

Ranc Care Homes Limited

# Maidstone Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The inspection took place on the 18 and 19 July 2016. The inspection was unannounced.

The service provides accommodation, nursing and personal care for 57 older people some of whom may be living with dementia. The accommodation is arranged over three floors with a unit on each floor. Units are called Medway, Rochester and Pembury. People who required nursing care live on the ground and first floor units and residential care is provided on the second floor. A passenger lift is available to take people between floors. There were 54 people living at the service at the time of our inspection.

The service had a registered manager. 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 told us that they felt safe. However, people's risk assessments were not always comprehensive to mitigate the risks and in some cases there were no risk assessments in place. Risk assessments had not always been updated after people's needs had changed. The service did not always respond to accidents and incidents appropriately and ensure proper records were maintained.

There were environmental risk assessments in place. People had Personal Emergency Evacuation Plans in place, however, these were not detailed to enable staff to support people safely from the building.

Recruitment practices were not always robust, with gaps in employment history not always being explored. Our observations identified issues with the way staff were deployed around the service and staff interactions with people. The registered manager used a dependency level tool that was completed for each person. We have made a recommendation about this.

People's medicines were well managed. Staff were knowledgeable and knew how to administer medicines appropriately.

Staff had received additional training in managing and preventing pressure ulcers but it appeared that this training had not been embedded in practice. People were not receiving care and treatment in line with health care professional advice.

Staff had received mandatory training but had not completed some mandatory face to face training, placing people at risk of harm from unqualified staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of

Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded. One person did not have a DoLS in place when they needed to have one, however, the registered manager did action this following our inspection. The service did not notify the Commission when DoLS were authorised by the local authority.

People were supported to access routine health care which included GP, chiropodist and optician's appointments. Appropriate referrals were being made to specialist healthcare professionals when needed.

The staff were caring although for some people there was a lack of engagement with staff which we observed on the first day of our inspection. Engagement with people was better on the second day of inspection but it was not clear this was because of being prompted from feedback by inspectors.

Staff knew how to be respectful and treated people with dignity. They knew about the importance of confidentiality and keeping records secure. However, not all records were maintained in a secure place.

People were not involved in the drawing up of their care plans. Care plans did not include people's likes and dislikes and were not person centred. End of life care plans were not up to date and did not reflect people's wishes.

Although there were activities taking place we were told by some people that they were bored and did not like what was on offer. The activities did not take into account peoples likes and preferences. The gardens were well maintained and offered a place for people to enjoy them, however, they were not easily accessible for people to use as and when they wanted. The registered manager took action to ensure people could access the garden and take part in activities in good weather.

There was a complaints policy in place and many people said they would be supported by care or nursing staff if they had a problem. Verbal complaints were not recorded, but the registered manager made alternative arrangements for people who wished to express any concerns in a personal way.

The registered manager and staff were making some improvements however they had not been well supported in their role to make the desired improvements to the service that were needed to keep people and staff safe. Quality assurance, auditing and monitoring in the service had failed to identify areas of required improvement and were not effective.

Staff told us they felt supported by the registered manager and that there was an open and transparent culture. Communication in the service was good, with regular staff meetings being held.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have asked to the provider to take at the end of the report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always consistently safe.

Risk assessments were sometimes not fit for purpose. Where people's needs had changed some risk assessments had not been updated.

Recruitment practices were not always robust and gaps in employment history had not been explored for some staff.

There was a safeguarding policy and procedure in place, however, safeguarding issues were not always reported to the local authority.

Medicines were well managed and people received their medication as prescribed

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff training was not embedded and care was not always given in line with health care professional advice.

Staff had not completed all mandatory face to face training.

The home had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards, but this needed closer monitoring.

There was positive feedback about the food but not everyone was being supported with eating and drinking.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring.

Staff were respectful and knew how to treat people with dignity.

At times there was minimal engagement with people.

**Requires Improvement** ●

People had not been involved in the drawing up of the care plans or reviews.

### **Is the service responsive?**

The service was not responsive.

There were activities taking place, however, they were not always matched to people's interests and not all people were receiving any stimulation.

People and family were not involved in the reviewing of care plans.

Care plans were not person centred and did not reflect people's likes and dislikes or contain much personal history.

There was a complaints policy in place and complaints had been investigated.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

There were auditing and monitoring systems in place. These were not robust and had not always identified the required improvements.

Staff said they felt that the registered manager was approachable.

The registered manager could tell us about their responsibilities. However, they were not reporting all notifiable incidents to the CQC.

**Requires Improvement** ●

# Maidstone Care Centre

## Detailed findings

### Background to this inspection

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

This inspection took place on the 18 and 19 July 2016 and was unannounced. The team consisted of one inspector, an expert-by-experience and two specialist advisors. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One specialist advisor had expertise in caring for older people with dementia and mental health needs. The other specialist advisor had expertise as a tissue viability nurse.

Before the inspection we reviewed previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We looked at safeguarding and whistleblowing information we had received.

We spoke to 17 members of staff. This included the regional operations manager, the registered manager, three nurses, eight care assistants, the administrator, the activities coordinator, kitchen and domestic staff. We spoke with 12 people and one relative. We spoke to one health care professional and the local safeguarding team.

We observed care and support being provided. We looked at records. These included 16 people's care plans, risk assessments, staff rotas, staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys, quality assurance audits, health and safety audits and environmental risk assessments.

The service was last inspected in 16 June 2015 where they had met the fundamental standards of the Health and Social care Act 2014.

## Is the service safe?

### Our findings

People told us they felt safe. One person said when asked if they felt safe; "Extremely safe, I am very comfortable around everyone here." Another person told us: "They are so good, I've even seen it, someone fell from their chair and they were very fast to help them." One relative said "I can't fault it, they use the hoist with (their relative) and they are very careful."

People's safety could be compromised because the provider had failed to ensure identified risks were appropriately managed. People's care plans had risk assessments to reduce risk in areas such as falls and malnutrition. However these were not always detailed enough or in some cases available to demonstrate how the identified risk could be mitigated. For example, we observed one person who exhibited behaviour that challenged, such as shouting, kicking out and pushing things over that were close to them. This could hurt both them or others. There was no risk assessment in place to guide staff how to support this person safely. Records also showed that where people had an identified change in need, the risk assessments had not always been reviewed and updated. For example, one person's care plan identified that they were at high risk of falls. Daily notes stated that on the 3 June 2016 this person had fallen. The mobility section in the care plan had been reviewed on the 3 June 2016 and recorded 'no change regarding mobility'.

The service did not always respond appropriately to incidents and accidents which meant people were at risk of continued harm. Daily records stated that one person had fallen on the 2, 3 14 and 27 May 2016. We found accidents and incident forms had been completed for these falls on the 2 and 3 May 2016 but not for the 14 and 27 May 2016. Care plans had been updated on the 6 June and 6 July 2016 and recorded no change despite them having recorded falls. Accident and incident reports which detailed what actions needed to be taken to try to avoid further accidents and incidents were not kept in individual care plans but in a separate folder in the administrator's office on the ground floor. Risk assessments and care plans had not been updated and staff could not see what action needed to be taken to avoid further incidents.

Fire drills were carried out on a regular basis and there was a fire plan that had been reviewed on an annual basis. The provider had an emergency contingency plan in place in the event of an emergency in order to support staff to help people evacuate to a place of safety. This also had details of people's next of kin and care managers contact details so that staff could contact these people. People had Personal Emergency Evacuation Plans (PEEPs) in place however they contained no information or instruction regarding the method of evacuation in relation to people's mobility needs. Not all staff we spoke to were able to advise us how they would support people to evacuate the building in the event of a fire or another emergency. People were at risk of not being able to safely evacuate the building in the event of an emergency because necessary systems were not in place.

The provider had failed to manage risks to people and did not respond appropriately to accidents and incidents. This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff had received training in protecting people from abuse, they did not always follow required

protocols to ensure they notified all allegations of abuse to the local authority. The provider had a safeguarding policy in place which was in line with the local authorities safeguarding protocols and procedures. There was a copy of this protocol with the safeguarding policy. Staff were able to describe what they needed to do in the event of a concern being raised. Despite this we saw that an accident and incident form had been completed around a situation that had occurred between two people which was a safeguarding issue. We asked if this had been reported to the local authority as a safeguarding alert. The registered manager told us that it had not and that they did not realise that it needed to be reported.

The provider had failed to recognise safeguarding issues and take appropriate action this was a breach of Regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from environmental risks. There were environmental risk assessments in place. Electrical appliances were regularly checked to make sure that they were safe to use. Gas and electrical installations were regularly checked. The fire alarm had been tested weekly, weekly water temperatures had been checked for all bedrooms, bathrooms and sinks. Equipment such as Zimmer frames and commodes had been checked on a weekly basis. Bed rails were checked on a weekly and monthly basis. There was a maintenance book on each floor of the service and an audit was carried out to ensure repairs were completed.

Recruitment practices were not robust. Checks were made on staff to make sure that they were suitable to work at the service and were of good character. Staff had been vetted before they started working at the service through the Disclosure and Barring Service (DBS) and we saw evidence of this on staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, on one file we saw an email from the DBS stating there was a back log in DBS checks. This member of staff had started working in the service before a DBS check had been completed. Whilst there was a known reason for this, the registered manager did not have a risk assessment in place for allowing this member of staff to commence employment without this check being in place. Not all gap in employment had been explored by the registered manager. We looked at six staff files and saw that there were large gaps in employment which had not been explored in three of those files. This meant that people might be at risk of being cared for by unsuitable staff.

The provider had failed to ensure that staff were suitable to be employed this was a breach of Regulation 19 (1) (a) (2) (a) 3 (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff expressed concerns over staffing levels, particularly at night. They felt that only one qualified member of staff and one carer did not meet the needs of people on their floors. Staffing rotas evidenced that there was one nurse and one carer on each floor during a night shift. One relative said "It's not a complaint just an observation, in terms of overall care they are brilliant but on occasion there aren't enough carers. Four carers are allocated per floor; they can cope with anything usually. But for them to be more efficient they need more carers to take the load off them."

During the inspection we observed that staff had little time to engage with people and that they were busy all the time. For example we saw one person sitting at the dining table from 11am waiting for their lunch. We did not see any staff interact with this person until an hour later, where they asked if they were ok and told them that their lunch would not be long despite it being another half an hour. Some people required support with eating and drinking. We observed one person being fed in their room by a carer. Another person was left with their food but the tray was to the side and not in front of them. This person was one handed and did not have a plate guard so was scooping the food on to the tray and not their fork. There were no carers around to support this person. One person told us "sometimes I can be sitting here for hours

and no one turns up to watch over us in the lounge. I can be sitting for 5-6 hours with no staff present."

We asked how the registered manager determined staffing levels and they told us they used a specific tool kit which was completed for each person. They told us that there would be a discussion between themselves and the administrator who collated the tool kits if people's needs changed and that they would adjust the staffing levels accordingly. Because not everyone's care plans had been updated to reflect their changing needs it was not clear if the dependency tool used was effective in determining the correct level of staffing needed to meet people's assessed needs.

We recommend the provider reassesses people's dependency levels to ensure the correct number of staff are deployed.

People received their medicines as prescribed. The provider had a medication policy in place that was being followed. We observed that the clinical room where medicines were stored was clean and well arranged. Medicines were securely locked away in medicine trollies. Medicines were clearly labelled by the supplying pharmacy. Medication Administration Records (MAR) charts were legible and, were correctly completed. The MAR charts indicated the name of the person, their date of birth and had a photo of them. It also detailed what medicines people were taking and any allergies they had. Record showed that medicines which required safer storage were being checked daily. There were proper guidelines and a record of the application of topical medicines. There were records of daily fridge and medication room temperatures which were within normal range. There was a protocol in place, for medication taken as and when needed, this was documented fully. People received their medicines at the right time. We observed a medication round and saw that the staff that administered medicines demonstrated good skills and knowledge.

## Is the service effective?

### Our findings

People told us that they were happy with the way that staff cared for them. They told us "Yes they help me get in and out of bed and getting my clothes on and wheeling me to the toilet." And "Yes they are very good."

One relative told us "My (family member) needs very specialised care and I think they are doing the best they can. A neurologist comes to the home to see (family member) with a neurological community matron. We meet in the quiet room downstairs with the registered manager. They're so lovely and very approachable, we can take anything to them, but whether they can do something about it depends on the nature of the problem."

Prior to the inspection we had received concerns from outside agencies about the home's management and support of people with pressure ulcers. The service had received support and additional training in prevention and wound care from outside health care professionals. Nursing staff and health care assistants were vague in their responses when we spoke to them about skin care and the prevention of pressure ulcers. One person's care plan showed that they had been referred to the tissue viability nurse on the 30 March, 11 April, 10 May, 7 June, and 11 July and specialist advice had been given. Wound care charts had been completed and it was documented when dressings were changed. However, photographic evidence showed deterioration in the wounds over this time period. It was noted that on the 13 July that the wounds were red and infected. Looking at observation records for that day, this person's temperature had not been recorded, which might have indicated an infection, and there was no record in the daily notes as to whether the person was feeling well or not. The pressure ulcer care plan had been completed on the 29 January 2016 but had not been reviewed or updated despite evidence that there had been a marked deterioration in this person's pressure ulcers.

Staff understood the importance of checking that air mattresses were on the correct setting for people's weights and that motors were switched on, however they did not understand the importance of checking the mattresses were not faulty. We checked the air mattress beneath one resident and their buttocks had slipped between the air cells and they were sitting on the bed frame where the mattress was faulty. We spoke to the clinical lead and they were unaware about the need to check faulty mattresses. They told us that it was the responsibility of the maintenance staff to check faulty mattresses whereas this was a clinical observation that staff needed to ensure that faulty mattresses don't cause or exacerbate pressure ulcers. The clinical lead told us that they were not the lead for wound or pressure ulcer care. The registered manager and the clinical lead could not easily find a copy of the policy on pressure ulcers. The policy stated that 'All service users will be assessed using the Waterlow scale and an appropriate plan of preventative care will be entered in the service user care plan'. The policy did not go on to give specific advice or what is expected in the care planning for prevention and management of pressure ulcers. There was no specific lead or wound care champion.

Some people had specific guidance in place to ensure they were repositioned every two hours. Care records showed that for one person on the 14 July 2016 between 11pm and 9am the following day and the 17 July

2016 between midnight and 5am the following day there was no record of this person having been repositioned. For another person on the 8 July 2016 between midnight and 8am the following day, 15 July 2016 between 10pm and 8am the following day and 17 July 2016 between midnight and 8am the following day there was no record of this person having been repositioned. On the day of inspection one person's repositioning chart was checked at 12.45pm and showed they had not been repositioned since 7.00am that morning. Care plans showed that some people's wounds were improving but for others there had been a marked deterioration. This meant that people were not receiving the right care to meet their needs.

The provider had failed to ensure people were receiving appropriate care and treatment this is a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff told us that they had completed an induction into the service and received regular supervisions and appraisals. The registered manager had a supervision and appraisal matrix in place and staff files we looked at held records of these supervisions. Nursing staff told us that they received regular supervision and professional support. Staff were adequately supported in order to carry out their roles.

Staff had received training such as safeguarding vulnerable adults, moving and handling, food and nutrition, and medication administration. Staff had not received additional training in particular conditions that might typically be seen in nursing homes such as diabetes. Records showed that 98% of staff had completed Moving and Handling training on line but only 48% of staff had completed practical Moving and Handling training. Practical training in cardiopulmonary resuscitation, choking and PEG feeding awareness were all out of date by a number of months. Staff were being supported to gain additional qualifications such as National Vocational Qualifications (NVQ's). Staff competencies had been checked in the administration of medicines. Training records showed that most staff had completed the required on line training but that face to face training was out of date. This meant that people were receiving care from staff that were not suitably qualified.

The provider had failed to ensure that staff were suitably qualified and this was a breach of Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff we spoke with had a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They were able to explain to us the principles of the Act and how was applied in care settings. The registered manager knew who had a DoLS in place and although they had a system in place to monitor the DoLS and when they needed reapplying for, this was not always followed. For example, on the 1 June 2016 there was an incident where one person attempted to leave the building by themselves. The paperwork surrounding this incident stated that the registered manager would be applying for a Deprivation of Liberty Safeguards (DoLS). We checked to see if this had been done and the registered manager confirmed that it had not. Although they had recognised the need to apply for a DoLS, they had not actioned this. This meant that this person was being unlawfully deprived of their liberty.

The service was complying with conditions for all the DoLS that were in place. Some people lived on different floors of the service where there were key pad locks in place. People that did not have a DoLS in place had the code to these locks and were free to come and go as they pleased. We observed people were able to come and go as they wished. For example, one person was sat outside the front of the service on both days we arrived at the inspection and told us that there were able to do so with no restrictions.

Staff told us that they would give options to help people to help them make choices and that where people were able to, they could make their own decisions. People told us "Oh yes I do make my own decisions, wouldn't have it any other way because I like to be independent, I make cups of tea or coffee for others if

they want it." Where people did not have the capacity to make specific decisions we saw evidence that best interest meetings had taken place. Most people were receiving care and treatment in line with the Mental Capacity Act 2005.

The provider was depriving a person of their liberty this was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave us positive feedback in relation to food. They said "The food is excellent, wonderful. I like her salads, the chefs are wonderful, there's plenty of choice. There's always coffees, teas, fruit juices like apple juice and plenty of water of course" "You've got a choice of food, it's very good, they do very well here." Relatives also told us that the food was good. "My relative eats a massive amount of food and they are so accommodating, they are always giving the residents something to drink."

Kitchen staff were aware of people that were on special diets or had additional nutritional needs such as pureed food, soft diets, allergies and where people were at risk of choking. They were also aware of people with special dietary requirements such as those on a high calorie diet or those that were diabetic. There were plenty of fresh vegetables and fruit as well as a well-stocked store cupboard. People were supported to maintain a healthy and nutritious diet. People's weights were recorded on a regular basis in line with their care plan. Where people had lost weight they had been referred to a dietician.

Some people were supported to eat but this was mainly in the dining areas. People that were bed bound were not always supported to eat and drink. We observed on one floor that six people required assistance with feeding and that there were two carers assisting people in their individual rooms. On another floor we saw two people that were bed bound that were not given assistance with food and fluid. Food and fluid charts for midday had not been completed. Another person's food and fluid chart was checked at 12.45pm and showed that they had only been given 50mls of fluid since 8am. The charts were rechecked 2pm and the 12 midday section had been completed but the entry was illegible. We did observe people being supported to eat and drink on the top floor of the service. Not every person was receiving the supported they needed to eat and drink and might be at risk of malnutrition and dehydration.

The provider had failed to ensure that people were adequately supported to with food and fluid intake and this was a breach of Regulation 14 (1) (4) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to maintain good health and have access to routine health care services. People had access to chiropodists and opticians and GP's on a regular basis. When people's needs had changed referrals were made to the appropriate health care professionals such as a tissue viability nurses. People told us that they saw their GP if they needed to and that the staff sought advice from health care professionals.

## Is the service caring?

### Our findings

People told us that staff were kind and caring and treated them with respect. People said "They are lovely. They all give you the feeling that they want to help. Occasionally you can get people who you feel they would give a sigh if you went to them for help." "I don't have a bad word against them, I really mean it." "They're good, they get the job done."

Relatives told us that staff were kind and caring towards their family members. Comments included "The carers are doing so well, the team are wonderful, some in particular are outstanding." Another said "No place is perfect but the carers are lovely"

On the first day of inspection we did not observe much communication and engagement between staff and people on the ground and first floor of the service. We sat in the lounge areas whilst looking at records and saw people were sat in the lounge for long periods of time, doing nothing but dozing or staring at the walls, and there were no staff around. When staff did come into the area, conversations were brief and staff asked if people were ok. We observed during lunch time one member of staff supporting a person to eat their lunch. They had a spoon in their hand but they were looking away from the person and not talking to them. In other areas of the service we observed good interaction between staff and people, where they were talking and dancing with people. We did over hear friendly, discreet and compassionate interaction when staff were talking to people in their bedrooms and in corridors.

Staff were observed offering reassurance to people who had become disorientated or who they were supporting to mobilise around the home. On the second day of inspection following feedback to the registered manager we did see a marked improvement in the interaction between staff and people on the ground and first floor where there had been none and this was positive and happy. It was not clear that this was embedded practice, but as a result of feedback given from the first day of inspection.

People told us that staff knew them well; "Yes they know me as me, they really do, they know I like to come out and sit in the sunshine like today with my newspaper. They reminded me to wear my hat too." People's preferences were not recorded in care plans but there was a key worker system in place and staff told us that they sat and talked to people about their life and their families. "When you are with people every day you learn a lot about them." We could not see any real evidence that staff did know people well on the ground and first floor due to a lack of engagement between staff and residents. Staff told us that they always encouraged people to maintain their independence where ever they could.

People were not involved in drawing up of their care plans or reviews that had taken place. Staff told us that they had involved people but people had not signed the plans and could not tell us if they had been involved. One person told us after being asked if they had seen their care plan; "No, I have never seen it and it's not been offered." This meant that care and treatment was not designed with people's personal input or preferences in mind.

End of life care plans were in place for some people living in the service however these were not person

centred, were generic and did not reflect people or their relative's involvement or views. For example, one care plan said to keep that person comfortable and to ensure a pain free death, to ensure their dignity and comfort and ensure their wishes were respected. It also instructed staff to seek the advice of the palliative care team if needed. It did not go on to say what the person's wishes actually were, and how staff were to support that person to have a pain free dignified death in line with their own wishes. Another care plan we looked at stated only that this person had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order. There was no evidence that their end of life wishes had been discussed with people, their families or with the relevant health care professionals such as GP's and palliative nurses. This meant that people were at risk of ending their life in a way that did not reflect their wishes and preferences at this very important time.

The provider did not take into account personal preferences when drawing up care plans, including End of Life Plans, this was a breach of Regulation 9 (1) (a) (b) (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's records which contained personal information about them were not kept secure at all times. Staff told us that they knew about the importance of keeping personal information confidential. They knew not to discuss information with visitors or people that did not need to know. Confidential staffing records were kept in locked filing cabinets in the administrator's office and were only accessible to those authorised. Care plans were kept in locked filing cabinets at nursing stations on each floor. Throughout the inspection we observed care plans left on desks and filing cabinets left unlocked so that anyone could access them. This meant that people's personal information was not kept confidential and that there was a risk that personal information could be obtained and used by those unauthorised to do so.

The provider had failed to keep people's personal information confidential this was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff respected their privacy. People said "Yes I can shut my door, and I have the keys. If you want your supper in your room, they bring it to you. If you want privacy, you get privacy" "The door is shut at night but they check up on you." Relatives told us that staff respected their families' privacy. "The door is never open when they are changing them." And "whenever I come to see (my relative) and they are changing them they ask me to wait outside." Staff we spoke to were able to tell us how they treated people with respect and dignity. "We always shut doors when giving personal care, ask them if it's ok and explain what we are doing." This meant that people were treated with respect and dignity.

Some people's religious and cultural needs were being met. One person told us "Every week one man comes to do the communion here." Other people said that they could go to the local church. Staff and the registered manager told us that the local church came into the service to give communion on a regular basis. During the inspection we saw visitors coming and going during the course of the day. They told us that they were able to visit at any time. People were encouraged to maintain relationships with friends and family, including one person that had moved into the service to be closer to their relative.

Some people were being supported by an independent advocate. An independent advocate is someone that supports a person who may not have any family or next of kin and where they might have a capacity issue, to support them with important decisions such as a course of treatment or move to care home. People had access to appropriate support in the event that they did not have any other support available to them.

## Is the service responsive?

### Our findings

People told us that the care and support they received was not always responsive to their needs. People told us that they were bored and they lacked stimulation. One person said "I'm bored stiff. It's dead; nothing goes on here at all. We did have someone come in to do a play but there wasn't much of a turn out, no one comes to watch. There's bingo once a week and the TV in the lounge. The television is on all day 24 hours a day", another person said "I do crosswords in the newspaper, bingo isn't really my thing. I would do quizzes to try and test my knowledge. They could encourage us to do more things I suppose." Another person said "It's alright but not being able to go out in the fresh air that affects me." Another person said "I used to have a subscription for the paper but it used to just be left outside my room door instead of being brought to me so I stopped paying for it and just pick one up if I see one lying around".

Relatives told us "(their family member) relies on their TV, it's their oxygen" another said "They've improved the activities a lot now; my (family member) can't do any. They were poor when we first started but now they have a lady that has started here who coordinates activities. They can watch films, or they take them outside, we aren't allowed to open doors here for health and safety I suppose." One health care professional we spoke to said "I never see activities going on here, but it might be the time I come."

People's preferences for what they would like to do in terms of activities were not noted in their care plans. Minutes from a staff meeting in April 2016 stated that the activities coordinator at the time had carried out a questionnaire for people in order to find out what activities they wanted to do. We could not see a record of these. People told us that they did not like the activities on offer and often didn't attend them. There was an activities plan on the wall in the corridor by the lounge but this was not conspicuous for people to clearly see what was happening on any given day. The service had one full time activity coordinator in post for 54 people. They told us that they supported people to play bingo twice a week, did some painting and baking and read the newspaper to people on a Monday and Friday. We saw people on the top floor taking part in a painting activity however we did not see any activities taking part on the other floors. We also observed a music and motivation group that came into the service once a week where people were encouraged to take part in quizzes and light exercise. People who were cared for in bed were socially isolated. There were no activities or one to one time planned to ensure people who were unable to join in group activities received engagement and stimulation that was not task led. The activities coordinator told us they planned to do board games and jigsaws with them, but there were no plans in place, and people's view had not been sought regarding what they would like to do.

We observed one person asking if they could go outside and sit in the sun. The carer told them they were unable to go outside by themselves. We asked the member of staff why they weren't able to go outside and were told that people weren't allowed outside because there was chicken wire on the decking and there was a slope that residents might fall down. People were asking to go outside but were unable to do so. We spoke to the registered manager about this and on the second day of inspection the chicken wire had been removed from the decking and an afternoon tea party was scheduled to take place. People were enjoying the gardens and out in the fresh air.

Care plans we looked at were incomplete. There was missing information which included: people's life history, significant life events, occupational history and hobbies and interests. Only one care plan we looked at had been fully completed. Other care plans had brief details or had not been completed at all. Not all people had pre assessments on their care plans. Staff told us that if the person had been in the service for a while these pre assessments would have been archived. This information would normally contain details of people's assessed needs as well as other information relevant to that person, such as likes and dislikes. Because many of the care plans did not have this pre assessment information in them we could not see if people's assessed needs were reflected in current care plans.

Care plans had been drawn up by the clinical lead. (The clinical lead was a person that would support the management and senior and junior members of the team in meeting people's needs.) These were then reviewed on a monthly basis by other members of staff such as a nurse or member of the care team. It was recorded in numerous care plans that there had been no change to the needs of people for many months despite it being documented that there had been a change. For example in person's care plan it was noted that they had fallen and fractured their hip on the 13 June 2016. On the 1 July the care plan was reviewed and it was recorded as no change. This meant that the staff would not be aware that people's needs had changed and would not be able to give care and treatment in line with their assessed needs.

It was recorded in a staff meeting on the 15 April 2016 that carers were responsible for calling relatives and reviewing care plans with people and their relatives. We could not see any evidence that people or relatives had been involved in the reviewing of their care plans. The provider had failed to ensure people's involvement in their own care and because of this there was a risk that they were not providing care in a person centred way.

The provider had failed to provide activities that met people's needs. People did not have care plans which reflected their care and support needs. This was a breach of Regulation 9 (1) (a) (b) (c) (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that one person had been out on the 16 June and the 7 July and that there had also been an outing to a local farming attraction. There was a plan for a summer fete with the theme of Alice in Wonderland. The maintenance person had created an "Alice" themed display in the reception of the service, however, people had not been involved in making this display.

The service had sought advice from multi agency professionals where there had been a change in need. For example, the tissue viability nurses were involved with people that had pressure ulcers as well as GP's, neurologists, an optician and support from the diabetic clinic. People's changing health needs were being met with the involvement of outside agencies.

There was a complaints policy in place. This explained how people could complain and what timescales they could expect a response in. It also contained details of the local authority, Local Government Ombudsman and the CQC. The policy contained out of date information such as the contact details for the previous regional operations manager meaning that people might not always be directed to the correct person to deal with their complaint. After the inspection we were sent an up to date policy.

There was mixed feedback from people about complaints. Most people told us they knew how to complain but they had never felt the need to. People told us "No I haven't had to, you couldn't ask for better." Another said "I would go to the carers if anything, or the registered manager, I know them well." Another person told us they had complained "Lots of times, but you don't notice anything happen." We did not see a written record of this person's complaints. The provider held regular residents meetings but records showed that in

January and June 2016 no one attended these meetings and one person attended the meeting held in April. We spoke to people about these meetings and they told us "I've only been to one resident meeting to my knowledge but I wasn't invited. Everyone went into that small room on the right, no one spoke up to say aren't you coming?" and "I think they hold them once a year, I have my say but whether it goes down on paper or not I don't know." Another said when asked if they attended the meetings "No but I could do I suppose." One relative told us "I know there are resident meetings, I do write it in the diary but it's just I'm always doing something else at the time." We saw that the registered manager offered an alternative Saturday surgery once a quarter for people that were unable to make relatives and residents meetings. Notices also make it clear that the registered manager had an open door policy and that anyone could speak to them in confidence if they had any concerns.

We saw that there were two written complaints since 2016. One had been investigated and responded to appropriately in line with the complaints policy and the other was still being investigated by senior management.

We recommend that the provider ensures that any people who want to attend residents meetings are enabled to do so.

## Is the service well-led?

### Our findings

People told us that they thought the service was well led. They told us "It's very well run, I'm honestly very happy. I wouldn't want to be anywhere else." "Everything is done very well here." "It is managed very well" Other people said "Could definitely be better." And It's good but they said they haven't got nurses, they are a bit short they said." There was mixed feedback from relatives who said "They are doing as well as can be expected." and "There's a clinical nurse now and she checks on the carers regularly so everything is in check." One health care professional we spoke to said "I see no evidence either way but I've always felt quite happy when I've been coming and going."

The provider had systems in place to monitor and audit the quality of the service provided to people. These audits were carried out using the methodology of CQC, looking at all five domains that we inspect under and were carried out by the registered manager on a monthly basis. Our inspection identified widespread shortfalls which demonstrated poor quality monitoring. The audits were not effective in identifying areas of improvement. Some of the issues that our inspection had identified were: care plans were not adequately reviewed or updated, risk assessments did not always protect people from identified risks, End of Life Care plans were not person centred and that DoLS were not adequately monitored. None of these shortfalls had been identified by the registered manager carrying out these audits. There had been an audit carried out in June 2016 that reflected on the fact that previous audits were of poor quality and did not reflect the service. However current audits also did not reflect the service and what the key challenges were for the registered manager and provider. They had also impacted on the care people received.

The provider failed to conduct effective systems to assess, monitor and identify key areas of improvement to the service. This was a breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were being supported by senior management. They said they felt confident to report any concerns to the management team and that there was an open and transparent culture. Staff told us that they were aware of the home's whistleblowing policy and felt confident to use it. Staff reported that communication was good and meetings were regularly held so they could discuss concerns. Staff told us they felt supported, valued and listened to by the management team. Staff told us that they felt able to make suggestions for improvements and that these had been implemented. One member of staff told us that they had suggested new wallets for care plans and that this was put in place. Another told us that they had made suggestions around activities and making them more inclusive by putting tables together, which we observed during the inspection.

The registered manager told us about their role and responsibility, to ensure the safety of residents and that staff were supported. They were aware of the reporting responsibilities to the CQC but in some instances this had not always been completed. The CQC had not been notified of some DoLS authorisations. The registered manager said that they had not always felt supported and had struggled to implement all the changes and improvements that they needed to do because of this. They confirmed that they had not had a supervision or appraisal since taking over the role two years previously. The registered manager said that

they had brought this to the attention of senior management that they now felt much more supported, that a supervision had been booked and as a result they were much more confident in being able to carry out their role. The registered manager had not been supported in their role but the provider was taking steps to address this moving forward.

The registered manager had not completed the required notifications to the CQC, this was a breach of Regulation 18 of the Registration Regulations 2009.

The registered manager kept up to date with training and best practice. For example, they were studying for their NVQ Level 7 in Management. They read journals relating to the care industry, attended seminars and local forums to gain peer support. They regularly accessed the CQC website as well as the Nursing and Midwifery Council website for up to date information. They had researched different areas of caring for people with dementia and the provider had recently agreed to put in place a well-known training course designed to support people with dementia at the end of their life. The service were also taking part in a research project being conducted by one of the county's university's on measuring quality in care homes. The provider and registered manager were taking proactive steps to ensure that they kept up to date with best practice to enable continued improvement in the home.

The provider had carried out an annual customer satisfaction survey in October 2015 the results of which were mostly positive. There were comments such as 'The staff are always helpful and my (family member) seems very happy.' 'I do think the staff do a brilliant job and are always helpful especially when some of the clients can be very difficult due to the severity of their illness.' The provider was asking people's opinion on the quality of the service but feedback suggested that they did not need to take any action from the responses provided.

We asked the registered manager about the visions and values of the service and they told us that the resident was at the centre of all things, that this was their home and that it was a privilege to be here. "I want to go home knowing I've done a good job for people." When we spoke to staff they told us about these visions and values however it was not always clear that staff or the registered manager echoed these visions and values in the care they provided to people.

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<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 18 Registration Regulations 2009<br>Notifications of other incidents<br><br><b>The registered manager did not report required notifications to the CQC</b><br><br>Regulation 18   |
| Regulated activity  | Regulation   |
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br><b>The provider had failed to provide activities to meet people's needs. Care had not been provided in a person centred manner. End of Life care plans were not person centred or in line with people's preferences and wishes.</b><br><br>Regulation 9 (1) (a) (b) (c) (3) (b) |
| Regulated activity  | Regulation   |
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br><b>The provider had failed to manage risk and did not respond appropriately to accidents and incidents.</b><br><br>People were not given care and treatment in line with professional advice.<br><br>Regulation 12 (1) (2) (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 13 HSCA RA Regulations 2014  
Safeguarding service users from abuse and improper treatment

**The provider was not reporting safeguarding issues to the local authority.**

**People were unlawfully deprived of their liberty.**

Regulation 13 (1) (2) (3) (5)

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs

**People's food and fluid requirements were not being met.**

Regulation 14 (1) (4) (d)

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

**People's personal records were not kept confidentially.**

**Auditing and quality assurance tools were not robust enough to identify areas of required improvement.**

Regulation 17 (1) (2) (a) (c)

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

**The provider had failed to explore gaps in staff employment history.**

Regulation 19 (1) (a) (2) (a) (3) (a)

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

**The provider did not ensure that staff had completed mandatory face to face training.**

**Regulation 18 (1) (2) (a)**