

Latham Lodge Limited

St Wilfrid's Hall Nursing 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



Overall summary

This unannounced inspection took place on 19th January 2015.

St. Wilfrid's Hall Nursing Home is situated in the small village of Halton-on-Lune, just north of Lancaster. Accommodation is provided on the ground and first floors. There are three lounges, a separate dining room, plus additional seating areas in the hall and on the first floor landing. The bedrooms all have a wash basin, with

the majority having en-suite facilities of a toilet and hand wash basin. The home provides care and support for up to 41 people. There were 31 people living at the home on the day of inspection.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

The service was last inspected in August 2013. The registered provider met all the requirements of the regulations at that inspection.

Feedback received during this inspection from people who lived at the home was positive. All of the eleven people we spoke with confirmed that they were happy living there and the service being provided.

Feedback from family members and friends of people who lived at the home was also positive. Families stated that they were happy with the service provided. Relatives acknowledged that when they do find things unsatisfactory, the registered manager and staff team act appropriately to remedy the concerns.

During our visit, we spent time in all areas of the home, including the lounge and the dining areas. This helped us to observe daily routines and gain an insight into how people's care and support was managed. We saw staffing levels were sufficient to provide a good level of care and keep people safe. However the planning of staff duties and the deployment of staff was not organised effectively to ensure people received the support they needed. One person told us staff were sometimes busy which meant they had to wait to be attended.

Cleaning schedules were not consistently applied. We looked at what procedures and systems were in place to manage infection control in the home and looked around the home to see what hygiene controls were in place. We noted some areas and equipment were not thoroughly cleaned.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. We reviewed medication administration and practices at the home and saw that appropriate arrangements were in place for storing, recording and monitoring people's medicines. However we found improvements were required to manage people's allergies to certain medicines. We have made a recommendation about seeking advice and guidance on the recording of allergies to certain medicines.

Suitable arrangements were not in place to ensure staff received appropriate training to carry out their role and responsibilities. Training records were not available to demonstrate that all staff had completed the relevant courses to give them the necessary knowledge and skills to support people effectively.

The registered manager had an understanding of legislation surrounding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. This meant that people were not being inappropriately supported in ways that deprived them of their freedom. However we found that the registered manager did not always consistently apply the requirements of the MCA. Best interests meetings were not always held to allow decisions to be made on behalf of a person who lacked capacity. We have made a recommendation about using good practice guidelines to improve the service.

Although care plans and risk assessments were in place for each person we found paperwork was often incomplete, missing or duplicated in different templates. This made it difficult to follow and assess the effectiveness of the care being provided. Accurate records had not been maintained for each person who lived at the home.

The registered provider ensured that a variety of group activities and person centred individualised activities were organised and available throughout the day. As well as providing in-house activities the service was well connected with the local community. People who lived at the home accessed various community groups tailored to their needs and wishes and local groups also visited the home. People were encouraged to be active and maintain links with the local community and networks.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and 'residents meetings'. Overall satisfaction with the service was seen to be very positive. However due to the findings of our inspection, we noted inconsistencies in how effective the audits were.

We found a number of breaches related to staffing, infection control, staff training, records and quality assurance. 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 consistently safe.

The registered manager had procedures in place to protect people from abuse and unsafe care.

The deployment of staff was not well managed to provide people with support to meet their needs. Staff were busy and sometimes people had to wait to be attended to.

We reviewed medication administration and practices at the home and saw that appropriate arrangements were in place for storing, recording and monitoring people's medicines. However we found improvements were required to manage people's allergies to certain medicines.

Suitable arrangements were not in place to ensure the standards of cleanliness were consistent.

Requires improvement



Is the service effective?

The service was not consistently effective.

Training records were not available to demonstrate that all staff had completed the relevant courses to give them the necessary knowledge and skills to support people effectively.

Where people lacked the capacity to consent, policies and procedures were in place around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). However we found three examples where MCA procedures had not consistently applied.

People who lived at the home enjoyed the food and had a choice about what they wanted to eat.

Requires improvement



Is the service caring?

The service was not consistently caring.

People who lived at the home, family members and visitors were all very complimentary about the staff but this was not consistent with what we saw at times. We found that there was a lack of consistency in the caring approach of staff.

Staff were focussed on completing tasks, sometimes at the detriment of the people who lived at the home. People's dignity was not always protected.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

The provider had ensured that people who lived at the home were not socially isolated and provided people with a wide range of activities to engage with. The provider had excellent links with the local community to ensure people had social contact and encouraged people to maintain and develop hobbies.

The registered manager had a thorough complaints procedure in place and responded appropriately to complaints from relatives.

Recording of information was inconsistent which meant accurate records had not been maintained for each person who lived at the home.

Is the service well-led?

The service was not consistently well led.

The registered manager had good working relationships with the staff team and external agencies. People who lived at the home and their family members spoke positively about the management team, the staff and the support provided.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. However due to the findings of our inspection, we noted inconsistencies in how effective the audits were.

Requires improvement



St Wilfrid's Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was an unannounced inspection carried out over one day on 19th January 2015. The inspection team was made up of 2 adult social care inspectors and a specialist advisor. The specialist advisor had in depth knowledge in nursing and dementia care.

We undertook this inspection in response to some concerns we had received in respect to the care being provided at the home. Prior to the inspection taking place we looked at information from a variety of sources relating to the service. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

To gain a balanced overview of what people experienced when using the service, we also liaised with the Local Authority contracts team, the District Nursing teams and Healthwatch to obtain their views regarding service provision. The local authority confirmed that they were currently liaising with the home to encourage improvements in service provision.

Information was gathered from a variety of sources throughout the inspection process. We spoke with six staff members at the home. This included the Registered Manager, three members of the care staff team, the activities coordinator and the cook.

We also spent time with the people who lived at the home to see how satisfied they were with the service being provided. We observed interactions between staff and people to try and understand the experiences of the people who could not verbally communicate. We observed care and support being provided in communal areas around the home and spoke in private to eleven people who lived at the home.

We also spoke with people visiting the home including a district nurse, a General Practitioner and three family members visiting relatives.

As part of the inspection we also looked at a variety of records at the home. This included the care for eight people who lived at the home and recruitment files belonging to four staff members. We also viewed other documentation which was relevant to the management of the service.

We also carried out an observational assessment using a SOFI over lunch time (short observational framework for inspection.) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also looked around the home in both public and private areas to assess the environment to ensure that it was conducive to meeting the needs of the people who lived at the home.

Is the service safe?

Our findings

We spoke with people who lived at the home. Most people told us they liked living there and that they felt safe there. One person asked us, “Why are you here? This is a good home.” We also spoke to relatives and visitors who all said that they were happy with the service provided. One relative said, “Mum is safe here.”

We looked at how medicines were administered. We saw people's medicines needs were checked and confirmed on admission to the home. And, where new medicines were prescribed we saw evidence the medication records had been amended to ensure medication was administered as prescribed. Pain monitoring was in place where needed and written guidance was in place for medicines prescribed 'when required', to help ensure consistency in their use.

Documentation relating to medication administration was not always clear. We found one person's medicines administration record (MAR) sheet for administering controlled drugs was handwritten and illegible to read. We brought this to the attention of a senior member of staff and it was re-written straight away. Records showed that systems for recording allergies were inconsistent. We found one person's care assessment identified they had an allergy to penicillin but this information was not recorded on the individual's MAR sheet. We also found gaps in the person's MAR sheets for a medicine prescribed as 'when required'. Staff we spoke with told us they did not sign for these medicines when people had refused or had not required medicines.

We raised our concerns with the registered manager who informed us there was a protocol in place for staff to follow when administering 'when required' medicines. They told us the omissions on the MAR sheets related to 'when needed' medicines were not required by the person. The registered manager told us the information relating to allergies was documented in care files and allergy information is sent to the pharmacist on a monthly basis. The registered manager told us they would discuss this with their pharmacist.

During our visit, we spent time in all areas of the service, including the lounge and the dining areas. We noted that the main lounge became busy before lunch time with people and wheelchairs. It was noted that the wheelchairs blocked access within the lounge, making it difficult for

people who wanted to mobilise. Some of the communal areas within the home were in poor state of repair. We noted wallpaper was peeling off walls, paintwork was chipped and there was a crack in the ceiling in the main lounge. Bathrooms were in need of updating. We spoke with the registered manager about this who informed us that an ongoing schedule of maintenance of the home was in place.

Externally to the side of the home there was a piece of wasteland that was readily accessible to the people who lived at the home. The wasteland was over grown and there were brambles at an unmanageable height. There was also an uneven walking surface with a drop down onto the wasteland. The path was not fenced off and should a person walk near this area there was a risk that they may fall off the path and become injured in the brambles. We spoke to the registered manager about this area of wasteland and were informed that this area had been sold and there were plans in place to build on the site.

We saw there was a skip at the front of the home which was accessible from the front drive. We noted that old walking frames, mattresses and headboards were inappropriately placed for collection to the front and at the back of the building. All areas were readily accessible by people who lived at the home.

We looked at staffing levels to ensure that the home was adequately staffed with the correct numbers of staff to meet people's needs. We were informed that on the day of inspection there were two nurses and five care staff on duty. The registered manager said the staffing levels were flexible and they used a dependency scale to determine the number of staff required. The registered manager was confident their staffing levels were good.

When speaking to people who lived at the home about staffing levels, we received mixed comments about the amount of time staff had to spend with them. One person told us, “Staff work very hard, but they are very helpful.” However we received a negative comment from one person about how long they had to wait to be attended to. They told us, “Staff always have time but sometimes I have to wait.” Minutes of a recent 'resident's meeting' documented that people who lived at the home were not always happy with the staffing levels provided. One person was quoted as saying “We have to wait as they [the staff] are always busy.”

Is the service safe?

During our visit, we spent time in all areas of the home, including the lounge and the dining areas. This helped us to observe daily routines and gain an insight into how people's care and support was managed. Through our observations we noted staff were busy and had minimal time to spend with people who lived at the home. At times there was a distinct lack of staffing presence within areas of the home and people were left unattended for periods of time.

We observed one person was left in their wheelchair in the hall for over an hour despite asking two members of staff for assistance. Staff promised to return and assist the person but didn't do so within the time span observed. We noted call bells rang frequently. On at least three occasions call bells remained unanswered for over seven minutes. There was sometimes a delay in people being responded to.

We spoke with the registered manager about this and they acknowledged that staff deployment should be monitored to ensure people who lived at the home were responded to in a timely fashion.

This was a breach of regulation 22 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. [Now regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014] because the registered manager had failed to ensure staff were suitably deployed to meet the needs of the people who lived at the home.

Call bell alarms were fitted within the home but were not always readily accessible to people. We observed two call bell alarms in one lounge were strapped to the wall and out of reach to the three people using the lounge. We observed one person who was immobile calling for help to be assisted to the toilet. No members of staff were present in the lounge and the person was unheard. We intervened to locate a staff member to help this person.

We observed one bedroom in use, without a call bell present. The person was calling and banging. We sought assistance from staff who informed us this person could not use a call bell in emergency. We asked the registered manager about systems in place to oversee this person in an emergency and the registered manager assured us they would move the individual into a room nearer the nurse's station to improve over-sight.

We were informed infection control audits had been put in place by the provider on the recommendation of an

infection control specialist. However it was evident from our findings these recommendations had not been consistently applied. We noted that cleaning schedules devised to promote clean and tidy environments were not always completed or recorded.

From observations around the home there were some areas that appeared to have not been cleaned thoroughly in some time. We noted cobwebs in the main lounge and bathrooms had stained walls. We looked at a washing list for slings and noted that the week previous to our visit three slings had not been washed that week. For the week commencing 22 November 2014 there was no evidence of any commodes, wheelchairs or shower chairs being cleaned. We also found a chair in the library room that was significantly stained.

We found one bedroom that was in use where there was a commode and a toilet frame which was dirty and soiled, the downstairs bathroom walls were stained with water marks and three sinks in en-suites were in poor state of repair and needed remedying immediately as they posed an infection control risk. We discussed our concerns with the registered who confirmed that he was aware of these issues and agreed that appropriate action was required.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, [now regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014] because the registered manager had failed to ensure a suitable level of cleanliness to prevent and control the spread of infections.

People were protected against the risk of unsatisfactory care from abuse as staff were aware of how to appropriately respond and report safeguarding concerns. Staff told us they would have no hesitation in reporting such incidents. The provider ensured people had ready access to contact numbers should they need to raise a safeguarding concern by displaying posters around the building.

We looked at recruitment and selection of four members of staff. People were protected from unsuitable people working in the home because safe recruitment procedures were followed. Application forms were completed and any gaps and discrepancies in employment histories had been followed up. This meant the management team knew what

Is the service safe?

work the prospective member of staff had previously been doing. Interviews took place and interview notes were kept. References had been received before staff were allowed to work in the home.

The staff files we looked at showed us that a Disclosure and Barring Service (DBS) checks had been received before new staff were allowed to work in the home. A DBS check enables employers to check the criminal records of employees and potential employees in order to ascertain their suitability to work with vulnerable groups. DBS checks are a legislative requirement for all people working within the care profession.

The provider regularly assessed equipment to ensure it was fit for purpose. We looked at evidence which showed checks had been undertaken for the lift, hoists and water safety as required.

The registered manager had a contingency plan in place in the event of an emergency. The registered manager said they carried out frequent fire alarm drills and documented when they had been completed. The registered manager said fire alarm evacuation drills were carried out at different times to ensure staff felt confident of what action to take in an emergency situation.

We recommend that the service seek advice and guidance from a reputable source, about the recording of allergies to certain medicines and take action to update their practice accordingly.

Is the service effective?

Our findings

The people we spoke told us the home provided a good service. One person said, “We are looked after here. This place is good.”

People told us staff organised for the GP to visit if they were unwell. We observed health professionals visiting during the inspection. We spoke with a visiting district nurse and doctor who told us that referrals were made where people needed GP advice and treatment.

We spoke with the registered manager about the skills and knowledge of the staff. Staffing records showed that the provider employed 27 care staff, including nurses. There had been 11 new starters over the past 12 months. We were told that all new staff received a period of induction. Induction training is vital to ensure that all new employees are trained in appropriate systems which enabled them to carry out their roles effectively. The registered manager said that as part of the induction new starters were supernumerary to the rota for two days and undertook induction training.

We asked to look at the induction records belonging to the 11 new employees to assess the suitability of the induction that they received. However we were unable to assess the suitability of the staff induction as the registered manager could not provide us with induction records relating to all the new staff. The records were locked away in a cupboard which he did not have access to. The key for the cabinet was with a staff member who was absent from work and not contactable. The registered manager could not access induction files but said that a new nurse who had recently started had different induction documentation. The inspection team looked at this documentation but only a small amount of the form was completed even though the nurse had been in post several months

We looked at the organisations training matrix. The training recorded for the staff team at St Wilfrid’s was inconsistent. Not all staff had completed the recommended mandatory training. There were also training gaps in infection control, safeguarding of vulnerable adults, person centred support and Mental Capacity Act awareness.

We spoke with the registered manager about staff supervision. The registered manager told us all but two staff had received an appraisal. Appraisals allow the employer to assess staff member’s performance and

competence as well as addressing problems and identifying solutions to improve the quality of service provision. The registered manager told us that, “Supervisions don’t happen as often as I would like them to.” We looked at the supervision log for all care staff and noted that only two of the 23 care staff had received up to date supervision. Four members of staff had worked for the provider for five months and had not received a supervision during this period.

Staff supervision is necessary to ensure that staff are given the opportunity to reflect on their work, develop their skills and to enable problem solving with another peer.

This was a breach of Regulation 23 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, [now regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014] because the registered manager had failed to ensure that all staff received appropriate support, training and supervision to enable them to carry out the duties they are employed to perform.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager had undertaken training and had some understanding of the Mental Capacity Act and their responsibilities as a registered manager. Applications had been made to the local authority to lawfully deprive two people of their liberties.

Although the registered manager had some understanding of the deprivation of liberty we found that the Mental Capacity Code of Practice was not consistently applied. We noted one person’s care plan stated that it was in the best interests of the person, to keep the individual in their wheelchair with a lap belt on. This plan of care had been determined whilst the person was in hospital. Once discharged to St Wilfrid’s this plan of care should have been reviewed by the service with a best interest’s decision to

Is the service effective?

determine that the plan of care was still in the person's best interest. However there was no corresponding record to show that a best interests meeting had been held and a best interest's decision made for this process.

We also noted that two people had a Do Not Attempt Resuscitation (DNAR) form in their file stating that they did not have capacity. A decision had been made on these persons behalf but there was no evidence of any best interests meeting taken place to show how or who had arrived at this decision.

We observed meals being provided at breakfast, lunch and dinner whilst at the home. Breakfast was flexible and was tailored to when people woke up and were ready for it. There was relaxing music playing in the background. There was a range of foods available. We observed some people being taken breakfast in bed.

Pictorial menus were present in the dining room to enable people to make informed choices about what they would like to eat.

During our observations at lunchtime we noted two people were anxious at waiting for their meals. We met with one person leaving the dining room. The person told us she had been waiting ages for lunch and would come back. Another person was sat banging their knives and forks on the table, saying, "Are we going to eat today, Oh come on."

The food looked palatable and matched what was on offer on the menu. People were offered several choices at mealtime and did not have to pre-order food. Even though there were two alternatives on the menu we observed staff offering additional alternatives to individuals if they did not like what was on menu.

With the exception of two people, people told us the food at the home was good. One person told us there was too much mince on the menu and would like to see more variety. Another person told us their cup of tea was never hot enough when it was served.

Supervision and assistance was available at meal times for people who required help. The provider tried to maintain people's independence wherever possible by using specialist equipment to aid people with eating and drinking. The home operated a red tray system for people who were at risk of malnutrition; this meant that these people were given additional support at meal times. Records were kept of all dietary intakes for these people.

The provider had introduced some creative initiatives within the home to encourage healthy eating. Every month the provider had a, "Fruity Friday" session when the activity coordinator brought in new fruits for the people to try. We also observed people drinking smoothies and milk shakes to promote good nutrition. There were ample jugs of water around for people to drink at their leisure. The provider also offered a choice of hot drinks throughout the day.

Although the provider had made some progress to address the needs of the people living with dementia we found that signage throughout the home was poor. We observed one person who was lost, asking for help to find their bedroom. There were no pictures around the home to assist people to find their way. We spoke with the registered manager who told us they accept the recommendation to review signage on a regular basis but there had been no evidence or incidents prior to the inspection to suggest that signage was not suitable for the needs of the people who lived at the home.

We recommend that the provider consults and implements best practice guidelines in relation to environmental signage to support dementia care.

We recommend that the provider consults and implements best practice guidelines surrounding best interest meetings and gaining consent for people who lack capacity.

Is the service caring?

Our findings

People who lived at the home were very complimentary about the staff. One person told us, “The staff here are lovely, they are so kind and patient.” Another person said, “Staff are always willing to help, they never complain when you ask and they always have a smile.” All the visitors we spoke with told us staff were caring. One family member said, “Staff are lovely here, they are so caring and kind.”

Staff we spoke with told us it was important to respect the people receiving the service. One staff member told us, “I treat people, like I would expect my family members to be treated. It’s important that you give people time and do not rush them.”

Although staff said that they were caring we did not always see this in practice. We observed inconsistencies in the way that staff responded and interacted with people using the service. There was a lack of meaningful interaction as staff routines took preference over people’s needs. On one occasion we overheard a member of staff saying, “I’ve toileted [person who lived at the home] and now I have another twelve to do.” This comment undermines a person’s individuality.

One person asked for assistance to go to the toilet but they were told by a staff member that they would have to wait as they were administering medication. We intervened at this point to locate another member of staff to assist this person to the bathroom.

We also observed another person sitting outside the nurse’s station for a significant period of time. The person was sat in a wheelchair and tried several times to gain a staff member’s attention. One staff member asked the person to wait and promised to come back, but it was over 90 minutes a member of staff engaged with the person.

Although we observed two examples of poor practice, we also observed positive practice which demonstrated that staff were caring. We observed on other occasions that staff were friendly, chatty and helpful. We observed one individual informing a member of staff that he was cold.

The staff member responded immediately and brought the individual a blanket to warm them up. The staff member asked the person if they would like the blanket and asked the person beforehand where they would like the blanket placing.

One staff member informed us they had brought in some Frank Sinatra CD’s for a person who lived at the home, as they had said the previous day they liked Frank Sinatra. The staff member asked the person if they would like to listen to the CD and put the CDs on for the person to listen to whilst they had their breakfast.

We observed one nurse administering medicines to a person, before administering the medicine they explained clearly to the person what the medicine was. They interacted in a gentle manner with appropriate touch and did not rush the person.

We also observed another staff member entering a room whilst an activity was taking place. The staff member asked the people if it was ok to interrupt the session before they entered the room. This showed that the staff member respected the people and their wishes.

People who lived at the home were encouraged to express their views at ‘residents meetings’. We looked at copies of meeting minutes demonstrated the provider had asked people for their opinions on how the service was run.

Relatives we spoke with all told us they were kept up to date of people’s health and wellbeing and that communication was good. Relatives said that they were able to visit whenever they wished and there were no restrictions on visiting.

People’s privacy and dignity was maintained at all times. We observed staff knocking on doors before they entered people’s bedrooms. The home had several lounges for people to use when they had visitors. Visitors told us that if they wanted privacy they could also spend time with people in their own bedrooms. We observed staff maintaining privacy by speaking with relatives, visitors and health professionals within the nurse’s office to ensure conversations remained private.

Is the service responsive?

Our findings

People told us that they received personalised care and were supported to have their needs met. One family member visiting the home told us, “The home is great. It doesn’t isolate people. People with dementia are not excluded. They are involved in everything.”

Although people who lived at the home and their relatives told us the care they received was good, we found that information stored within people’s care plans was not clear. Information was difficult to find, some information was duplicated and some items were missing. The registered manager told us there were two different care planning systems in place and these systems had confused staff which had led to the disorganisation of files.

Information contained in care assessments was not always recorded within care plans. One person’s medical history documents stated that the person had type 2 diabetes. This information was not relayed in the individual’s care plan. In addition we observed one person displaying behaviours symptomatic of a medical condition. We found information in this person’s medical history stated this person had a history of the medical condition. This condition was not referred to within the person’s care plan. We spoke with the registered manager about our concerns from what we had seen in the care records. The registered manager confirmed that these people did not have a formal diagnosis of the medical conditions recorded. Accurate records had not been maintained for these people.

Recording of information was inconsistent. One person’s file indicated they were at risk of malnourishment and stated they must be weighed monthly, however there was no evidence in the person’s care records of the person being weighed as stated since October 2014.

We found that the provider had a comprehensive list of risk assessments in place for each person, including risk assessments for managing their own medication, managing weight loss and preventing dehydration, tissue viability and moving and handling. However risk assessments were not always regularly evaluated and were sometimes completed incorrectly. We looked at a variety of risk assessments as part of the inspection process. In one person’s care records we noted an assessment had been carried out on their risk for developing pressure sores but

there was no score, hence no measure against which an assessment could be made. We spoke with the registered manager about this and they said that risk assessments should be updated monthly.

We spoke with a member of staff to ascertain whether or not care plan audits took place. We were informed care plan audits were the responsibility of the qualified nurses and should be completed monthly. One nurse told us, “This hasn’t happened as we do not have enough time.”

The provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, [Now regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014] because accurate and complete records had not been maintained for each person who lived at the home.

On the day of inspection, all the people we spoke with said they had no complaints about the care. The registered manager informed us they welcomed feedback about people’s experiences of care and enabled this to occur through a variety of channels. Information about how to complain was displayed in the main entrance. Feedback was received from relatives and people who lived at the home were encouraged to participate in ‘residents meetings’.

The provider had a robust procedure in place to deal with complaints. Results from an annual survey showed that 80% of relatives knew how to complain, 69% of residents were aware of the system. It was noted that following the survey, the registered manager was actioned with the task of increasing awareness with people who lived at the home.

Relatives we spoke with informed us that complaints were dealt with efficiently at an informal level. One family member told us, “I have had a few complaints since mum moved in here but both have been resolved very quickly. I am quite happy.”

The provider had received one formal complaint within the past twelve months. We looked in depth at this complaint and found that a thorough objective and independent investigation had taken place.

People were protected from the risks of social isolation and loneliness as the provider recognised the value of social contact and companionship. The home employed a full time activities coordinator who provided a variety of

Is the service responsive?

meaningful activities within the home throughout the day. Alongside providing communal activities, the activities coordinator provided one to one support to people who wished to participate in them. The activities coordinator had also established positive community networks within the local community.

The provider displayed an activities planner in the communal area which demonstrated the various activities which were on offer throughout the day. The registered manager also showed us a copy of a newspaper which is sent out daily by the provider to all people who lived at the home. The activities coordinator told us they spent time reading the newspaper to those who could not read. They also used it as a means to stimulate discussion and alleviate boredom for some people.

On the day of the inspection we observed a group reminiscence activity taking place in the communal lounge. The activities coordinator had loaned a reminiscence box from the library. The box contained a lot of props to encourage people to reminisce. The activities session encouraged participation from everyone sat in the lounge. At the end of the session, one person said "That was lovely; it brought it all back to me. I felt like I was there with my brothers and mother again. It was great."

The activities coordinator had also made links with external community groups and supported people to attend groups in the community. This included supporting one person to start a college course to learn how to use the

internet and also supporting two other people to attend a dementia support group. The provider showed us the activities diary. This demonstrated there had been visits from local choirs, bands and schools in the past twelve months.

Peoples social needs were mapped to peoples interests. This enabled people to continue with their hobbies and interests. The activities coordinator arranged for one person who liked football to go and spend the day with their favourite football team.

Social isolation was addressed and family contact was encouraged. People who had family living far away were supported to write letters. The activities coordinator acted as a link person and emailed the letters to family members and then provided the individual with the response.

One person who lived the home was partially deaf and blind. The home arranged for talking boxes to be delivered every week. This enabled the person to maintain their hobby regardless of their disability. This showed us the provider was proactive in meeting people's social needs.

People we spoke with told us their religious needs were met by the provider. People's needs were addressed with people on pre-admission. Clergy attended the home fortnightly. One person confirmed that the priest had been into visit them the weekend previous. People were also sometimes supported to attend their own church within the community.

Is the service well-led?

Our findings

The registered manager had been in place for several years and people who lived at the home and staff said they found him supportive and approachable. Relatives and visitors we spoke with were confident that the registered manager carried out their duties diligently to ensure the smooth running of the home. One visitor that we spoke with said that although the service was not perfect the service being provided had improved greatly over the past two years.

Staff told us that morale was high and they were developing a good team. One member of staff told us, “I can be honest with [registered manager.] He is a good boss. I can tell him what I think. He has been good to me. He is a supportive boss.” They felt despite the staff changes in the previous year they were working well together. Staff described the work environment as being a positive one. People described the home ethos as being very positive, where people worked hard in a team. Staff said that their hard work was often rewarded and the registered manager often gave positive feedback, making them feel valued in their role. Staff we spoke with said that they felt that the registered manager did a good job.

Despite this positive feedback we found there was sometimes a lack of consistency in how well the service was managed.

The registered manager was aware of their responsibilities under the Health and Social Care Act and regularly provided CQC with the required notifications. These were always provided in a timely manner which meant that we were always kept up to date and could check how the provider had dealt with incidents.

The registered manager told us they carried out audits by, “Walking the floor.” They also told us the regional manager carried out monthly audits of the service. We found the audit system had not been fully effective as they had not picked up areas of concern we identified during the inspection process. The registered manager had failed to identify that care plan audits were not taking place and as such had failed to identify care records had not been

maintained to provide accurate and complete records for each person who lived at the home. We also noted that a health and safety environmental audit had failed to identify the fire risk assessment had not been reviewed and was three years out of date.

We looked at a regional manager’s audit that took place in November 2014 and this showed some inaccuracies in reporting. For instance, the audit stated that all supervisions and appraisals for staff were up to date yet the supervision matrix we were provided with from the registered manager showed that only two staff were up to date.

The registered manager informed us there had been 11 new staff commencing work in the last twelve months. Records showed that the registered manager had failed to act accordingly to support new workers in their role. Induction and training for staff was incomplete and people did not receive regular supervisions.

Staff said that team meetings did take place but they were not scheduled at regular intervals and did not take place as often as they sometimes wished. Staff said that they sometimes had to be proactive and ask the registered manager to organise a team meeting. Lack of team meetings may hinder staff and service development. This demonstrated that at times management was reactive, rather than proactive.

The management team had not developed the staff team to make sure they displayed the right values and behaviours towards people. Although some staff displayed caring and appropriate behaviours, we saw observed two examples of poor practice where staff referred to and acted in a way which didn't respect people's dignity.

This was a breach of Regulation 10 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, (now regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good Governance)) because the provider had failed to ensure that effective systems were in place to assess and monitor the quality and safety of the services provided to people who at the home.

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 | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing & Monitoring the Quality of Service Provision The provider had failed to ensure that effective systems were in place to assess and monitor the quality and safety of the services provided to people who at the home. 10 (1)(a)(b) |

| Regulated activity | Regulation |
|---|--|
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The registered manager failed to ensure that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by the means of maintenance of accurate records. 20 (1)(a) |

| Regulated activity | Regulation |
|---|--|
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing Regulation 22 HSCA 2008 (Regulated Activities) 2010 Staffing |

Action we have told the provider to take

The registered manager had failed to take appropriate steps to ensure that at all times, there were sufficient numbers of staff deployed for the purposes of carrying on the regulated activity

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

The registered manager did not have suitable arrangements in place to ensure that people employed for the purposes of the regulated activity are appropriately supported in relation to their responsibilities to enable them to deliver care and treatment to an appropriate standard. Staff had not received appropriate training and supervision.

23 (1)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness & Infection Control

The provider had failed to assess the risk of and prevent, detect and control the spread of infections.

12 (1)(2)(a)(c)(i)(ii)