

Sira Care Home Limited

# Garlinge Lodge Residential Home

## 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Garlinge Lodge is a residential care home offering personal care and accommodation to older people and people who are living with dementia. The service is registered to accommodate a maximum of 14 people in single bedrooms. It does not provide nursing care. There were 13 people living at Garlinge Lodge at the time of our inspection including six people who were living with dementia.

This inspection was carried out on 21 September 2017 and was unannounced. The inspection team included two inspectors.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in August 2016 we found that the registered provider was not meeting the regulation relating to the provision of person centred care. This was because they were not ensuring that people had opportunities to engage in social activities that met their needs. At this inspection we found that some improvements had been made and people had access to a weekly programme of activities. However, there were further areas of shortfall in relation to person centred care. People's needs had been assessed before they first moved to the service, but they did not have a care plan that addressed all their assessed needs. People's care plans lacked the detail necessary to ensure staff could provide personalised care, particularly in relation to dementia and to supporting people to continue with hobbies. People were not given regular opportunities to go out of the home and engage with their local community.

At this inspection we found that seven other regulations were also being breached.

There were insufficient numbers of staff to ensure that staff could work in a safe way when caring for people. Some staff routinely worked very long hours, which placed the people they cared for at risk.

Risks within the premises had not been assessed and managed. This included ensuring that fire evacuation procedures were correct and practiced. Areas of the home had not been properly maintained. The registered provider had not sought advice on appropriate environments for people living with dementia when planning the decoration of the premises.

People's medicines were not always managed safely. Staff left medicines unattended which left people living with dementia at risk.

The principles of the Mental Capacity Act 2005 (MCA) had not consistently been followed when obtaining consent from people to care and treatment. This meant that people's right to make their own decisions had not been promoted and care had been provided without people's consent.

Staff did not always ensure that people's right to privacy and dignity were upheld.

The service was not always well led. Systems for monitoring the quality and safety of the service were not always effective in ensuring that shortfalls were identified and improvements made. The registered manager did not monitor patterns of accidents in the home, such as falls, to identify where risks could be reduced. The registered manager had not sought and used resources and best practice guidance to continually improve care at the service.

People's care records were not completed with sufficient detail to show that they had received the care they needed and to allow the registered manager to review that care.

The risk of infection spreading in the service had been minimised and the premises were kept clean, but we found that two commodes had not been properly cleaned on the underside. We made a recommendation about this.

A person using the service told us during the inspection that it was their birthday. The staff and registered manager were not aware of this, but arranged a cake once we alerted them. We made a recommendation about celebrating key dates.

People were encouraged to do some things for themselves, for example in their mobility and in eating and drinking. However care plans could be improved to ensure that staff considered ways to encourage people to retain and develop their independence in all areas of their lives. We made a recommendation about this.

People were safeguarded from the risk of abuse. Staff understood safeguarding procedures and how to report concerns. The registered provider had a policy for equality and diversity which ensured that people were not discriminated against. Risks to individuals' safety, such as the risk of malnutrition, falls and skin pressure wounds, had been assessed and managed.

The registered provider had ensured robust procedures for the recruitment of new staff.

Applications had been made appropriately for people to deprive them of their liberty under DoLS where this was deemed necessary for their safety.

Staff were provided with the training they needed to meet people's needs. They had opportunities to undertake relevant health and social qualifications. Staff felt supported in their roles and they told us the culture of the service was open enabling them to raise concerns about poor practice if they needed to.

People had care plans in place to meet their health needs and they had access to health and social care professionals. People had enough to eat and drink to meet their needs and told us they enjoyed the meals.

Staff knew people well and had positive relationships with them. Staff knew what was important to individuals and used this information when talking with them. They knew how to communicate with each person individually. People were involved in their day to day care and in the reviews of their care plans when they were able to and when they wished to be.

People could be confident that best practice would be maintained for their end of life care.

Staff were responsive to people's needs and requests throughout the inspection. People did not have to wait long for staff to attend when they asked for assistance or used their call bell.

People had an opportunity to give their feedback about the quality of the service through reviews of their care plans and an annual quality survey. The registered manager was present in the home on most days and spent time with people. People we spoke with, and their relatives, were aware of how to make a complaint and they felt their views were listened to. The registered manager knew people well and understood their needs.

You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

There were insufficient numbers of staff to ensure that staff could care for people in a safe way.

Risks were not always managed effectively to ensure people's safety and welfare. The premises had not been well maintained.

People's medicines were not always managed safely.

Staff knew how to recognise the signs of abuse and report any concerns. The registered provider had effective policies for preventing and responding to abuse. Safe recruitment procedures were followed.

The risk of the spread of infection in the service was appropriately assessed and reduced, but we made a recommendation about cleaning equipment.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The principles of the Mental Capacity Act 2005 (MCA) had not consistently been followed when obtaining consent from people to care and treatment.

The premises did not meet the needs of people living with dementia who were using the service.

Staff had received essential training to enable them to carry out their roles.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.  
People did not always have their right to privacy and dignity upheld.

People were encouraged to be independent in some areas of their lives, but had not developed effective care plans to ensure they could continually develop their independence. We made a recommendation about this.

Staff knew people well, communicated effectively with them and treated them with kindness.

### Is the service responsive?

The service was not consistently responsive to people's individual needs.

People views on their needs were sought and an assessment carried out of their needs, but care plans did not address all these needs. Care had not always been delivered in line with people's care plans.

People's care plans lacked the detail necessary to ensure staff could provide personalised care.

People enjoyed a range of group social activities, but their care plans did not identify how they would be supported to continue to follow their individual hobbies or interests.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

Systems for monitoring the quality and safety of the service were not always effective in ensuring that necessary improvements were made.

Accurate records were not maintained to allow the manager to monitor care delivery.

Staff felt supported by the registered manager and felt positive about the culture of the service. The registered manager was open and transparent when things went wrong.

**Requires Improvement** ●

# Garlinge Lodge Residential Home

## **Detailed findings**

### Background to this inspection

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

This inspection was carried out on 21 September 2017 and was unannounced. The inspection was carried out by two inspectors.

We did not ask the provider to submit a Provider Information Return (PIR) for this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. As part of our planning for this inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and commissioning team to obtain their feedback about the service.

We looked at seven people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures.

We spoke with six people who lived in the service and two peoples' relatives to gather their feedback. We spoke with the registered manager and four care staff as part of our inspection.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe living in the service. One person said, "I feel very safe here, that's one of the reasons I stay." A person's relative told us, "I feel confident she is safe." However, we found that the service was not consistently safe.

People told us they felt there were enough staff working in the service to meet their needs, however we found that there were insufficient numbers of staff employed to ensure staff could work in a safe way. The registered manager informed us that there were two staff on each of the three shifts each day: morning, afternoon and waking night. We reviewed the services' duty rota and saw that the levels of staffing reflected what the registered manager had told us. However, we saw that on 31 occasions in the last eight weeks staff members had been rostered to work a late shift and then a night shift on the same day. Staff were routinely being asked to work 18 hours in one day, and in some cases they had done this for two consecutive days. This left people at risk because staff may be tired. We spoke to the registered manager about this and were told, "Sometimes staff work late and night shifts, but they get a good break in between of about an hour. I am struggling to recruit staff." It was not evidenced on the rota that they had been provided with an hour break or who had covered that break. The registered manager confirmed that they would take action to ensure that staff would not be expected to work these hours as part of their usual working pattern going forward. Following the inspection they sent us evidence to show they had addressed this.

One staff member told us that they felt that staff members were not deployed adequately throughout the day. The member of staff explained that in the morning there were ancillary staff members to call upon, such as the cook or cleaner if a person required extra help. However, in the afternoon there were only two staff members on shift meaning that there were not enough staff to keep people safe if extra support was required. The staff member commented, "If one person needs a lot of care and the other staff goes to the kitchen at 15:30 to prepare supper there's only one staff left to look after everyone else." There were no housekeeping staff working at weekends which placed additional pressure on the two care staff working those days. We raised this issue with the registered manager who told us, "I am an extra pair of hands and help out here six days a week." The rota showed that the registered manager was usually in the home until 5pm or 6pm, but this left two staff alone after 6pm to care for people, two of which required two staff to help them move.

The failure to deploy sufficient numbers of staff is a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Risks within the premises were not adequately managed. In one dry store area we found that a room containing the machinery for the lift was left unlocked despite there being a sign on the door stating, 'Danger lift machinery. Unauthorised access prohibited. Door to be kept locked'. In addition to this there was a high voltage fuse box above the lift machinery that was also left unlocked. Fire evacuation procedures had not been practiced with sufficient frequency. The last recorded fire evacuation was on 21 April 2016. People had emergency evacuation plans, but one person's plan directed staff to an incorrect room for the nearest fire exit. This meant that people were not being appropriately protected from risks. Some people



had bedrails to stop the falling from their bed. There had been no assessment of the risks involved in using these.

The failure to safely manage risks is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Some regular monitoring and checks had been conducted by the registered manager. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. The registered manager ensured that general risks such as slips and trips were regularly assessed. Regulatory risk assessments were completed to reduce hazards around manual handling, Control of Substances Hazardous to Health (COSHH) and food safety. Each risk assessment identified the risk and what actions were required of staff to reduce the hazard. Fire protection equipment was regularly checked and serviced by an external company. The service held an emergency contingency plan that was comprehensive, regularly reviewed and updated.

Risks to individuals safety and welfare had been assessed and appropriately managed. Risk assessments were centred on the needs of the individual and were reviewed monthly, or sooner when people needs changed. Some people living at Garlinge Lodge were at risk of malnutrition and required their food intake and weight to be monitored regularly. Staff were aware of the action they needed to take to ensure that the risk of malnutrition and dehydration were mitigated. Records showed that this monitoring was taking place and staff were liaising with health professionals if there were any concerns. People identified as being at risk of skin breakdown had their skin condition assessed using the Waterlow Assessment tool. A Waterlow Assessment is a widely tool used to rate the likelihood of a person developing a pressure ulcer and enabling staff to take preventative action. The risk of people falling had been assessed and action plans were in place that included ensuring footwear was suitable and placing call bells within easy reach. Staff talked confidently about how they managed risks in a way that still enabled people to be independent. One staff member told us, "X is prone to falls, but likes to be independent so I leave a small gap between me and her when she gets up so I can be close enough to her if she needs me but still feel like she's standing on her own."

Peoples' medicines were not consistently managed and administered safely. We observed staff administering medicines at lunchtime and saw that on two occasions medicines had been left unattended. The staff member administering medicines had carried two boxes of tablets and a pack of pre-dispensed medicines and was using a table in the dining room from which to administer medicines to people. On two separate occasions the staff member had to go to people in their bedrooms to offer and administer medicines and on each occasion the rest of the lunchtime medicines were left unattended on the table. This posed a particular risk for people living with dementia who may take medicines not intended for them.

The failure to properly and safely manage people's medicines is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The service used a system where the pharmacy has pre-dispensed medicines into doses for different people at specific times of the day. We observed staff ask people if they wanted pain relief medicines and other as and when required medicines. There was an effective system in place for ensuring staff knew when to administer 'as required' medicines. A staff member told us, "There's a sticker on the MAR sheet for PRN (as required medicines) tablets so we know how many to give, when they need them and the maximum amount in a day."

People were safeguarded from the risk of abuse. Staff we spoke with understood safeguarding procedures and they were able to describe steps they would take to report concerns, if they felt they needed to do so.

The registered provider had ensured that staff had access to a safeguarding adults policy, which had been updated to include more recent definitions of abuse such as modern slavery. Staff were aware that they would need to escalate concerns to their manager or the relevant agency if required. There was a whistleblowing policy in place and this included guidance about how staff should raise concerns about practice. Staff we spoke with were confident that the culture within the home supported open reporting of concerns. One staff member said, "If I suspected abuse I would go to the manager and tell them. I would make sure everything was written down and would contact social services' safeguarding team to report it."

The registered provider had ensured robust procedures for the recruitment of new staff. Staff had provided two references prior to taking up employment and a full employment history. They had filled in questionnaires to show that they were fit and able to undertake the work they had been employed to do. Gaps in employment history were explained. Staff had provided proof of their right to work in the United Kingdom. Staff completed Disclosure and Barring Service (DBS) checks to ensure that they were suitable to work at the home. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

The risk of infection spreading in the service had been minimised and the premises were kept clean, but we found that two commodes had not been properly cleaned on the underside. The home was clean, tidy and well presented. In each area of the home there were sterilising gel available and hand washing facilities. Laundry was segregated in a dedicated small laundry room and soiled items were cleaned at the required high temperature to minimise the risk of infection. There was a schedule of cleaning for the service and housekeeping staff worked in the service five days a week. There was an appropriate supply of personal protective equipment throughout the service and we saw that staff used this as needed. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. We recommend that the registered provider review the procedures for cleaning equipment such as commodes.

## Is the service effective?

### Our findings

People told us that they felt the service was effective in meeting their needs. They told us staff had the necessary skills to provide the care they needed and that they supported them to access health services. One person said, "The staff have been here a long time, they know what they are doing." Another person said, "I know they are always here to help and if I am ever unwell they get the doctor for me." However we found that the service was not consistently effective.

People's right to make their own decisions had not been consistently upheld because staff did not fully understand the requirements of the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff members we spoke to had received training on MCA and DoLS. However, they were not able to speak confidently about issues related to mental capacity to demonstrate that they understood the principles. Two staff members we spoke with were aware of the need to ask people for consent before providing care or support, but not the legal framework for responding where people lacked capacity to make their own decisions. Staff informed us that two people were being supported with raised bed sides at night to keep them safe. However, we checked their care plans and found that they had not been assessed to check if they were able to consent to this restriction. We raised this with the registered manager and were told that capacity assessments would be carried out. In addition, there were no capacity assessments or best interest decisions for day to day restrictions or decisions made on behalf of people, such as consent to care or treatment or in relation to medicines or finances. In some cases relatives had been asked to consent on behalf of people without establishing if the person could give the consent themselves. Under the MCA, where it is suspected people are unable to consent they should receive an assessment to determine their capacity and if it is found to be lacking they should have a decision made in their best interests.

The failure to follow the principles of the MCA 2005 is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Applications had been made appropriately for people to deprive them of their liberty under DoLS where this was deemed necessary for their safety. The registered manager kept a record of any authorisations granted and applications to renew DoLS had been made in a timely manner. People had their capacity assessed to establish if they could consent to being under the constant supervision that living in a care home entails. Where they were unable to do so a best interests decision was reached. Four people had a DOLS authorisation granted. Staff were aware of the restriction in place.

People's individual needs were not being met by the design and decoration of the service. Garlinge Lodge was the home to six people living with dementia. However, some aspects of the services' decoration was not suited to the needs of people living with dementia. The carpet in the entrance hall, stairway leading to the top floor and on the top floor corridor was heavily patterned, which could cause visual difficulties for people living with dementia increasing the risk of falls. The corridors on the bottom and top floors were very dark and the light fittings were old and gave off limited light. This could also pose a potential trip hazard for people living with dementia. Dementia friendly signage to help people find their way around the home was displayed on the ground floor and first floor, but not on the top floor. The registered manager had not sought any advice about appropriate environments for people living with dementia and had not referred to any good practice guidance.

Several areas of the building were also worn and poorly maintained. The conservatory walls had areas where paint had been chipped away; the staff toilet had vinyl flooring that was very worn; a toilet off of the staircase had paint peeling away from the windowsill and underneath the sink and the vinyl floor had not been properly sealed around the edges making it hard to keep clean. The bathroom upstairs had paint peeling away from the walls near the sink. The bathroom downstairs had a hoist that had been broken since the start of the summer, which meant that people downstairs had no access to a bath or shower on their floor. There was paint flaking away from the walls of the dining room near the entrance to the conservatory. Two dining chairs were broken and the seats had been covered with plastic wrapping to protect against incontinence. We raised the issue of maintenance and decoration with the registered manager and were told, "There is always ongoing painting and we will decorate the top floor. The boiler needed replacing a few months ago and that had taken some of the maintenance budget, but we will decorate as needed." There was no plan in place for the improvement of the premises.

The failure to ensure that premises are appropriately decorated and maintained is a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff told us they had the training and skills they needed to meet people's needs. One staff member commented, "The training is good. We did dementia training and it was helpful. It was a real 'eye opener' learning about all the different types of dementia." Another staff member commented, "I have been put on my level two diploma in health and social care [by the registered manager] and can't wait to start." We reviewed the training records and found that staff had received recent training to enable them to carry out their roles, in key areas such as safeguarding adults, infection control, food hygiene and moving and handling. Following training staff understanding of the topic had been checked through the use of question sheets and observations. There were additional competency checks for medicines training. Some staff working at Garlinge Lodge had nursing qualifications and other staff had either obtained, or were working towards, nationally recognised qualifications in health and social care. The registered manager held a number of care and management qualifications in addition to registration as a nurse. Staff were supervised and supported in their roles. The registered manager carried out individual supervision meetings with staff every two months. Staff confirmed that supervision meetings took place and they told us this was an opportunity to discuss their work and any issues they had or training they needed. Staff had an annual appraisal of their performance. Staff told us that they felt supported and could request any additional training they felt they required.

People had enough to eat and drink to meet their needs. People told us that they were satisfied with the meals provided and had enough to eat and drink. One person told us, "The food is very good." Another person said, "They will always cook you something else if you don't fancy the lunch." We saw that one person changed their mind about their meal when it got to lunch time and their request was accommodated. Two cooks were employed to cover the weekly rota. They used the 'Safer Food Better

Business' which is a food safety pack produced by the Food Standards Agency to help small catering businesses comply with food hygiene regulations. The cook had ensured that there was a clear record of people's needs, likes and dislikes. For example, one person was allergic to strawberries and this was recorded prominently on a noticeboard in the kitchen. Another person was diabetic and the cook had ensured that special low sugar deserts were available. Regular temperature checks had been carried out on the fridge, freezer and food served to people. Where people were at risk of malnutrition or dehydration staff had completed 'food tracker' charts. These indicated the amount of food consumed for different meals to allow staff to monitor their nutritional intake. There was a four week menu containing nutritious and healthy meals. The cook told us, "Today one lady ordered casserole but changed her mind to chicken korma, so we just changed. If people don't fancy the options available we can make a salad or omelette."

People had care plans in place to meet their health needs and they had access to health and social care professionals. People's care records showed many health and social care professionals were involved with people's care, such as district nurses, GPs, chiropodists and dentists. Staff told us, "The chiropodist comes every six weeks; the GP comes as and when they are needed; a visiting optician comes in for their eyes and there's also a physio who comes." People were weighed monthly and staff reported concerns about people's health to their GP as needed. A handover system was used to ensure that staff were aware of people's health each day when they arrived for work. This ensured that staff responded effectively when people's health needs changed. One staff member told us, "If we ever have a problem and the resident needs to see a doctor, we get straight on it and book an appointment. Some residents see the district nurse every week."

The registered provider had a policy for equality and diversity which ensured that people were not discriminated against. Where people had physical disabilities adaptations had been made to the premises and equipment supplied. People had been supported to vote in elections either in person or by postal vote. People were asked about their needs in relation to their culture and religion during the assessment process. People were enabled to maintain contact with friends, partners and relatives whilst living at the home.

## Is the service caring?

### Our findings

People, and their relatives, told us they felt the staff were caring and treated them kindly. One person told us, "The staff are all wonderful." Another person said, "They are very caring." Another person said, "My daughter comes in whenever she wants and they always make her very welcome." A person's relative told us, "It is home from home." However, we found that aspects of the service were not consistently caring.

People's right to privacy and dignity was not always respected. On two occasions during the inspection staff went to assist a person in their bedroom, but they could be heard from the lounge discussing the person's personal care needs. In the afternoon of the inspection we saw that a person was sitting on a commode in their bedroom with the door open. We alerted staff to this who closed the door. Some use of language was not respectful. Staff referred to people that needed help to eat as 'feeders' both verbally and in their written care plans.

The failure to consistently provide care that ensures people's privacy and dignity is a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff had supported people to wear their glasses, dentures and hearing aids if they needed these. They were enabled to express themselves through their preferred dress. A hairdresser regularly visited the service and staff supported people to make an appointment if they wished to. People's records were kept securely to maintain confidentiality. A staff member told us, "If people want to go to their room, or want to chat, I will take them somewhere private."

Staff knew people well and had positive relationships with them. Staff knew what was important to individuals and used this information when talking with them. People told us that the staff had taken time to get to know them. A staff member said, "We have all been here a long time and we get to know people very well." Another staff told us, "Some people here with dementia have known me for a long time and they can trust me to help them. Some people won't let a new person support them, like the hairdresser but they will let me wash and curl their hair as they know me well. Some people haven't had baths at home because they were on their own, but I'm able to encourage them due to our relationship." We spent time in the communal areas and observed how people and staff interacted. There was a homely feel to the service and there were frequent friendly and kind interactions. Staff were gentle in their approach and took the time to chat with people. It was clear that staff knew people well. When people were anxious or distressed staff demonstrated patience and warmth.

People benefitted from staff that knew them well and understood their personalities. Staff knew how to communicate with each person. Staff lowered their position so people who were seated could see them at eye level. They used people's correct and preferred names, and spoke clearly. Staff were able to tell us about people's interests and things that were of particular importance to them. We saw positive interactions between staff and people throughout the inspection. However, one person using the service told us it was their birthday that day. The staff and registered manager were not aware of this, but arranged a cake once we alert them. We recommend that staff are made aware of key dates that are important to people that they

may wish to celebrate.

We saw staff encouraging people to do some things for themselves, for example in their mobility and in eating and drinking. However people's care plans did not identify ways that they could be supported to maintain their independence or to develop new skills. We recommend that people's care plans are reviewed to ensure people's right to independence is included.

People were involved in their day to day care and in the reviews of their care plans when they were able to and when they wished to be. The registered manager sat with people and talked with them while they reviewed their care plans. Each person had a 'key worker' allocated to them. Key workers are named member of staff with special responsibilities for making sure that a person has what they need. People's care records showed that people were making choices about everyday aspects of their lives, for example their meals, daily routines and social activities. There was clear information about the service was provided to people and their relatives when they moved to the service. A brochure about the facilities and services was provided.

People could be confident that best practice would be maintained for their end of life care. People or their legal representatives were consulted by the registered manager about how they wished the service to manage their care and treatment when they approached the end of their lives. People had end of life care plans that detailed people's wishes about resuscitation, where they would prefer to be cared for at the end of their life and funeral wishes. There was appropriately completed documentation about resuscitation in people's care files and staff were aware of these. The local hospice provided guidance and support to the service when a person approached the end of their life, to ensure good practice in pain management.



## Is the service responsive?

### Our findings

People and their relatives told us that the staff were responsive to their needs and requests. One person said, "I am very happy with how they care for me here." A person's relative told us, "The staff care for her in the way she likes." However, we found that the service was not consistently responsive.

People's needs had been assessed before they first moved to the service. The assessment process included seeking the views of the person about their own care needs. It covered all areas of people's needs including their physical health, personal care needs and emotional needs. People were invited to stay for a meal, or a day, before they made an informed decision about coming to live into the home. When people moved in they had a four-week trial period built in their occupancy agreement to decide whether they wished to remain permanently.

People had a care plan written which included some, but not all of their identified needs. One person living with dementia had a care plan that addressed their short term memory loss. The care plan encouraged staff to reduce the person's anxiety by engaging them in recreational activities and increasing their sense of security. However the care plans for three other people living with dementia that we looked at contained very little information about what type of dementia they had, what the symptoms of this were and what staff needed to do to support them to live well with their dementia. There was no guidance for staff to tell them how to respond to the individual if they were confused or distressed, although staff acknowledged that everyone is different and will require a different response. The care plans reflected some of their preferences particularly in relation to daily routines, meals and drinks.

Information had been sought and recorded about people's life history and the things that were important to them. There was a 'This is Me' document that detailed people, dates, TV programmes, pets, religious preferences, and special interests that were particularly significant to people. However their care plans did not always include this information that had been gathered on assessment. There was a lack of personalised information in people's care plans about how to support them to continue to enjoy hobbies they had before moving to the service. For example, one person had worked as a gardener for most of their life and continued to be interested in gardens. Whilst they may no longer be able to do heavy physical garden work their care plans did not reflect other ways they could be supported to continue with this interest.

At our last inspection we made a recommendation that the registered provider improve the opportunities for people to go out. This had not happened. The registered provider told us that a day trip had been arranged in the summer months, but there was no evidence that regular opportunities were made available. People told us that they did not go out unless their family members took them. Staff confirmed this was the case. The lack of opportunities for people to go out and be involved with their local community was not in line with delivering personalised and responsive care.

People did not always receive personalised care and did not have personalised plans in place that were effective in meeting their individual needs. This was a breach of Regulation 9 of the Health and Social Care



At our last inspection we required the registered provider to review and improve the range and frequency of social activities provided in the home. We found that improvements had been made. A programme of social activities had been introduced in the home that was based on requests from people. People told us they enjoyed the group activities that were provided. One person said, "They have activities here and you can choose whether you join in." A member of staff described the range of activities available each week. They told us, "On Monday ladies come in from the church to play games; on Tuesday we have reminiscence; on Wednesday there's motivation which is chair exercises and quizzes; Thursday afternoon is chair exercises and Friday, Saturday and Sunday people have free time. People are occupied on those days. There are some people who will not participate and we encourage them, but it's up to them."

Staff were responsive to people's needs and requests throughout the inspection. People did not have to wait long for staff to attend when they asked for assistance or used their call bell. When people wanted a drink or assistance with their meal this was provided quickly. People told us that staff were always available when they needed them and that they did not have to wait long for assistance. One person said, "I couldn't ask for more, they do everything I need." Staff told us that they were made aware of when people's care plans changed. One staff told us, "The manager always puts a plan in place for new people so we know what we need to do to care for them. If this changes they tell us. We are a small home so we know people really well."

People we spoke with, and their relatives, were aware of how to make a complaint and they felt their views were listened to. One person told us, "if I had any complaints I would just talk to the manager and it would be sorted out." A staff member told us, "If a resident complained I would let the manager know and write everything down." Detailed information about how to complain was provided for people in the brochure and in the reception of the home. The manager had taken appropriate action to investigate complaints and provide feedback to the complainant within an appropriate timeframe.

## Is the service well-led?

### Our findings

People and their relatives told us they felt the service was well led. One person told us, "It really is marvellous here and I'm not just saying that." Another person told us, "We love it here don't we? [to their neighbour]." A person's relative told us, "I am very happy with the way the home is run." However, our inspection found that the service was not consistently well led.

The registered manager knew people well and understood their needs. They were dedicated to the service and the people who lived in it. They worked on shift alongside staff and were therefore able to monitor staff performance on a daily basis and talk with people regularly to seek their views about their care. However, there was a lack of structured systems to ensure the effective monitoring of the quality and safety of care. For example, Staff completed accident forms when people had fallen, but the registered manager did not carry out any analysis of falls to identify if there were any patterns or areas of risk that could be further reduced.

The systems for monitoring the quality and safety of the service that were in operation were not always effective in ensuring that necessary improvements were made. A care plan audit had been completed in August 2017. This had not identified the areas of shortfall we found that are described under the key question 'Is the service responsive?' The registered manager had not completed a dignity in care audit and reported that there were no areas for improvement. They had not identified the widely used language staff used to describe people's needs that was not always respectful.

People's care records were not always completed with sufficient detail to demonstrate that they were receiving the care they needed. There were no records to show when people had been supported to have a bath or shower. We asked staff how they would know when someone was last offered a bath or shower and they were unable to tell us how they would do this. People's care records described the physical support they were provided with, but did not detail their emotional wellbeing or anything related to their dementia where this was applicable. This meant that the registered manager could not effectively monitor people's needs in this area and respond if there were any changes.

The registered manager understood the requirements of their role and they were open and transparent. They had notified the Care Quality Commission of any significant events that affected people or the service. Where things had gone wrong in the service the registered provider had fulfilled the requirements for duty of candour by being open and honest with people and their families and had assured them about the action taken to put things right. Since our last inspection the registered manager had begun attending a local registered manager network meetings. However the registered manager was not able to demonstrate how they accessed and used resources and best practice guidance to improve care at the service. They told us that they struggled to keep up to date with the changes in social care and found challenges in recruiting suitable staff were restricting improvements in the service.

The registered provider had not ensured that effective systems were in operation to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The policies and procedures were appropriate for the service. Staff were able to describe the key points of significant policies such as the safeguarding, infection control and complaints policies. They were aware of where to access the policies when they needed them.

Staff felt supported in their roles and they told us the culture of the service was open enabling them to raise concerns about poor practice if they needed to. One staff member told us, "The manager is brilliant. If I have a problem he tells me that he's there to talk to. The home runs really well." Another staff member said, "The manager is OK. We have regular discussions about things. He's here every day and we can ask for things and he's responsive."

People had an opportunity to give their feedback about the quality of the service. The registered manager talked with people at their monthly reviews and noted whether they were satisfied with their care and support. People's views had also been sought through an annual quality survey. The most recent survey was carried out in May 2017. This included sending questionnaires to people and their family to seek feedback on a range of areas of the service. The registered manager had produced a report of the findings which were mostly positive. Where minor shortfalls were reported, for example cold porridge, the registered manager had taken action to rectify these.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered provider had not ensured that people had personalised care plans in place that were effective in meeting their individual needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  The registered provider had not ensured that people were treated in a way that upheld their right to privacy and dignity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered provider had not ensured that the principles of the Mental Capacity Act were consistently followed when seeking consent from people for care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider had not ensured that risks within the premises were appropriately managed to ensure the safety of people using the service and staff. The registered provider had not ensured that people's medicines were managed in a safe

way.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA RA Regulations 2014  
Premises and equipment

The registered provider had not ensured that the premises were properly maintained and suitable for the needs of people living with dementia.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered provider had not ensured that effective systems were in operation to monitor and improve the quality and safety of the service.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider had not ensured that there were sufficient numbers of staff to ensure that staff could work in a safe way when caring for people.