

Unlimitedcare Limited

# Belvedere Care Home

## Inspection report

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28 March 2018

29 March 2018

13 April 2018

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 27, 28 and 29 March and 13 April 2018. The first and last day of our inspection was unannounced. We last inspected the service on 17 and 18 July 2017 to undertake a focussed inspection due to a number of concerns we had received.

Belvedere Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Belvedere Care Home accommodates up to 38 people. On the day of our inspection there were 29 people using the service with varying levels of needs; some people were living with dementia.

The service had a registered manager in place, who was also the provider. 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.

At our focussed inspection of 17 and 18 July 2017 we found breaches in the regulations; this related to safe management of medicines, failure to adequately assess risks to people and lack of person centred care plans. We therefore asked the provider to make improvements. We received an action plan from the provider indicating how and when they would meet the relevant legal requirements.

During this inspection we found some improvements had been made around the management of medicines but was still in breach and found the service to be in breach of regulations in relation to care planning and risk assessing. We found the service to be in breach of six regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in respect of Regulations 12, safe care and treatment, Regulation 9, person centred care, Regulation 17, good governance, Regulation 18, staffing and Regulation 19, fit and proper persons. This included shortfalls in the effective management of risks of harm and abuse within the service, failure to ensure equipment in use by the service was safe, failure to ensure the recruitment of staff was safe, inadequate staffing levels, shortfalls in staff training, supervision and appraisals, restrictions placed on when people could access food and drink and failure to demonstrate oversight and compliance with the regulations by the registered manager.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals are concluded.

We have also made a recommendation relating to control of substances hazardous to health (COSHH).

The risk assessments that were in place did not accurately reflect current risks and had not been reviewed. Those risk assessments did not direct staff on how to manage these or how best to support people. Advice from external healthcare professionals had not been included in care plans or passed on to staff and had

not been followed. Three out of four staff members told us they had never seen any risk assessments in relation to people who use the service. Risks or hazards within the environment had also not been considered.

Moving and handling equipment within the service, such as hoists, had not been serviced. We saw one hoist was in a poor state of repair and was being used. We drew this to the attention of the registered manager and this was withdrawn from use until such time as it had been serviced and inspected by an approved service agent.

There were no records of maintenance and service for any gas appliances. This included the home's four gas boilers. These concerns were brought to the attention of the registered manager who arranged for 'Gas Safe' engineers to attend the home during the inspection. These were in a state of disrepair and neglect. Some of the safety issues were addressed during the course of our inspection. The registered manager has kept CQC updated in relation to the programme of improvements being made to the boilers to ensure their safety.

We continued to have concerns over the staffing levels within the service. Whilst further staff had been employed since our last inspection, some staff members had left. We observed long periods of time when people were left unattended in the dining room. We raised concerns with the registered manager in relation to adequate staffing levels during the day and night.

Recruitment systems and processes in place were not sufficiently robust to ensure appropriate people were employed to work with vulnerable people. We saw the registered manager had not undertaken relevant risk assessments when employing people, gaps in employment had not been explored and new staff members without any experience in care had not received an appropriate induction.

Infection control issues found at our last inspection had improved, although there remained some concerns. The registered manager had employed cleaners, although on two of the days of our inspection the cleaner was not in work. Audits the registered manager had been advised to complete by the infection control lead from the local authority, had not been completed. One bathroom we looked in contained bleach that had been decanted into another plastic bottle with a different label on. The registered manager could not explain why this dangerous practice was occurring.

All the people we spoke with told us they felt safe living at Belvedere Care Home. Whilst staff did not have a good understanding of safeguarding, they all told us if they had any concerns they would speak to a senior member of staff or the registered manager.

The management of medicines within the service had improved since our last inspection. Topical creams were safely stored and body charts were now in place, the temperature of the medicines room was being checked and recorded on a daily basis and the temperature of the medicines fridge was being documented to ensure safe storage.

The kitchen had opening and closing times displayed and people told us they could only access drinks at set times during the day. We discussed this with the registered manager who told us they had agreed to this decision made by the cook. This type of practice is restrictive.

Staff told us and records showed that they did not have access to training organised by the registered manager. Staff had commenced their national vocational qualification (NVQ) and this was the only training most staff had accessed. Staff did not have access to regular supervisions in line with policies and procedures.

The registered manager had an understanding of the Mental Capacity Act (MCA) and the need to apply for a deprivation of liberty safeguard (DoLS) for those persons whose liberty was being restricted. We saw DoLS applications had been made and people's capacity had been assessed.

People spoken with made some positive comments about the staff team and the care and support they received. There was one occasion during our inspection when we needed to prompt a staff member to ensure a person was comfortable due to their seating position. We also observed some good interactions from staff members.

Equality and diversity training was not available to staff other than through their NVQ training. Two staff members we spoke with, whom had no previous experience in a care setting, were unaware what equality and diversity meant.

All the people we spoke with told us staff members respected their privacy. We observed staff knocking on people's doors before entering and closing doors when undertaking personal care. People were also supported to remain as independent as possible.

Since our focussed inspection of 17 and 18 July 2018 we saw the provider had purchased a new electronic care planning system. We continued to have concerns regarding care plans during this inspection. These were not person centred, people had not seen them or been involved in developing them, staff did not have easy access to them in order to direct them in their roles, they did not contain up to date information and were not reviewed and amended when people's needs changed.

People did not have access to regular activities to prevent them from becoming bored and in order to stimulate them. There was no activities programme and throughout our inspection we observed one game of dominoes. People were seen to be sleeping in their chairs at various times throughout the day. People who required assistance to access the community had not been given the opportunity to undertake activities outside of the service.

We had concerns throughout this inspection in relation to the day to day running of the service and overall governance. There was an occasion during our inspection when the registered manager had deliberately attempted to mislead the inspectors. Records that should have been in place did not exist, the registered manager lacked an understanding of the regulations and their responsibility to meet them, there was a lack of monitoring of the service and issues and concerns we raised during our inspection had been missed by the registered manager.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measure will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from

operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

The registered manager had not assessed and considered the risks to people within the environment, such as slips, trips or falls. Individual risk assessments for people, such as falls, had been completed but these had not been updated when risks changed.

The four gas boilers that were in place within the service had not been regularly checked or serviced. Engineers attended the home during the inspection. They had concerns over the safety of all of the boilers and supported that they were all in a state of disrepair and neglect.

There was a lack of sufficient numbers of suitably qualified, competent and skilled staff on duty throughout our inspection. We saw people were left unattended for long periods of time.

Recruitment systems and processes were not sufficiently robust to ensure suitable persons were employed within the service.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

We received mixed views from people about the standard of food within the service. We saw people were restricted to times when they could have food and fluids; opening and closing times were displayed. People did not have access to fruit in-between meals.

Staff had not received any training in relation to their role, apart from recently commencing their national vocational qualification (NVQ). One staff member had commenced employment three months prior to commencing their NVQ and had no previous experience of working in care.

The registered manager demonstrated a good understanding of the MCA and DoLS. They said that they always approached people on the basis that they had capacity to make decisions about their own care and treatment but where they didn't, followed guidance in the MCA Code of practice.

### Is the service caring?

The service was not always caring.

During our observations in the dining room we noted a person sitting in a wheelchair and their head was in what appeared to be an uncomfortable position. Staff were walking past and not asking if this person was comfortable. We had to prompt a staff member to ask if the person was comfortable.

People's privacy was respected and people could spend time alone in their rooms if they wished. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered.

We observed staff promoting people's independence and also supporting people if they required. Staff were aware of the need to allow people to maintain their independence as much as possible.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

None of the people we spoke with had been involved in the development or review of their care plans. None of the care plans included details of people's up to date health position.

We observed a significant lack of activities available to people throughout all the four days of our inspection. We saw people were sat around for long periods of time, sleeping in chairs and wheelchairs without any stimulation other than television.

The service supported the use of technology to assist and support people. All the people we spoke with told us they had access to a call bell system, which enabled them to alert staff that they were needed.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Whilst the registered manager was very knowledgeable about the people who used the service and their needs, we found they lacked understanding around the regulations and their responsibilities to ensure they met these.

During our inspection we asked the registered manager for information and evidence to support what they were telling us.

**Inadequate** ●

However, it became evident that this was not available and the registered manager admitted to misleading us during the inspection.

We asked the registered manager to show us the audits they had in place within the service. We were told the only audit in place was in relation to medicines and no other audit was being completed.

We asked people who used the service if they were involved in any meetings to discuss the service and gain feedback from them. All the people we spoke with told us there were no such meetings in existence.



# Belvedere 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 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 27, 28 and 29 March and 13 April 2018 and the first and last day was unannounced. On the second and third days, the service was aware we would be returning.

The inspection team consisted of two adult social care 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 the type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We obtained the views of the local authority safeguarding and contract monitoring team and local commissioning teams. We also contacted Healthwatch to see if they had any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We carried out observations in the public areas of the service and undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who used the service who could not talk with us.

We spoke with seven people who used the service, two relatives and one external professional. We also spoke with the registered manager, deputy manager, four care staff and a cook.

We looked at a sample of records including six people's care plans and other associated documentation, four staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

During our focussed inspection of 17 and 18 July 2017 we had concerns about how risks were being managed in the service, as the provider had failed to ensure that appropriate risk assessments were in place. We told the registered manager to send us an action plan identifying how they were going to make improvements and by what date these would be achieved. We received an action plan identifying this would be addressed by the 31 October 2017. We looked at this again during our inspection and found no improvement had been made.

Three out of four staff members on duty told us they had never seen any risk assessments in relation to people who use the service. One staff member told us they had seen some of them but not all of them.

We looked at what consideration the registered manager had made about risks that people presented with. One person had had four falls in the space of four weeks and these details were not included in the electronic file. This file contained a falls risk assessment but it was dated from October 2017 and suggested that the person was at low risk of falls. The assessment had not been updated and did not include protections and additional support needs after the series of falls. Another file did not contain important information about a person's history of challenging behaviour and the steps and processes that should be put in place to protect people and staff. Another concerning file suggested that in October 2017 the person should be re-assessed as to their risk of falling every month but there were no records of these assessments taking place.

We found that a health care professional had provided a short report on 7 March 2018 advising against the use of a mechanical hoist and the use of an alternative method of moving and handling. None of this information was contained within the person's electronic care file and the mechanical hoist was located in the person's bedroom at the time of the inspection. When we spoke to staff about the issue they said that they were unaware of the advice to stop using the hoist. When we spoke to staff about the failure to update the electronic care files they said that they found the system 'inaccessible' and relied on information passed by word of mouth between staff to establish a person's support and care needs. Staff told us and records confirmed, that none of the staff within the service had received formal training in moving and handling and therefore people were at risk of incorrect and unsafe techniques being used.

We asked the registered manager what risk assessments they had in place for any hazards within the environment. They told us they had not considered any risks the environment may pose to people who used the service or staff and as a result there was no environmental risk assessment in place.

The service provider had failed to carry out risk assessments and manage risks appropriately. This was a breach of Regulation 12 (1) and (2)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection we considered records relating to the maintenance of equipment in the service. We noted that there were no records of maintenance and repair for moving and handling equipment such as hoists.

We physically considered this equipment at the service and noted that none of items had any identification on the equipment that supported that it had been examined or serviced in line with the Lifting Operations and Lifting Equipment Regulations 1998 and the associated Code of Practice. One of the lifting hoists we considered appeared to be unsafe and unstable. This was located in a person's bedroom. We immediately drew this to the attention of the registered manager who took steps to withdraw the equipment from use until it had been serviced and inspected by an approved service agent.

We also considered records relating to the maintenance of essential environmental equipment that the home used to keep people warm and safe. This included the home's gas and electrical appliances. We saw records that the home had recently had an inspection from an approved electrical contractor that had certified that the home was safe but noted that there were no records of maintenance and service for any gas appliances. This included the home's four gas boilers.

These concerns were brought to the attention of the registered manager who arranged for 'Gas Safe' engineers to attend the home during the inspection. The engineers had concerns over the safety of all of the boilers and supported that they were all in a state of disrepair and neglect. The registered manager accepted that although repairs had been affected as and when they arose over the years, the boilers had not been regularly serviced and would immediately instigate a repair and replacement programme. We observed that some issues of safety concerns were addressed during the course of the inspection and that the programme of repair/replacement was arranged during the inspection. The registered manager kept CQC updated of progress of the programme and instigation of essential repairs in the days and weeks after the inspection.

Other maintenance records we looked at showed that hot water temperatures should have been checked on a monthly basis; records we looked at showed these had not been completed since November 2017. We checked a number of hot water outlets and found one bathroom did not have any hot water and some had water which was barely warm.

The service provider had failed to ensure that equipment in use at the home was safe to use for their intended purpose. This was a breach of 12 (1) and (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment systems and processes in place to check these were sufficiently robust. We looked at four staff personnel files; we saw everyone had been asked to complete an application form, although two of the forms had not been completed in full. The provider had requested that enhanced disclosure and barring checks (DBS) were undertaken when people applied for employment and evidence of this was included in staff files. We saw that gaps in employment had not always been explored and other concerns had not been risk assessed to ensure people were safe to work with vulnerable people. This meant the provider had not ensured they were employing people of good character who were suitable to work with vulnerable adults.

The service provider had failed to operate a robust recruitment process. This was a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had employed staff members without any previous experience in care; these staff members had not received adequate induction when commencing employment, such as the care certificate. The Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life.

Staff induction consisted of an 8am until 12noon shift where the person observed, then a 4pm until 8pm shift and then a full night shift; one staff member told us, "I was just observing during these times, I was not

given any care plans or policies and procedures." Two of the four staff members we spoke with struggled to answer questions we asked of them in relation to their caring role.

The service provider had failed to provide an adequate induction for new staff. This was a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection we raised concerns with the registered manager about the staffing levels within the home. It was agreed by the registered manager that they would increase their staffing levels during the day by at least one carer, employ a full time cleaner and a part time maintenance person. Prior to our inspection we received further concerns from an anonymous source, about staffing levels within the service. We followed up on this during our inspection.

The registered manager told us they had identified a maintenance person and they were awaiting the relevant checks to come back before they could commence employment. We saw a cleaner was rostered to be on duty each day, although on the first and third day of our inspection there was no cleaner on duty due to sickness. This impacted on the staff as they had to undertake the duties the cleaner would normally have completed.

We asked people who used the service if they felt there were enough staff on duty at all times to meet their needs. Comments we received included, "Yeah, it's a good place", "Debatable, occasionally short staffed", "Never enough staff, sometimes when I want to go to the toilet I have to go around the building trying to find someone", "Yes plenty if I give it any thought" and "Short of staff." We noted those people who felt there was a lack of staff were people who required support with their needs. We also asked if they had to wait long if they used their buzzer or asked for something. Comments we received included, "My buzzer is answered reasonably quickly" and "Not long. There are three floors so if they are up at the top we might have to wait until they come down."

Staff we spoke with told us, "To be fair I think we handle it quite well, we have a good time. I just come in and do my job", "I think night staff struggle getting few of them up. I think they get up early, we only have six or seven to get up in the morning" and "I think they are alright. I don't know about nights as I have not done them for a long time."

The staff rotas we looked at showed that three care staff were on duty from 8am until 8pm and one carer was on duty 10:30am until 6:30pm, however only three of these staff were able to undertake all duties and two of which were relatively new and had no previous experience in care. A number of staff in the service, including some of those in senior positions had little or no previous experience in care. The lack of experienced, skilled and knowledgeable staff was evident throughout the inspection and is evidenced throughout this report.

We asked the registered manager how they had assessed the staffing levels were adequate for the number of people using the service. They told us they used a dependency tool and that at least 13 of the people using the service were independent and did not require support with personal care. On the morning of the first day of the inspection we noted that 13 people were waiting in the lounge area for staff to assist and support them. People were sat at tables, not engaged in meaningful activities and there was an absence of staff in the area of the home. A member of the inspection team observed that people had to wait for 15 minutes for staff to attend and start to engage with people and to support them with their needs. This was brought to the attention of the registered manager who expressed surprise at the observation. They said that they believed that three members of care staff was sufficient to support people at the time and additional staff were scheduled to start their duties later in the morning at 10.30am.

We also noted that during the night from 8pm until 8am there was two care staff on duty for 29 people. Whilst the registered manager informed us that most people slept well and did not need much support, we saw that people were being checked on every hour. We asked the registered manager why everyone was being checked on every hour and they told us, "I cannot answer that." Whilst records we looked at showed evidence why some people would require this level of observation, other records we looked at showed no reason for people to be disturbed. There were also four people who required two carers to support them with their needs during the night. This meant there would be times when no staff members were available to support other people should they need it.

The service provider had failed to provide sufficient numbers of suitably qualified, competent and skilled staff. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at fire safety records in place within the service. All the people who used the service had a Personal Emergency Evacuation Plan (PEEP) in place, which detailed the level of support each person required to evacuate them in the event of an emergency. We saw the fire alarm, emergency lighting and fire doors were checked on a weekly basis by the registered manager. Fire extinguishers were checked regularly by an external company. A fire risk assessment was in place which the registered manager assured us was reviewed on a regular basis by an external contractor, although this had not been dated or signed to state it had been reviewed. We asked the registered manager to show us records of any fire drills that had been undertaken. They told us they did not complete fire drills within the service.

Accident and incidents were recorded in an accident record book. This gave details about the person, details of the accident and was signed and dated by the person completing the form. However, we saw that the registered manager or a senior person did not oversee any accidents and/or incidents and often the section on the form for the manager to complete was left blank. Care plans and risk assessments were not always updated after an accident or incident. There was no evidence to show that any lessons learned exercise had taken place as a consequence of accidents or incidents occurring.

During our focussed inspection of 17 and 18 July 2017 we identified numerous concerns in relation to infection control. We shared our concerns with the local infection prevention team and asked for reassurance from the registered manager during a meeting with them on the 2 August 2017, that the issues would be addressed immediately. We checked on this during this inspection and found that some improvements had been made, although there remained some concerns.

We asked people who used the service if they felt the home was clean. Comments we received included, "Lovely, brilliant home", "Reasonably" and "Yes, there is a couple of cleaners and you can tell where they have been." One relative told us, "Yes it is clean but not clinical which is good for [my relative]."

Since our last inspection the registered manager had employed cleaners to ensure that one cleaner was on duty every day. None of the staff members we spoke with had seen the infection control policy and procedure in place within the service, and only one of the four members of staff we spoke with had completed any form of infection control training. However, all the staff we spoke with were able to tell us what their responsibilities were in relation to wearing personal protective equipment (PPE) such as gloves and aprons.

We saw the infection control lead from the local authority had previously advised the service that they needed to complete the following as a minimum; monthly hand hygiene audits, three monthly environmental audits, monthly commode audits and three monthly mattress audits. Records we looked at

showed that only mattress audits were being completed. The registered manager could not tell us why they had not undertaken other audits they had been advised to complete.

During our tour of the service we saw numerous areas that were in need of vacuuming and/or dusting. The registered manager told us the cleaner was off work on the first day of our inspection. A number of bedrooms we looked at had very badly stained carpets. The registered manager told us these had been cleaned but it had not been possible to remove the stains. However, they told us they would look at replacing those carpets that were very badly stained.

We looked in one bathroom and found that bleach had been decanted into another plastic bottle with a different label on and was accessible to people who used the service. This kind of practice is hazardous and poses a risk of the substance coming into contact with someone's skin or ingested, especially as there were people living with dementia using the service.

We recommend the service provider considers best practice guidance in relation to the control of substances hazardous to health (COSHH) and ensures the safe storage of these products.

All the people who used the service we spoke with told us they felt safe. Comments we received included, "I never get bullied", "Yes I feel safe, there is always someone about day and night", "No one would bully me" and "Yes I feel safe." One relative we spoke with told us, "Yes I think my relative is safe, everyone is friendly and relaxed."

Three out of the four staff we spoke with had not seen the safeguarding policies and procedures in place within the service. One knew where they were but told us, "It is in the office and we can just go in and read them. I can't remember the last time I read them." Staff we spoke with had not received safeguarding training arranged by the provider or as part of their induction but had covered it during other training, for example a National Vocational Qualification (NVQ). All staff we spoke with told us they would report any concerns they had to a senior member of staff, the deputy manager or the registered manager. Two of the four staff we spoke with had very limited knowledge in relation to what may constitute a safeguarding concern.

At our focussed inspection of 17 and 18 July 2017 we had concerns about how safely medicines were managed. We required the registered manager to send us an action plan identifying how they were going to make improvements and by what date these would be achieved. We received an action plan identifying this would be addressed by the 31 October 2017. We looked at this again during our inspection and found improvements had been made and medicines were managed safely.

People who used the service told us they received their medicines when they should. When asked if they were given information about their medicines people told us, "I've taken them for 15 years so I know them anyway", "Yeah, they are mainly pain killers" and "Yes I know what I am on." None of the people we spoke with had been involved in meetings to review their medicines.

We observed a medicine's round on the third day of the inspection and noted that senior carers administered medicines to people using the service. We saw records confirming that these staff had received training on medicines administration. Staff told us medicines' administration training was refreshed annually and they were checked for their competency in administering medicine. Medicines administration record (MAR) charts were up to date and there were no gaps in administration. One member of staff told us, "I receive updates on medicines' training on an annual basis."

We checked medicines' storage, MAR charts and medicines supplies for four people using the service. All medicines were stored securely in locked cabinets within a locked treatment and medicines' room. The room was clean and temperatures were monitored within the room and in the medicines' fridge to ensure that medicine was kept at safe temperatures. We noted that medicines were received from pharmacy, recorded on people's MARs and when we checked the stocks reconciled accurately with the information the records contained. People's MARs included a picture of each person to help staff identify people and reduce the risk of medicine misadministration. Some people were prescribed medicines to be taken as needed or as required for pain and these were also marked on the MARs. The MARs indicated that people were receiving their medicines as prescribed by health care professionals.

We looked at the laundry room during our inspection and saw this had improved since our last inspection. This room was clean and tidy, new dryers and washers had been purchased and there was a system for dirty laundry to enter and clean laundry to leave. There was adequate hand washing facilities available and detergents were safely stored.



## Is the service effective?

### Our findings

We looked at what training was available for staff who worked in the service to ensure they could meet the needs of all the people using the service, such as dementia and end of life. Three of the four staff we spoke with told us they had not received any training other than commencing their national vocational qualification's (NVQ's) in recent times. We asked the registered manager if we could see the training matrix to show the training undertaken by all staff. They told us the training matrix they had was out of date and would not show us what we needed to see. It was obvious during our conversations with staff that they lacked training as some of them were unable to answer basic questions about their caring roles and responsibilities.

The supervision policy and procedures showed that staff were to receive a minimum of four supervisions a year. Records we looked at showed none of the staff had received the minimum supervisions stated in the policy and procedure. Without regular supervisions the registered manager had no means to assess the skills and knowledge of their workforce or support them to maintain and improve their competence.

The service provider had failed to provide suitable and appropriate training and support for staff members through supervision. This was a breach of Regulation 18 (1) and (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we had received concerns in relation to the quality of food made available to people who used the service. We spoke to people who used the service to ask them what the meals were like in the service. We received mixed feedback as people told us, "We get a cooked breakfast and different meals everyday", "They are the same every week, worse than hospital food", "They are alright. I haven't got a good appetite", "They are alright. Very monotonous, every week is the same. One man can tell you what's coming. No roast potatoes with Sunday dinner", "They are alright; enough variation", "I will eat anything me", "Don't like them – mediocre" and "No roast potatoes with Sunday lunch." One relative told us, "I have asked [my relative] and she says they are nice."

During the lunch time meal service on the first day of our inspection we undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who used the service who could not talk with us. Staff interactions with people were positive throughout the lunch time service. We saw there was ample seating in the dining room for everyone who used the service and people could sit where they wished. Tables were laid with tablecloths, condiments and jugs of water for people to help themselves to during lunch. All the staff serving meals were wearing appropriate PPE such as gloves and aprons.

We saw staff were supporting some people to eat their meal and this was done sensitively. People were asked if they wanted second helpings of food. The radio was playing in the background but this was on a channel which played up to date pop music. We asked people who used the service if they knew the music that was playing; none of the people we asked knew the music.

A menu was on display in the dining room; this showed the options for lunch included two hot choices or a

sandwich; a dessert was also available. One person told us, "I don't like salad. They would get me something else. If I can't eat the main meal they will make sandwiches." We observed one person told a staff member they did not like what they had chosen and were given an alternative. We asked people if they were involved in meal planning. None of the people we spoke with had been involved in any meal planning. One person told us, "I would like a residents' meeting and we could talk about things like this." We spoke with the registered manager regarding this, who confirmed they did not discuss meals and food with people.

We asked people if they had access to fruit, snacks and drinks outside of regular mealtimes. People told us, "Drinks but not fruit. I would like fruit occasionally. We get biscuits with a cup of tea", "No but I never bother", "No and I am not happy with this. There is a sign on the hatch doors which says when the kitchen is open and closed. I have not had fruit for weeks. Once we had tinned peaches. I have been told 'You know when the kitchen is closed' when asking for something." We saw there was a sign on the hatch to the kitchen stating opening times and times when the kitchen was closed. We asked the cook why there was opening and closing times and they told us it was because they kept being disturbed when they were busy. We spoke with registered manager about this and they told us the cook had made the decision and they did not want to disagree with them.

Throughout our inspection we only saw people having fluids [tea or coffee and water] during specific times as designated on the kitchen opening and closing times; other than biscuits during these times we did not see any snack being offered. We did not see people being offered juice as an alternative to water. We asked for the sign to be removed and advised the registered manager that people should be able to have access to food and fluids at any time of day, unless there was a medical reason for them not to be able to do this.

We considered how people's needs were met by the design and decoration of the home. All of the people we spoke with who used the service told us they were not involved in making decisions about the environment.

There was a designated smoking area for people to use; this was partially covered to protect people when it was raining. However, we noted that if the door shut there was no way to regain entrance back into the building. This area was not in a highly populated position and no bell was available, therefore people could be locked outside for some time before they were seen or heard by staff.

We undertook a tour of the building, looking at communal areas and some people's bedrooms. We saw a number of areas that required decoration or modernisation. The registered manager was aware of this and told us they were awaiting a new maintenance person commencing employment and they would be given the task of painting and redecorating areas. We also noted that some people's bedrooms were nicely decorated and very personalised with their own items of furniture and soft furnishings.

People had not signed their care plans or any other forms to consent to any care and treatment being provided however, all the people we spoke with told us that staff asked for their consent before providing any support. During our inspection we observed staff seeking verbal consent/permission from people.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met.

The registered manager demonstrated a good understanding of the MCA and DoLS. They said that they always approached people on the basis that they had capacity to make decisions about their own care and treatment but where they didn't, followed guidance in the MCA Code of practice. Where there were concerns regarding a person's ability to make specific decisions, we saw that the registered manager had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

We saw that since the last inspection on 17 and 18 July 2017, five applications had been made to the local authority to deprive a person of their liberty. We considered the applications and noted that they had been appropriately made with the correct amount of detail and information so that the authorising authority could make informed decisions. Where applications had been authorised, we saw that the appropriate documents were in place and kept under review and any conditions of authorisation were being followed by staff.

We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNACPR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected. A DNACPR decision form in itself is not legally binding. The form should be regarded as an advance clinical assessment and decision, recorded to guide immediate clinical decision-making in the event of a patient's cardiorespiratory arrest or death. However the process for completion must be correct otherwise the form can be deemed invalid. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time.

We looked at how people were supported with their healthcare needs. We asked people who used the service if staff contacted the doctor if they were feeling unwell. They told us, "They did once, reasonably quickly" and "Yes, I would tell the staff. The GP came once and was timely."

We spoke with one visiting health professional during our inspection, who had visited the service on five previous occasions. They told us, "I always come in around lunchtime as this is the time I have for home visits. The staff are very good at taking people into the treatment room or in the quiet room to be seen, so they are aware of privacy and dignity."

People's care records included information about their medical history and any needs or risks related to their health, although these did not always reflect current health needs as discussed in other domains. We saw evidence that appropriate referrals were made to a variety of healthcare organisations including GPs, podiatrist and dieticians.

The service had the 'Tele-med' system in place within the service. This was a system by which if someone was unwell in the service a staff member could access a laptop, contact a Tele-med operator, take the laptop to the person who was unwell and a diagnosis was done over telecommunication providing clinical healthcare from a distance. This saved having to call GPs out to the service and meant a diagnosis could be gained quickly.

## Is the service caring?

### Our findings

We reviewed how the service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. People spoken with made some positive comments about the staff team and the care and support they received. People who used the service told us staff were kind and caring. Comments we received included, "Very nice" and "Yes they are kind." One relative we spoke with told us, "Yes they are definitely kind and caring." Relatives spoken with also confirmed there were no restrictions placed on visiting and they were made welcome in the home.

During our observations in the dining room we noted a person sitting in a wheelchair and their head was in what appeared to be an uncomfortable position. Staff were walking past and not asking if this person was comfortable. We had to prompt a staff member to ask if the person was comfortable and to intervene to provide care.

We observed staff interacted in a caring and respectful manner with people living in the home. For example, staff initiated conversation with people when they were in the dining area and encouraged people to join in with the discussion. We noted staff worked hard to meet people's needs, however, due to the level of staffing on the ground floor we observed that some people had to wait a significant amount of time before their needs were met. One person told us they had needed to search around the service trying to find staff to support them with their personal care needs.

Some staff knew people well and others did not as they had not worked in the service long. We asked staff how they ensured they knew people's likes and dislikes, we were told, "Just by sitting and talking to them. I learn from other members of staff and picking things up from them" and "I try and spend quite a lot of time with them." Only one staff member we spoke with told us they would refer to people's care plans. The lack of access to care plans meant that staff were not accessing information necessary to ensure that they delivered the right care to people care in a safe way.

From our discussions it was also clear staff did not understand the importance of acknowledging people's diversity, treating people equally and ensuring that they promoted people's right to be free from discrimination. Two staff we spoke with were unable to tell us what equality meant to them; they also told us they had not received training in this area. This meant people with protected characteristics may not have their needs met.

People's privacy was respected and people could spend time alone in their rooms if they wished. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. There were policies and procedures for staff about caring for people in a dignified way which helped staff understand how they should respect people's privacy, diversity, dignity and confidentiality in a care setting. However, these were not easily accessible to staff and three of the four staff we spoke with told us they had not read any policies and procedures.

We asked people if the support they received promoted their independence. They told us, "They let me help

with wheelchairs and opening the curtains" and "They allow me out." One person we spoke to felt they were not listened to about being more independent. One of the relatives we spoke with felt their relative was permitted to be as independent as possible in relation to eating, mobilising and talking. We observed staff promoting people's independence and also supporting people if they required. Staff were aware of the need to allow people to maintain their independence as much as possible, although there was an over reliance on verbal information being passed on between staff as they did not have access to care plans.

People were provided with information about the service before they moved into the home in the form of a service user guide. However, we saw the guide contained out of date information. The registered manager told us this was ready to be printed out and given out to people.

We saw that all personal and confidential information was securely stored; only the right people had access to this type of information.

If people could not express their views the registered manager ensured that the person's relative was involved in decision making. We noted that on the occasions when relatives or other supporters were unavailable, people had access to a professional representative who acted as an advocate. An advocate is a specially trained person such as an Independent Mental Capacity Advocate who can help if a person does not have capacity to make particular decisions and would benefit from having an independent 'voice'.

## Is the service responsive?

### Our findings

During our focussed inspection of 17 and 18 July 2017 we identified numerous concerns in relation to care plans. They were not person centred and did not contain sufficient information to direct staff on meeting the needs of people who used the service. We told the registered manager to send us an action plan identifying how they were going to make improvements and by what date these would be achieved. We received an action plan identifying this would be addressed by the 31 October 2017. We looked at this again during our inspection and found no improvement had been made.

None of the people we spoke with had been involved in the development or review of their care plans. We considered six people's care files and we noted issues with five of them. All of the files were contained in an electronic format [a new system the registered manager had purchased since our last inspection] but daily notes of care and support and details of health care professionals' input were in handwritten form held at the central office. The registered manager said that a member of staff was in the process of transferring handwritten information to the new electronic care files but we noted that some of the handwritten notes from health care professionals were six month's old and contained important information about people's care and support needs.

Five of the six electronic files viewed did not include details of people's up to date health position. Only one electronic file that had been prepared four weeks before the inspection to coincide with the person's admission to the home, gave an up to date picture of the persons care requirements. In another file it was suggested that a person did not have any mental capacity whatsoever but from speaking to staff and the person in question, the person had a degree of understanding and could communicate their preferences and some support needs.

The use of paper records as well as electronic records was causing confusion in the staff team as the electronic system was inaccessible and did not reflect the up to date support and care needs of people. We observed throughout our inspection the office was disorganised, only the registered manager knew where information was located and staff did not have access to the electronic care plan system.

We looked at what activities were on offer for people to keep them stimulated and prevent boredom. People who used the service told us, "There is just television. I would love to do some gardening but it is not my garden", "[We] play bingo when they have time", "I used to like going to play snooker before I came in here" and "A singer comes in once a week."

We observed a lack of activities available to people throughout all the four days of our inspection. We saw people were sat around for long periods of time, sleeping in chairs and wheelchairs without any stimulation other than television. We did see one game of dominoes being played on the first day of our inspection and rare occasions when staff sat down and spoke to people. People who were not mobile did not have opportunity to access the community at any point. We asked staff why people did not go out in the community. They were unable to give any reasons for this.

The service provider was failing to provide activities. This was a breach of Regulation 9 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed complaints. We asked people who used the service if they knew how to raise a concern or complaint; they told us, "Not really, I would just ask the manager", "No, no idea who I would speak to" and "I would speak to [name of manager] first." None of the people we spoke with said they had made a complaint. There was a complaints' policy and procedure in place but this was in the office and therefore not accessible to people. The registered manager gave us a book the service used to document complaints. We found the book was empty but noted that some pages had been removed. We could not determine if any complaints had been made about the service.

Care records we looked at showed consideration had been made towards people's care at the end of their life and basic end of life care plans were in place. Some people we spoke with told us they did not wish to discuss their end of life in much detail; other people had been involved in discussions about their DNACPR with their family members.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The service was able to provide information in a format that was suitable to meet the needs of people who used the service such as written information in larger font.

The service supported the use of technology to assist and support people. All the people we spoke with told us they had access to a call bell system, which enabled them to alert staff that they were needed. Staff had access to a tele-med system; this enabled staff to speak with a healthcare professional at a hospital via a computer link to aid with diagnoses and treatment.

## Is the service well-led?

### Our findings

All the people we spoke with knew who the registered manager was and felt they were approachable. Comments we received included, "Very nice, lovely woman. Very reasonable" and "She is very busy. She works 16 hours a day every day. She works that hard." All felt they were listened to.

There was a registered manager in post within the service. The registered manager was also a director of the company which operated the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

The service was not well led. Whilst the registered manager was very knowledgeable about the people who used the service and their needs, our findings showed the registered manager lacked understanding of their pivotal role in overseeing all aspects of the service and guiding staff to ensure people received good quality care. The registered manager acknowledged during the inspection they had not managed to keep on top of all their managerial and provider responsibilities as they were 'struggling' to manage the service on their own. This was also evident during our inspection when we found the action plan from our focussed inspection of 17 and 18 July 2017 had not been fully met and there were continuing concerns.

During our inspection we asked the registered manager for information and evidence to support what they were telling us about the maintenance of gas equipment within the service, such as the four boilers. They told us they had the information and then when they could not find it told us they would get it sent through to them. However, it became evident that this was not available and the registered manager admitted to misleading the inspectors during the inspection.

We asked the registered manager to show us the audits they had in place within the service. We were told the only audit in place was in relation to medicines. Quality audits should be an integral part of managing the service to be able to form a view about the quality and safety of the service being provided. They also ensure identification of issues and consider the improvements that need to be made. The lack of regular robust audits in place demonstrates why we found a number of concerning issues during our inspection.

We asked people who used the service if they were involved in any meetings to discuss the service and gain feedback from them. All the people we spoke with told us there were no such meetings taking place and therefore they did not have the opportunity to discuss issues such as food, activities or the environment.

We saw that surveys were given out to people who used the service to complete. The last survey was carried out in May 2017; however the results of the survey had not been analysed or shared with people who used the service. Without analysing the results of the survey, the service would be unaware of where improvements may be needed or what actions to take to improve the quality.

We asked staff if they had regular staff meetings in order to be kept up to date with the service, or give their thoughts on how the service was running. All the staff we spoke with told us that a meeting had recently taken place but that they were not arranged regularly. We looked at the minutes of the last staff meeting



which was held on 25 January 2018. We saw topics for discussion included mobile phones, staff breaks, work clothes, attitudes of staff, key workers and laundry. We saw the previous meeting was dated 16 November 2016. The lack of regular staff meetings did not allow staff to give feedback on their roles or gain important information about the service.

We asked staff how well they thought the registered manager communicated with them in relation to what was happening within the service. Comments we received included, "We usually have a regular talk in the morning and at night as a handover", "Every day we get a handover from the night staff" and "We have handover in the morning and they will tell us if there is anything going on." We asked staff how they would know what had happened in the service when they returned from annual leave; one person told us they would not know how to find out if another staff member did not tell them.

We saw that a number of policies and procedures were in place which had been developed by an external company. These were tailored to meet the needs of the service. However, two out of three staff members we spoke with told us they had not seen any policies and procedures or read them. Policies and procedures should be easily accessible for staff members in order to guide them in their roles and when supporting people. It was evident from talking to staff members they lacked an understanding of the key principles and current best practice in the care sector, which the registered manager was unaware of.

At the end of the third day of our inspection the registered manager told us as immediate action they would not accept any further admissions to the service until such time as the Commission felt the service had improved.

The service provider failed to have systems and processes in place to monitor the safety and quality of the service. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff what they could tell us about the vision and the values of the service. None of the staff we spoke with were able to tell us what these were.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating. This was to inform people of the outcome of our last inspection. In preparation for the inspection, we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

We asked staff about the culture of the service. They told us, "I think it is quite calm. It feels relaxed", "I like being here. I enjoy coming to work; you get days where it is rushed but normally it is just nice" and "Sometimes there are good days and then there are bad days." All of the staff we spoke with told us they felt able to raise any concerns with the registered manager.