

Bupa Care Homes (CFHCare) Limited

# Manor Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We undertook an unannounced focused inspection of Manor Court Care Centre on 4 and 5 December 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 18, 19 and 24 July 2017 comprehensive inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe? is the service responsive? and is the service well led? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Manor Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Manor Court Care Centre accommodates 111 people across four separate units, each of which had separate adapted facilities. Three units were open at the time of the inspection. One of the units catered for people living with dementia, the second unit was for younger adults with a physical disability and the third unit accommodated older people and also those who required palliative care. At the time of inspection one unit was closed and there were 63 people accommodated over the other three units.

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

People did not always receive the personal care they wanted and care records were not always up to date and/or accurate. Although auditing and monitoring processes were in place and being followed, action plans did not address all the shortfalls that had been identified, so were not effective in making sure areas identified for improvements were addressed. You can see what action we told the provider to take at the back of the full version of the report.

Since our last inspection, there had been improvements made with the completion of staff recruitment records, however auditing processes needed to be robust to ensure full compliance with the provider's own recruitment procedures. Risk assessments for individuals and for systems, equipment and safe working practices were in place and identified the action to take to mitigate the risks. The provider made suitable arrangements to ensure people were protected against the risks associated with the inappropriate administration of medicines. Staff understood and followed safeguarding procedures. People and relatives felt people were safe living at the service. Processes were being followed to learn from incidents.

Staff were responsive to people's needs although improvements with the activities provision at the service had been identified and were still in the process of being implemented. The provider had sought specialist advice and input to improve dementia care awareness among the staff, which had been partly effective, with more work required with the activities provision. There was a complaints procedure in place and this was being followed. People's wishes in respect of end of life care were discussed and recorded.

Improvements were needed with recording and addressing feedback, for example, listening to people's personal care needs and taking action to ensure any issues were being addressed. The service had several members of the management team and people and relatives were not all clear about who was in charge. The management team had taken steps to learn from improvements at another service run by the provider and work was ongoing to introduce new practices and documentation to enhance the service provision.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to person centred care and good governance. Full information about CQC's regulatory responses to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 safe, however we need to see that the improvements are sustained before improving the rating for this domain.

Improvements had been made in respect of recruitment records, however further work was required to maintain this improvement.

Risk assessments for individuals, equipment safe working practices were in place to mitigate risks and were followed by staff.

Improvements had been made and medicines were being safely managed. Infection control procedures were in place and being followed. Incidents were discussed and action was taken to learn from them.

**Requires Improvement** ●

### Is the service responsive?

Aspects of the service were not responsive.

People did not always receive the personal care they wanted and action had not been taken to address this.

Formal complaints were recorded and responded to. People's wishes in respect of end of life care were discussed and recorded.

**Requires Improvement** ●

### Is the service well-led?

Aspects of the service were not well-led

Although improvements had been made with the monitoring processes, these were not robust and action had not always been taken to address shortfalls identified. Care records were not always accurate and up to date.

People and relatives did not feel that feedback they provided was always recorded and responded to.

The management team had identified some areas of improvement and were taking action to start addressing these.

**Requires Improvement** ●

# Manor Court Care Home

## Detailed findings

### Background to this inspection

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

We undertook an unannounced focused inspection of Manor Court Care Home on 4 and 5 December 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our July 2017 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe? is the service responsive? and is the service well led? This is because the service was not meeting some legal requirements.

The inspection was carried out by two inspectors, two medicines inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience with care services for older people and people with dementia.

Before the inspection we reviewed the information we held about the service including the action plan the provider had sent us in response to our last inspection, notifications and information received from the local authority. Notifications are for certain changes, events and incidents affecting their service or the people who use it that providers are required to notify us about.

During the inspection we viewed three staff recruitment files for recently recruited staff, seven people's care files, six people's risk assessments, activities care plans for nine people and personal care records and associated documents for 14 people. We also looked at risk assessments for systems and equipment used to support the delivery of care and staff working practices, maintenance and servicing records, complaints, safeguarding and accident and incident records, auditing and monitoring records and a sample of the provider's policies and procedures.

We spoke with thirteen people using the service and five relatives. We spoke with the registered manager, the deputy manager and two senior unit managers who together are referred to as the management team at

points in our report. We also spoke with the regional director and the regional support manager, three registered nurses, six care workers, three activities coordinators, the chef manager, two laundry staff, a maintenance worker and two visiting professionals. We observed interaction between staff and people and visited all three units at various times throughout the two days of our inspection.

# Is the service safe?

## Our findings

At the inspection in July 2017, we found a breach of regulations relating to the safe care and treatment of people. We had found that plans were not always in place to minimise individual risks and risk assessments for equipment and safe working practices were not available. We also found shortfalls in the medicines management at the service. Following the inspection, the provider sent us an action plan to be compliant by 25 July 2017, which indicated how they would address the identified breach of regulation. At our inspection in December 2017 we found that improvements had been made.

Risks to individuals had been assessed and reviewed to mitigate these. People had risk assessments for identified risks including skin breakdown, nutrition, falls and mobility. In some cases there were care plans related to specific risks for that person such those in relation to diabetes, suprapubic catheter, epilepsy and sleep apnoea. These outlined additional care measures to ensure that risks were managed appropriately. The risk assessments had been reviewed monthly and were up to date. In cases where people had been assessed as being at risk of pressure sores there was information about the pressure relieving equipment to be used and arrangements for regular repositioning. We checked two repositioning charts for people who had been assessed as requiring three hourly changes of position and these had been completed and were up to date.

Risk assessments for premises, equipment and safe working practices were in place and had been recently reviewed. We saw these in the laundry and kitchen and also in the maintenance office. There was ongoing refurbishment work on all the units and the registered manager had completed risk assessments to cover this. We saw that areas with work in progress were clearly marked as 'out of order' and had barriers in place to remind people not to go into those rooms. Records we viewed showed that equipment was being serviced at the required intervals and there was a maintenance book on each unit for staff to record any repairs needed, which was checked by the maintenance team each day and signed when the repair had been done. We saw repairs were carried out promptly. Fire safety equipment was checked weekly to include the fire alarm. Other safety checks were carried out and recorded, for example, window restrictors, laundry equipment, and water temperature checks. This indicated that the service was being safely maintained.

At our inspection in July 2017 we identified a breach of regulation relating to fit and proper persons employed as recruitment documentation did not contain all the required recruitment checks. Following the inspection, the provider sent us an action plan to be met by 25 July 2017 and thereafter to maintain ongoing checks, which indicated how they would make the necessary improvements. At our inspection in December 2017 we found that improvements had been made.

Prospective staff completed application forms and health questionnaires. Two references had been obtained and contained evidence verifying the source of the reference. References included one from the applicants' previous place of employment. Other checks included Disclosure and Barring Service (DBS) checks, proof of identity, right to work in the UK and verification of the registered nurse qualifications (where the applicant was a nurse) and right to practice. We found one unexplained gap in employment. When we pointed this out, staff took prompt action and ensured a satisfactory explanation was obtained and

recorded. For one member of staff where a set of dates of employment were not clear this was also clarified with them. An action plan for checking employment records was in place and information regarding checking any gaps in employment was added at the time of inspection. The registered manager said that the provider had carried out DBS checks for all the contractors working on the refurbishment of the service, as they would come into contact with people who lived there.

At this inspection, we checked medicines storage, medicines administration record (MAR) charts, and medicines supplies. All prescribed medicines were available at the service and were stored securely in a locked medicines trolley or within a locked room. This assured us that medicines were available at the point of need. When the medicines trolleys were not in use, they were secured to the walls in an appropriate manner.

Current fridge temperatures were taken each day and staff recorded minimum and maximum temperatures. During the inspection (and observing past records), the fridge temperature was found to be in the range of 2-8°C. The fridge on Larch unit was defrosted weekly and on these days there were no records of the temperatures taken. We fed this back to the registered manager on the day of inspection and they sought to immediately rectify the situation by recording the temperature on the days the fridge was defrosted.

People received their medicines as prescribed, including controlled drugs. We looked at 15 MAR charts and found only one gap in the recording of medicines administered, which assured us that overall, people received their medicines safely, consistently and as prescribed. We spoke with one person who reported that they received their medicines in a timely and correct manner. Another person told us, "The nurse gives me my painkillers and if I need more I can ask. I know what they are for and she does remind me." Running balances were kept for medicines that were not dispensed in the monitored dosage system. This meant that staff were aware when a medicine was due to run out and could make arrangements to order more. Where a variable dose of a medicine was prescribed (e.g. one or two paracetamol tablets), we saw a record of the actual number of dose units administered to the person on the MAR chart. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this (in line with national guidance). The allergy status of all people was recorded on both cover sheets and the MAR to prevent the risk of inappropriate prescribing.

For creams and topical medicines the site of application was stated and cream charts were used to record this and the application. Similarly for medicine patches and the administration of insulin, the site of application was recorded. Some people could not swallow and had an enteral tube (a tube which goes directly into a person's stomach to help with feeding and hydration) to administer food and medicines. We saw the protocols in place for these people and records to monitor their fluid intake, tube flushes and tube maintenance.

Medicines to be disposed of were placed in the appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor. Controlled drugs (CDs) were appropriately stored in accordance with legal requirements, with weekly audits of quantities done by two members of staff. We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour were not controlled by excessive or inappropriate use of medicines. There were appropriate, up to date protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit. There was one person for whom we did not see a PRN protocol for a medicine they had recently been prescribed. We informed the provider about this and they immediately created one before the end of the inspection.



Where people were having their medicines given covertly, with the exception of three medicines recently prescribed, multidisciplinary agreements were in place to explain why the medicines were being given covertly. When we pointed out that agreements were not yet in place for the three newly prescribed medicines, action was taken immediately to address these. Where people required careful monitoring of medicines levels in their systems, for example for a medicine to manage a particular mental health condition, this was being carried out and the medicine dose adjusted and administered accordingly.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the supplying pharmacies, CCG pharmacist and the provider, including safe storage of medicines, room and fridge temperatures, CDs and stock quantities on a daily basis. Medicines were administered by nurses that had recently updated their medicines competency checks. We observed the medicines round on Larch and Sycamore units and staff had a caring attitude towards the administration of medicines for people. Staff wore a tabard to ensure that they were not disturbed during the medicines round and used separate measuring pots for medicines to prevent cross contamination.

The registered manager confirmed she was happy with the arrangement with the supplying community pharmacies and GPs, and felt that the provider received good support with regards to the training of nursing staff of high risk medicines (such as warfarin) and medicines reviews. This was evidenced by checking several daily audits to ensure those on high risk medicines were given them in a safe and effective manner.

Overall people felt there were sufficient numbers of staff to meet their needs. One told us, "There are enough staff most of the time but it would be nice if there were more so I could have more than one shower a week. They all look after me, not just one." Another said, "I know most of them and they pop in now and again to check on me, day or night. They seem to be enough. I have a couple who look after me." Staff commented that staff numbers allocated to each unit were sufficient due to the decreased number of people. At the time of the inspection the numbers on two of the units were down to 18 people, with the ongoing refurbishment work and limited bathing and showering facilities. Some staff commented that they did not always have time to sit and chat with people and were not able to cover activities if the coordinators were not available. On the second day of inspection there was a shortage of a care worker in the afternoon on one unit and one of the senior unit managers worked on the floor to provide cover. Staff from the closed Beech unit had been redeployed to the other units and agency staff were only being used where permanent staff were unable to provide cover.

We asked people if staff responded to their call bells promptly. Comments included, "I can use my bell if I want to and they do come and see what I need. During the day you can wait quite a while for them but they let you know they have heard you and come back", "You can wait for some time for them to come" and "I don't use the bell but they do come to check up on me, day and night." The registered manager confirmed they kept the staffing levels under review in order to meet people's changing needs and that this was ongoing.

People said they felt safe at the service. One person said, "I do feel safe and I do not worry. I've never had any issues with my belongings not being looked after either. My clothes are washed and ironed and hung up well." A relative told us, "[Relative] is safe here, I do not need to worry." Safeguarding and whistle blowing procedures were in place and flow charts for reporting concerns were displayed in the service. Staff we asked were able to describe the different forms of abuse. Staff said they would report any concerns to the nurses or management staff and staff said they would contact the local authority or the Care Quality Commission if no action was taken by the provider.

Policies and procedures for infection control were in place and being followed. We saw domestic staff using colour coded cleaning equipment and there colour coded bins for the laundry which separated items according to guidance so they were washed at the correct temperatures in line with infection control protocols. Cleaners were working in the units and at the time of inspection the service was clean and smelled fresh. We saw that the refurbishment work was being carried out and areas outside rooms being worked on were clean, although the work did produce some dust and the cleaners were working to control this.

Accidents and incidents were recorded and these were reviewed to identify if any action was needed to minimise recurrence. The registered manager said they did ensure that they learnt from any incidents and that this was shared with staff so that improvements could be made. They had recently introduced an updated version of the staff handover sheet and a walk around handover to ensure there was appropriate overview of the medicines management undertaken on each unit. This was in response to a medicines-related incident that had occurred and demonstrated that the registered manager had taken steps to ensure that shared learning had occurred as a result of this. There had also been an incident where people had exited one of the units with one of the onsite contractors. Action had been taken immediately to maintain people's safety and the registered manager said they had repeated the induction that had initially been carried out with all the contractors, to ensure the individual understood the procedures to be followed to maintain people's safety.

We have not changed the rating for the Safe domain as action had to be taken at the time of the inspection to gain information about gaps in employment and to update agreements for covert medicines administration. In addition we need to be assured that improvements will be sustained.

## Is the service responsive?

### Our findings

At the inspection in July 2017 we found that improvements had been made with activities provision, however further work was needed. We also found that personal care records did not always reflect people's wishes. At that inspection we were assured by the management team that work was ongoing in both these areas and that staff were receiving training in care planning, to improve the quality of the documentation.

At this inspection the majority of people and relatives we spoke with said people did not always receive enough showers or baths. Comments included, "I would like more showers, even one more a week and not to let it go longer than a week", "I have my shower at [relative] and would like to have more here" and "Bathing regularly is an issue." One member of staff told us they tended to give bed-baths rather than showers in the winter, which was not necessarily in line with people's recorded wishes.

The care records we looked at confirmed that people were not always receiving personal care in line with their wishes and also the care records were not updated with people's changing needs. For example, in one person's care plan for washing and dressing it stated that they liked to have a weekly shower. We checked this against the records for baths and showers and found they had only had one shower recorded since mid-September. We also viewed the daily personal care supplementary charts and saw there had been two occasions when the person had refused a shower. The daily records indicated that the person often did not wish to get out of bed and so had a wash. We were told the person now mainly stayed in bed, but the personal care plan had not been updated to reflect any changes in the personal care provision in the light of this. For one person who liked to have a shower or bath twice a week there was a total of six showers recorded in a five week period.

Records for baths and showers showed that people did not always receive a shower or a bath according to their care plans. For example, the records on Willow unit for one month included eight people out of 18 as having had a shower or a bath, the records on Larch unit for one month included six people out of 27 as having had a shower or a bath. On Sycamore we saw that in the records for one week the frequency of showers for six people matched with their personal preferences. However, we also noted that for that week there were no showers or baths recorded on the bath and shower documents for the other 12 people on the unit.

The above paragraphs show a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other care documents viewed were comprehensive and had been reviewed monthly. A document entitled 'My Day, My Life, My Portrait' provided an overview of care needs, abilities and routines and recorded some detail on preferences and likes/dislikes, for example where the person liked to spend time, sleeping and waking routines and levels of mobility. Each care file contained a range of care plans for different aspects of care and these were person centred and contained people's preferences and routines. There were monthly evaluations of the care plans and these were up to date, however they did not always reflect the changes that had taken place, for example, the changes to daily personal care routines. Daily records were written by

the care workers and these were kept in the care files and those viewed were up to date. People felt the staff knew what care and support they needed. One person said, "They know my needs and what I can do for myself." A relative told us, "They know us well and how [relative] likes things." People confirmed they had been assessed prior to moving to the service to identify their needs and wishes. One person said, "Yes I had a visit from the nurse and manager and they checked to see what I needed." Another told us, "They did visit and we talked about what I needed help with and independence and my wishes."

We received several comments from people regarding the wish for more activities in the service. Comments included, "I would like to sit outside more when it is dry", "There are a few things going on but not much, mainly TV. Sometimes activities get cancelled and we just watch TV. Activities only take place in the lounge", "There are a few things going on. We have done art in the past and have movie times. There is a lot of TV time. I don't do activities in my room. I go out with [relative] but not with the carers and they don't really use the garden. I would like to plant some flowers" and "I would like to do a few more activities, play games, outings, entertainment." Relatives also commented on this with one telling us, "There could be more stimulating and age appropriate activity." All the units were in the process of being refurbished and the registered manager explained that as part of this they were introducing more sensory stimuli with rummage boxes and also more visual stimulation with pictures, but the refurbishment had not yet reached this stage.

There were three activities coordinators and each one covered a unit. There had been meetings to discuss and plan improvements to the activities provision. The activities coordinator spread of hours throughout the day were being reviewed to provide some evening cover, as many people enjoyed activities at different times of the day. In Sycamore unit a film room was being set up, which could then be used and provide a variety of films and timings to suit people's wishes. There was a laptop available to help with sourcing information and planning activities. The activities coordinators said they were working on providing more activities and outings but they also had to complete paperwork and this took time out of each day. They confirmed they planned group and one to one activities depending on people's needs. The activities coordinators said they had enough equipment to use for activities and were working on activities that were more specific to individuals, whilst also trying to provide something for everyone.

There was a weekly schedule of activities on the noticeboard in each unit although this was in very small print and was located quite high on the wall where it would not have been possible to read from a wheelchair. We pointed this out to the management team who said they would review it. There was easy to read information about planned outings and events displayed on each unit, for example there was a planned outing to a local garden centre the week of the inspection. We asked the activities coordinators about this and they had planned for a few people from each unit to go although places were limited. The coordinators said there was now a weekly entertainment or outing, which was being advertised on the units, as were the Christmas parties. We discussed other festivals and they confirmed they celebrated many significant days including Diwali, Eid, Remembrance Sunday, Easter and Valentine's Day. There was input from Church representatives and the activities coordinators could access religious input for people of different faiths if necessary.

On the first day of inspection little activity took place on Sycamore unit. We saw hand exercises being done with one person and others were sitting watching the television, with little else to stimulate them. Care staff on all the units said they did not have time to lead on activities in the absence of the activities coordinators. A coffee morning took place on Larch unit. On this unit staff were interacting with people and some people were also occupying themselves doing puzzles or simple household activities, which they enjoyed. On Willow unit the activities coordinator and care staff were putting up Christmas decorations and a tree and although people were watching they were not involved.

On the second day of the inspection more activities were taking place on the units and there was a 'cheese and wine afternoon' on Larch, attended by people from each unit and we saw good interaction and people had chosen a film to watch together. The care coordinator told us they had checked for any food allergies and that it was acceptable to provide wine to those who wanted it, with soft drinks also being available. There was a good atmosphere and people enjoyed their afternoon. We saw a person making clay Christmas decorations on Willow unit. Ramps were being installed from the day room doors on each unit to afford people easier access to the garden areas, and these had been improved and fencing installed to make the garden areas more inviting and private for people to sit out in.

The provider had a dementia nurse specialist who had visited Larch unit twice since our last inspection and provided feedback. They had identified a lack of activities and also poor engagement by staff on the unit on their first visit, and although the activities had not improved on their second visit they had found staff interaction with people had significantly improved. At our inspection there was good interaction seen between staff and people on the unit and there was a good atmosphere. From our discussions with the regional director and regional support manager and the management team we saw that the provider had acknowledged the need to improve the activities throughout the service and work was ongoing with this.

There was a complaints procedure displayed in the service. The registered manager showed us the complaints file and there had been two complaints received since the last inspection. These had been investigated and responded to. People felt able to complain and one person told us, "I think they would listen and I would like them to tell the manager if I did complain." A relative said, "Our concerns are now being addressed by the management and they do make small changes and improvements." The registered manager explained that when people and their relatives had identified areas for improvement an action plan was drawn up and they arranged for weekly meetings, usually by telephone link, so that the points could be discussed and improvements or areas for more work noted.

Relatives confirmed that end of life care wishes for their family member had been either discussed or mentioned for future discussion. One said, "They have told me they need to chat with us about procedures if [relative] gets ill and to discuss her wishes taking her religion into consideration. This is going to be talked about when we meet in a few weeks." Another said, "End of life has been discussed with us and her [family member]. Everything is recorded." Care plans for 'future decisions' were in place in some of the care records and the management said these were being updated as part of the care plan reviews to ensure everyone who required one had this in place.

## Is the service well-led?

### Our findings

At our inspection in July 2017, we identified a breach of regulation relating to the good governance of the service. We had found that the processes for assessing and monitoring the quality and safety of the service provided to people were not always effective. Following the inspection, the provider sent us an action plan to be compliant by 30 September 2017, which indicated how they would make the necessary improvements.

At our inspection in December 2017 we found that although the processes for assessing and monitoring the service were being followed, action had not always been taken to address the findings. For example, on the monthly home review (MHR) monitoring reports for September and November 2017, gaps in employment history had been noted in the employment records that had been audited. There was an action plan for staff responsible for compiling and checking the employment records but this did not include checking for gaps in employment. As a result we identified a new member of staff with a gap in their employment history during the inspection, which the management staff responsible for interviewing applicants had not identified. Therefore although action had been taken following our last inspection to address shortfalls in recruitment records, the provider's monitoring processes were not always being effectively implemented to address areas identified for improvement. This issue was resolved when we pointed it out to management staff.

The care audits had not been successful in making the necessary improvements in regards to making sure people received personal care according to their preferences and as planned for them. When there were changes in people's care needs or preferences, the audits had also not been very effective in identifying that care plans had not been appropriately updated to reflect people's current needs.

During our inspection we found care files had loose sheets of paper, and in some cases filing of information appeared haphazard and disordered, which made it difficult to find relevant information. When we checked against the care plan audit diaries we saw that the four care records we found to be disordered had not been audited since the audit record had been started in July 2017. The MHR reports for September and November 2017 had identified that care record 'supplementary charts' were not being completed properly, which we also identified during our inspection.

People's care records were not completed accurately and contemporaneously. There were daily personal care supplementary charts and these were not always completed. For example, for one person four days were not completed in the records for the previous five weeks. There was another document entitled the personal care preference log. This noted whether a bath, shower or bed bath was preferred along with preferred frequency/days and also included hair care and oral hygiene. On Larch unit we saw that although the forms had been completed with people's names and room numbers and had been signed and dated, 12 of the forms had not been completed with the people's preferences. There did not appear to be a consistent system in use for how personal care delivery was recorded and it was therefore difficult to track.

We found the care records were not consistent. For example, in one file we saw a form that had recorded a person had experienced seizures earlier in 2017. There was no other information in the care records relating

to any condition that could cause the seizures. When we asked the management we were told the person did not have such a condition and may not have actually had any seizures. For a person with diabetes we found a care plan for this and also a care plan for eating and drinking. In the care plan for diabetes it recorded the person was to have low sugar/sugar free drinks, however in the care plan for eating and drinking it recorded they were to have a normal diet. Therefore information in the care records was contradictory and, from what we were told by the management, were not always accurate.

Where people had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) order in place, the forms were clear and were accessible at the front of people's care files. However, the care plans for future decisions had not always been updated so the records accurately reflected people's wishes. We discussed this with the management team and following the inspection the registered manager confirmed that this had now been addressed in all the care records for people with DNACPR orders in place.

People and relatives did not always feel their feedback was acted upon. One person said, "They do listen to your comments but not always doing much about them" and a relative commented, "I feel I can give feedback but also feel it is not recorded or listened to on occasion." One person told us, "I've never really been asked for feedback." We received several comments from people and relatives expressing concerns about people wanting more showers and not receiving them as often as they wished. We did not see that such concerns had been recorded despite people and relatives confirming they had raised them with members of staff. Notes were taken at the residents meetings and we saw on two units issues had been raised regarding items not always being returned from the laundry. There was a column for stating when issues had been addressed and on one unit a date was included, but not on the other unit. There was therefore no consistent way in which people's feedback was being addressed.

The above paragraphs show a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the above, we received some positive feedback about the service. One person said, "They do look after me. My clothes are cared for and my room is nice and clean." Another told us, "They let you have people to visit when you like." Comments from relatives included, "Everything is okay. The staff are kind and I'm reassured she is safe" and "I can't imagine [relative] would get better care anywhere else. The staff are absolutely wonderful."

People and relatives were not always clear about the management arrangements for the service. When we asked if they knew who the registered manager was and who was in charge, people's comments included, "I do but you do not see much of her. She is busy in her office", "She was very kind and informative when we met and I was told to ask for her if ever I wanted to", "I'm not sure, I think her name is [deputy manager] but she is very busy. [Unit leader] is in charge here" and "I met the manager when I moved here but have seen her a couple of times since." Relatives answered, "I'm not sure if I do", "Yes we've met a few times in meetings" and "I think there are a few but I'm not sure who they are." Some of the staff we spoke with commented that they did not see members of the management team regularly on the units and would like more support from them. We discussed with the management team the need to ensure people, relatives and staff were all clear about the management structure for the service, which the management team felt should be clear, but said they would work on further.

Other staff were positive about working at the service. One said, "The managers always try to help you in any way they can, I have no problem with them." Another said, "I enjoy working here, everybody is working as a team. Teamwork – if one person is lacking then it affects the team." A visiting professional said, "Staff are very helpful and always willing to help." Staff were also positive about the refurbishment project.



The MHR reports for September, October and November 2017 all recorded that improvements were needed with the activities provision at the service. There was an activities leaflet for December 2017 and information about increasing activities and outings and providing some evening activities was included. The leaflets were available in the units. The management team were accepting of our findings and the need to respond promptly to the provider's audit findings and improve the care records. The registered manager gave us a copy of the Home Improvement Plan 2017 document and this covered each of the areas identified by the regional director's audits, with timescales for completion.

The management team had recently visited another of the provider's services that was similar in layout and had a Good CQC rating. The management team were enthusiastic about what they had learnt and how they intended to incorporate the good practices they had gleaned from the service. We saw they had started by updating the daily handover sheets to incorporate additional significant information about each person so that this would provide a good overview for the staff coming on duty. In addition they were introducing single page care plan for each person to be kept in people's rooms, which would provide care staff with an overview of the person, their needs and how to meet them. Care staff had commented they did not always have time to read all the care files and relied on the handover and on colleagues to keep up to date with people's changing needs.

The provider had a quality assurance system and many aspects of the service were covered in a monthly report to the provider. The deputy manager had done work on making the report more specific for the service so that where concerns such as people losing weight or having wounds, were identified, there was information to show what action had been taken to address these. Policies and procedures were available to support staff in their roles and included references to relevant legislation and good practice guidance.

The last satisfaction survey results were for December 2016 and we reported on these in our last report. The registered manager said another satisfaction survey had recently been carried out and the results were being collated by staff at head office, who would send the results when available. Relatives confirmed they were kept informed about their family member and also about changes going on in the service. One said, "They call and email and come and see us when we are in the room. There are meetings but they are during working hours often." Another commented, "They call us or we will get a letter." The registered manager said they were in the process of planning the next relatives meeting.



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 care and treatment of service users did not always meet their needs and reflect their preferences.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The processes in place for the provider to assess and monitor the quality and safety of services provided to service users and to identify areas for improvement, were not always effective.</p> <p>Regulation 17 (1) (2) (a)</p> <p>The provider did not have an effective system in place to maintain an accurate, complete and contemporaneous record in respect of each service user including a record of care provided and any decisions taken.</p> <p>Regulation 17 (1) (2) (c)</p>

### **The enforcement action we took:**

We have served a Warning Notice on the provider and on the registered manager telling them they must make improvements by 28 February 2018