink. They said to other members of staff, "Let's make sure [name of person] has plenty of drinks around her today, I think she may be getting a cold." Staff continued to keep an eye on her throughout the meal and the afternoon and we heard staff informing others to monitor her.

The home operated a key worker system for the people who used the service. When asked, the care staff explained the role mainly involved ensuring a person's personal care and effects were appropriate and in order and liaising with their relatives and health professionals. People and/or their family member we spoke with told us they were involved in developing their care and care plan.

Staff we spoke with told us about ways in which they protected the privacy and dignity of people. These included knocking on doors before entering, giving reassurance to and chatting with people whilst delivering personal care and ensuring people were covered up as much as possible. We observed staff routinely knocking on people's bedroom doors before entering their rooms during the inspection. One staff member said, "I close the windows and curtains and close the bathroom door if they are in." On one occasion we saw one person was encouraged to retain their independence and help herself whilst going to the toilet but the staff member also offered an arm and kind words at key times. One person told us, "They let me do what I can for myself but if I need taking somewhere they will do it for me." One relative said, "There is lots of love here and you can't buy that. The staff treat people with dignity and respect."

# Is the service responsive?

## Our findings

At the last inspection we rated this domain as inadequate. Care plans did not contain sufficient and relevant information. The provider's records did not demonstrate that complaints were responded to in a timely way or appropriate action had been taken as a result of the complaint. Following the last inspection the provider sent us a plan which identified how they were going to improve the service. At this inspection we found not all the care plans we looked at were updated on a regular basis, some sections were not completed appropriately or were inaccurate.

Relatives we spoke with said they were actively included in discussions about their relatives care, and one person spoke about the home been very supportive and understanding. One relative said, "The home does involve me in decisions regarding her money and if she needs anything." Another relative said, "I read [name of person]'s care plan only yesterday and reviewed it earlier this year. They are very good at keeping me informed."

Staff displayed knowledge of the people they provided care and support for. For example, one staff member could identify from memory people whose food and fluid intake was being monitored and whose support needs had recently changed. Staff could tell us details about the care needs, past lives and preferences of people. However, one staff member told us, "I know where they are but I don't know what is in them. I have never looked at them. I think we are getting new ones soon, more detailed ones and we will have an input not just the seniors."

At the last inspection we found some care plans contained good information about how care should be delivered and daily records showed people's needs were being appropriately met. But we also found care plans that were not up to date which put people at risk of not receiving the care they needed. At this inspection we found there was still a lack of consistency in how well people's needs were assessed and their care and support was planned.

We saw were care plans had been reviewed, these were signed by the member of staff undertaking the review but we did not see evidence of the involvement of the person or any member of their family. One staff member told us, "If it's the person then we do it with them. If we need their family to be involved we give them a call, ask them to come

in." However, we saw not all the care plans had been reviewed. For example, we saw one person's psychological and emotional needs care plan had not been reviewed since 23 July 2015.

We saw a file labelled 'my choices and preferences', which had a log book for each person with names and room numbers added. All the forms were blank. We asked a member of staff about these and were told, "I think they are new. I don't think we are using these yet."

We saw one person's mobility care plan, reviewed in December 2015 contained a clear statement of current need, outcomes expected and clear guidance to staff to enable them to support them safely. We observed the care plan accurately reflected the person's mobility needs. However, there was no accompanying risk assessment.

We saw in one person's psychological, emotional and sleep care plan review dated 02 October 2015 stated 'at times [name of person] prefers to sleep in an armchair. We were not able to see the review had been used to develop the person's care plan. We saw one person's observation sheet which stated they were on 30 minute observations which was last dated 12 December 2015. However, their observation sheet dated 11 December 2015 stated they were on 60 minutes observations.

We saw in one person's health professional visit notes a referral had been made to the falls team on the 21 August 2015. We were not able to see evidence the falls team had visited. When we asked a staff member about this they told us the falls team had not been to see the person.

We saw one person's infection control care plan stated '[Name of person has a history of UTIs. Signs he has a UTI can be confusion, decline in mobility and being tired. [Name of person] is aware he needs to drink plenty to prevent infection and is already on a fluid intake chart due to having a catheter.' We did not see a care plan, risk assessment or any other information about this person's catheter.

We saw in one person's relatives communication book dated 28 August 2015 '[name of person relative] came to nurses station to report that [person's name] has a red mark under her left eye. Asked [person's name] how she got the red mark, she told them she banged it on the hoist this morning.' We noted this was not recorded in daily notes and no accident form completed. We also saw in the relatives communication book dated 15 October 2015



## Is the service responsive?

'[name of person relative] came to see [person's name] informed when staff getting [person's name] up this morning the hoist caught [person's name] in the face/head.' We saw this was recorded on the mobility needs assessment form in the care plan as 'incident – no injuries'.

We looked at 'do not attempt resuscitation' (DNAR) forms which had been completed by the GP. We saw next of kin information was not recorded and also found no evidence to show the DNAR had been discussed with the person or their next of kin.

The daily records we looked at contained generic observations and not specific detail and were repetitive in content. We looked at the daily notes for one person and found from 21 November 2015 there was no evidence of any activity. We noted one person was agitated and a staff member told us this was a regular occurrence. We saw this was not fully captured in the daily notes for this person. For example, the daily notes dated 11 December 2015 stated 'agitated at times' but no further explanation was given.

In the PIR the manager stated, 'we have person centred care documentation and robust pre-assessments to ensure support, lifestyle, recreational, social and end of life decisions are recorded to provide the right care and support package for the resident. However, the manager also stated, 'improvements being made to person centred care plan documentation, training of management has taken place and this is being cascaded to senior and care staff prior to full roll out of the new documentation'.

We found not all the care plans we looked at were not updated on a regular basis, some sections were not completed appropriately or were inaccurate. This meant assessment of need or the designing of care was not carried to ensure people's care and support needs were been met. This was in breach of regulation 9 (Person-centred care); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a list of activities displayed in the entrance to the home and on each floor. We noted on one floor the wrong week's activity programme was pinned to the notice board. The activities on display were from a fortnight earlier. One staff member told us, "It's all right because someone comes up and tells us what is on." The manager told us they employed three activity co-ordinators who were

responsible for the activities within the home. We spoke with one activity co-ordinator who told us they carried out activities on each floor and also did one to one sessions with people in their rooms.

We noted one activities coordinator came into one person's bedroom who brightened considerably and said to us, "This is my favourite and gave the activities coordinator a big hug. We saw in one lounge area a game of dominos was being played by a few people. We had also been told there had been some bird feeder making during the morning. We saw people were chatting in the lounge areas between themselves and with staff. People told us about activities they had been involved in and spoke of outings.

One person told us they attended church services which they enjoyed. Their relative told us when they first arrived at the home; the activities coordinator had met with them to discuss what their family member liked to do and had arranged some art activities for them. Another person said, "I like it when we play that thing with rings (quoits). We do that once a week. And there's a lady who plays the organ and does singalongs. The other day there was a winter fete in the hall. I enjoyed all the stalls with different things to see." Another person told us, "There are activities if I want them but I don't join in." Other comments included, "They have activities but I struggle to get to them with my wheelchair. But we had a Carol service at our local junior school. Everyone was in tears. It was lovely."

One relative said, "The entertainment is good. [Name of staff member] works at weekends and we have singers in at least once a week, exercise to music and hula hoops. They take people to Lawnswood too for a drink. It's a forward thinking home. They do gardening, quizzes and arts and crafts."

When asked who they would speak to if they had a complaint or concern, people said 'a member of staff.'

The manager told us the complaints policy was readily available to all staff, people who used the service and their visitors. We saw the complaints policy and procedure was displayed in communal areas.

The manager explained that on receipt of complaints, they contacted the complainant and sent a letter confirming acknowledgment of the complaint. When asked if people were in the main happy with the process, the manager stated they were and felt that issues had been resolved.

## Is the service responsive?

Of the complaints we reviewed, we noted complaints were responded to in writing, however, one complaint record stated feedback had been given but this was not found in the file. Following one complaint from a relative, the manager explained there was now a much stronger focus on keeping relatives informed.

In the PIR the manager stated, 'we monitor complaints and compliments and investigate and action to continually

improve our service delivery and feedback to staff when they have delivered excellent service. All complaints are dealt with in the time frame and a copy of the complaint and the response is held in the home and head office. Manager meets with the complainant to discuss their concerns in person. Management are visible on the floors daily to monitor and ensure the care and safety of all of the residents within the home and are very hands on'.

# Is the service well-led?

## Our findings

At the last inspection we rated this domain as inadequate. Staff did not always feel supported by the management team and there were no effective systems in place to monitor the quality of service delivery and there was no effective accident and incident analysis carried out. Following the last inspection the provider sent us a plan which identified how they were going to improve the service. At this inspection we saw they had followed their plan and appropriate quality management systems were in place.

People who used the service and relatives were very positive about the staff and management of the home. People said they liked the manager and regional supporting manager. Comments included, "It's all right. I can always leave if I want. The staff are nice. My room's nice and clean. I like either watching TV or going to and lying in my room", "There is nothing I don't like about being here. I enjoy knowing the other people" and "I like it here. In general I would recommend this home."

One relative told us, "Things have definitely improved recently, especially since [name of manager] and [name of regional support manager] have been here." Another relative told us, "[name of family member] is the happiest she's been for years. There is more staff now and they're all really nice. The residents and relatives meetings are more regular. [Name of regional supporting manager] is always on site and he's very approachable. The response to visitors has improved recently too, especially the last six months."

One relative told us, "I visited several care homes before seeing this one. This one is the best. Since August this year there has been improvements. There's no problem with the cleanliness. There's an abundance of staff. Brighterkind, who is the provider, have brought in new management who work their socks off. Before it was a ship without a captain."

Some staff said they found the culture good and the working environment 'happy'. One staff member said, "I would let my granny stay here." One member of staff said there was a difficult culture and the senior care staff were not always approachable. They said that morale, "Could be better" and one staff member said one way this could improve would be, "If managers and seniors spoke to us in a nicer way." Another staff member said, "There's a need for

better communication between departments so we all know what's happening." Other comments included, "Things are getting better with [name of manager and supporting regional manager]. I feel more involved and more part of the team. I feel more appreciated"; "The manager has an open door policy. I feel supported" and "I really enjoy it is like a family. We work well as a team."

In the PIR the manager stated, 'we have a newly appointed governance and compliance manager who is currently reviewing the policies and procedures for the company to ensure they are all relevant and comply with current legislation, we complete manager walk rounds and promote visibility of manager on our suites; we complete manager audits to sample and ensure service delivery, we have monthly home provider visits from senior managers and the regional manager monitors the service on a monthly basis, these are recorded and evidenced.'

The manager told us they monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people and relatives. We saw there were a number of monthly audits, which included nutrition and management, person's experience, infection control, management and skin integrity and care documentation. In addition, we saw monthly specialist audits were carried out which included, dementia care, end of life and mental health. We saw the audits were detailed and showed any actions resulting from them were acted upon in a timely manner.

We saw the manager submitted a monthly report to the companies head office which included pressure care, weight loss, infections, GP reviews, safeguarding and complaints. We noted the service was expected to aim for 90/95% compliance against these different areas over time.

The manager carried out a 'daily walk round' of the home which included the environment, safety, resident experience, equipment and feedback from residents, relatives and staff. The manager also held daily meetings with senior staff members on each floor which included discussions about accidents, staffing, housekeeping, maintenance, training and hospital admissions.

In the PIR the manager stated, 'manager completes audits per month and these are monitored through the quality indicators on monthly basis. Audits completed include, medication audits, care plan audits, person centred care audits and admin audits.'



## Is the service well-led?

We looked at how the manager monitored accidents and incidents to minimise the risk of re-occurrence. However, there was no overall analysis of accidents or incidents over a period of time to identify patterns or trends that may occur. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences. We saw from the incident records and the care plans we looked that not all incidents had been reported to the manager. For example, we noted one person had bruising to right arm at the beginning of November 2015 and the manager was unable to locate an incident record. However, following the second day of our inspection the incident records were sent to the Care Quality Commission by the manager.

The manager told us falls awareness training was not mandatory for staff but plans were in place to train all staff in the near future. The manager also told us relatives were always informed of accidents and incidents of their relative.

In the PIR the manager stated, 'accidents and incidents are monitored through the datix system and the manager monitors all accidents and incidents in the home and a copy is kept in the office'.

Several relatives said they attended meetings, others said they didn't but they were aware of them taking place. All said they felt fully included in discussions about the life of the home and of their relative individually, and they felt comfortable raising concerns. One person told us, "They

hold meetings with us. I don't go, but my sister does." We noted there were several 'wish trees' throughout the home which gave people who used the service and their relatives the opportunity to make suggestions outside of formal meetings.

We asked the manager how they received feedback about the home. They said people who used the service, their relative and staff were invited to submit feedback in writing and attend monthly meetings. The manager shared feedback from relatives which showed the mechanisms in place for people to comment and raise issues was much better now. Two relatives we spoke with also told us this was the case.

In the PIR the manager stated, 'We actively listen to residents and obtain their views on both their personal support delivery and on improvements and developments they would like to see in the home' and 'regular resident/relative meeting to identify any service improvements required'.

One staff member told us about staff meetings, and said these happened regularly and people could and did speak openly. They said, "These meetings are where we iron any problems out."

We saw staff handover meeting were productive with staff well informed and clear about their roles and responsibilities.

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

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

We found not all the care plans we looked at were not updated on a regular basis, some sections were not completed appropriately or were inaccurate. This meant we could not be sure people were receiving appropriate care and support to meet their needs.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We concluded the provider had not taken appropriate steps to ensure sufficient numbers of staff were deployed in order to meet people's needs and staff received appropriate supervision and an appraisal in line with their own policy.