

# People First Care Ltd

# The Grange

## Inspection report

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13 June 2017  
14 June 2017

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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 Grange is registered to provide two services; a care home and a homecare service. The care home inspection took place on 7 June 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. We carried out a further announced visit to the home on 9 June 2017 to complete the care home inspection. We announced the homecare inspection, which we carried out on 13 June 2017. We gave the provider notice to ensure that staff could organise visits to people's homes. Our expert by experience spoke with six people and three relatives by telephone from 12 – 14 June 2017.

At our last inspection on 10 February 2016, we found two breaches of the Health and Social Care Act 2008. These related to safe care and treatment and good governance. We rated the service as requires improvement. At this inspection we identified a continued breach with regards to good governance.

We have written our report under the headings Care Home and Homecare to ensure that our specific findings for both services are clear.

### Care Home

The care home is located in Rennington village close to the town of Alnwick and is registered to provide accommodation for up to 27 people, some of whom have a dementia related condition. There were 25 people using the service at the time of the inspection. The Grange also provides a day care service. We did not inspect this part of the service because it was outside of the scope of our regulations.

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

The registered manager told us that a manager designate [manager in waiting] was going to register with CQC and become the new registered manager. She would then concentrate on her role as operational manager and oversee the care home, home care service and the provider's other care home which was located nearby. One of the senior care workers had been appointed as the new deputy manager.

We identified shortfalls and omissions with the recording and management of medicines. We noted that interview records were not in place to demonstrate how the provider had assessed the suitability of staff to work at the service in line with their procedure.

We found that an effective system was not fully in place to ensure the safety of the premises and equipment and assess the risks relating to people to safeguard their health, safety and welfare.

There were sufficient staff deployed to meet people's needs. We saw that staff carried out their duties in a

calm, unhurried manner and had time to provide emotional support to people.

There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. The local authority told us there were no organisational safeguarding concerns with the service. People told us they felt safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found an effective system was not fully in place to make sure the service met their legal requirements in line with the Mental Capacity Act 2005.

Staff told that there was sufficient training. The home's training policy stated that staff covered the Care Certificate standards as part of their induction programme. It was not clear however, that staff whose personnel files we checked had undertaken the Care Certificate. The Care Certificate is a set of nationally recognised standards to be covered as part of induction training of care workers.

People told us they received a suitable diet. We found however, that an effective system was not fully in place to make sure that records relating to people's dietary needs were accurate.

We observed positive interactions between people and staff. An activities coordinator was employed to help meet the social needs of people. A varied activities programme was in place.

A complaints procedure was available. Feedback systems were in place to obtain people and their representatives' views.

We spoke with the registered manager about the omissions mentioned above. She took immediate action to address the concerns we raised. Whilst we were satisfied that action had been taken; this had only been instigated after we had highlighted the shortfalls. We considered that an effective system was not fully in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and ensure that accurate and complete records relating to people, staff and the management of the service were maintained.

## Homecare

The service provided personal care to 20 people living in the North Northumberland area.

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

We identified shortfalls and omissions with the recording and management of medicines.

Three of the four people we visited did not have a care plan in place and two people had no risk assessments. This meant there was limited evidence that people's needs had been assessed and action taken to minimise any risks. There was no information about people's likes and dislikes or evidence that people had been involved or consented to their care.

Audits and reviews had been completed for three of the four people we visited. However, these had not highlighted that there were no care plans or risk assessments in place.

Despite our findings and identified shortfalls; people and relatives were very positive about the service.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This relates to good governance.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Care Home

An effective system was not fully in place to ensure the safety of the premises and equipment and assess the risks relating to people to safeguard their health, safety and welfare.

There were shortfalls and omissions with the recording and management of medicines.

There were sufficient staff deployed to meet people's needs.

Home Care

We found shortfalls and omissions with regards to the recording of medicines.

There was a lack of evidence to demonstrate that risks relating to people's care had been assessed.

People told us they felt safe with the staff who visited them.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Care Home

An effective system was not fully in place to make sure the service met their legal requirements in line with the Mental Capacity Act 2005.

People told us they received a suitable diet. We found however, that an effective system was not fully in place to make sure that records relating to people's dietary needs were accurate.

Staff told us that training was provided. There was a lack of evidence that staff had completed the Care Certificate. A supervision and appraisal system was in place.

**Requires Improvement** ●

Homecare

A system to evidence that people had agreed and consented to their care was not fully in place.

Information about people's dietary needs and preferences was not always available.

### **Is the service caring?**

The service was not always caring.

Homecare

Three of the four people we visited did not have a care plan in place to document how care and support was to be provided. There was no information about people's personal preferences or what was important to them. In addition, there was no evidence that people had been involved in their care plan.

People and relatives spoke positively about the caring nature of staff.

Care Home

People and relatives told us that staff were caring. Staff displayed warmth when interacting with people.

Person centred care plans were in place which gave details of people's likes and dislikes. This helped staff deliver care which met people's personal preferences.

People's privacy and dignity was promoted.

**Requires Improvement** ●

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

The service was not always responsive.

Care Home

We identified some shortfalls regarding records relating to people's care and support.

An activities coordinator was employed to help meet people's social needs. An activities programme was in place.

There was a complaints procedure in place. People and relatives with whom we spoke did not raise any complaints.

**Requires Improvement** ●

Homecare

Three of the four people we visited did not have care plans in place to document how care was to be provided.

People and relatives told us there had been no missed calls and staff stayed for the agreed length of time. They also said they received care and support from the same members of staff which helped ensure consistency of care.

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

The service was not always well led.

Care Home

An effective system was not fully in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and ensure that accurate and complete records relating to people, staff and the management of the service were maintained.

Staff told us they enjoyed working at the home. We observed that this positivity was reflected in the care and support which staff provided throughout the day.

Homecare

We found shortfalls and omissions with regards to the maintenance of records.

Audits and reviews had been carried out. However, these had not highlighted the shortfalls we had identified.

Despite our findings and identified shortfalls; people and relatives were very positive about the service.

**Requires Improvement** ●

# The Grange

## 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.

The Grange is registered to provide two services; a care home and a homecare service. The care home inspection took place on 7 June 2017 and was unannounced. This meant that the provider and staff did not know we would be visiting. We carried out a further announced visit to the home on 9 June 2017 to complete the care home inspection.

We announced the homecare service inspection, which we carried out on 13 June 2017. We gave the provider notice to ensure that staff could organise visits to people's homes. Our expert by experience spoke with six people and three relatives by telephone from 12 – 14 June 2017.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to carrying out the inspection, we reviewed all the information we held about the service. The registered manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service, how it is addressing the five questions and what improvements they plan to make.

We contacted Northumberland local authority safeguarding and contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

#### Care Home

We spoke with 10 people and one relative during our inspection. We spoke with the nominated individual, the registered manager, the manager designate [manager in waiting], the deputy manager, two care workers



and activities coordinator. We also spoke with two care workers on night duty to ascertain how care and support was provided at night.

We viewed four people's care plans. We also looked at information relating to staff recruitment and training. We examined a variety of records which related to the management of the service.

#### Homecare

We visited four people at home and spoke with a relative during our home visits. We spoke with six people and three relatives by phone.

We spoke with the nominated individual, the registered manager, care coordinator and one care worker.

We viewed two people's care files, four people's daily records and medicines administration records. We examined a variety of records which related to the management of the service.

# Is the service safe?

## Our findings

### Care Home

We previously rated this key question as requires improvement. We identified a breach of regulation 12 which relates to safe care and treatment. We found that medicines were not always stored safely because staff had left the keys in the lock of the medicines cupboard.

At this inspection, we found medicines were stored in a locked medicines trolley; however we identified further shortfalls with the recording and management of medicines. We noted that prescribed food and fluid thickener was left out in one person's room on their chest of drawers. In 2015, NHS England issued a patient safety alert regarding the risk of serious harm from the accidental ingestion of such thickeners.

Temperature checks were not taken to ensure that medicines were stored at a safe temperature to maintain their efficacy. We checked the temperature in the room where medicines were stored and it was 27 degrees Celsius. Most medicines require storing below 25 degrees.

Staff sometimes used the code "O" to indicate if a medicine had not been administered. However, they did not specify the reason for the non-administration. We checked one person's medicines administration record [MAR] and noted that their medicines had not been given on four consecutive nights because they had been asleep. The instructions written on the MAR for one of their medicines stated, "Do not stop taking this medicine except on your doctor's advice." We noted that staff had changed the timing of this medicine under the GP's instructions and the person was now having their medicines as prescribed.

We spoke with the registered manager about these shortfalls and omissions. They told us that immediate action had been taken to address the issues raised.

Whilst we were satisfied that action had been taken/commenced to address the concerns we raised; this had only been instigated after we had highlighted these shortfalls and omissions. We considered that an effective system was not fully in place to ensure that medicines were managed safely and accurate records were maintained.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

We checked the safety of the premises and equipment. People told us that they were happy with the environment. One person said, "The living quarters are lovely."

We identified shortfalls in the management of health and safety at the home. A fire door was held open by a wooden ornament and one person's bedroom door was held open with a tin.

The sluice room did not have a lock and a bottle of 'sanitiser' was stored in this room. This was a health and

safety risk because of the risk of ingestion. There were several staircases in the building. A risk assessment was not in place to record the actions taken to minimise the risk of people accessing the stairs.

Water temperature checks were carried out to monitor the risk of Legionnaires' disease. We noted that some cold water temperatures exceeded recommended limits. The Health and Safety Executive state, 'Cold water should be stored and distributed below 20°C.' It was not clear what action had been taken with regards to these temperatures.

We spoke with the registered manager about these shortfalls and omissions. On the third day of our inspection, the registered manager informed us and our own observations confirmed that fire door retainers had been purchased, the sluice area had been made safe, the plumber had been contacted and a risk assessment had been completed in relation to the stairs. Following the inspection, the nominated individual wrote to us and stated, "Subsequent checks have shown temperatures recorded at cold water taps to be in line with requirements and the staff who take the temperatures have received further training." They also stated they were investigating other measures such as locks and alarms to reduce the risk even further in relation to the safety of the stairs.

We visited one person in their room and noticed that one of their bed rails had not been fitted in line with Health and Safety Executive guidance to prevent injuries or entrapment. In addition, there was no evidence that safety checks had been carried out in line with the provider's policy on bed rails.

We spoke with the registered manager about these risks and omissions. She told us and our own observations confirmed, that the person's bed rails had been adjusted and safety checks had been put into place.

Risk assessments had been completed following an assessment of people's care. We noted however, that certain risk assessments in relation to the risk of choking and use of bed rails had not been completed. This meant staff did not have the written guidance to keep people safe.

We spoke with the registered manager about these omissions. On the third day of our inspection, the registered manager told us and records confirmed that risk assessments were now in place.

We found that staff had not fully assessed, monitored and mitigated the risks relating to the health, safety and welfare of one person. We passed our concerns to the local authority's safeguarding adults team. They are looking into the issues raised, including any identified shortfalls of other agencies involved.

Whilst we were satisfied that action had been taken to address the concerns we raised; this had only been instigated after we had highlighted the risks and omissions. We considered that an effective system was not fully in place to ensure the safety of the premises and equipment and assess the risks relating to people to safeguard their health, safety and welfare.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

People and relatives told us they considered people were safe at the service. One person told us, "I really like it here, I feel safe and very happy I wouldn't want to go anywhere else." There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. The local authority safeguarding team told us that there were no organisational safeguarding concerns regarding the home.

We checked the recruitment records for the last two staff employed at the service. We saw that Disclosure and Barring Service (DBS) checks had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Two written references had also been received.

We read the service's recruitment and selection policy. This stated, "The assessments made by interviewers must be formally recorded on an interview assessment form." We noted there was no evidence of interview records in both staff members' recruitment files. This meant it was not clear how the provider had assessed both staff members suitability for the role. Following our inspection, the registered manager told us that this had been addressed and interview records had been reintroduced.

We checked staffing levels at the home. People and staff told us there were sufficient staff deployed. A staffing tool was used to assess the numbers of staff on duty. This was linked to dependency levels of people who used the service. We noted however, there were five or six people attending day care three days a week and one to three people on other days. The staffing tool did not take into account the day care provision. On the third day of our inspection, the registered manager provided us with an amended staffing tool which showed the provider had assessed there were sufficient staff on duty to provide care and support to people living at the home and those attending day care.

We observed staff carried out their duties in a calm and unhurried manner throughout our inspection. We did not have any concerns that people's needs were not met by the number of staff who were on duty. Non care staff such as domestic staff and the activities coordinator supported care staff during busy periods. They had undertaken appropriate training. In addition, the registered manager and manager designate were also available.

## Homecare

At our previous inspection we identified a breach of regulation 12, safe care and treatment. We found that medicines were not accurately recorded.

At this inspection, we found that all medicines were handwritten by staff on the MAR. Some of these entries however were illegible. We noted there were lots of gaps in the recording of one person's medicines. The staff member told us the person had been away with their family during these times. This information was not recorded on the MAR.

We visited four people at home. Three people did not have a care plan in place with regards to the medicines support they required and two people did not have a medicines risk assessment in place. One of these people had a dementia related condition and staff left this person's medicines out for them to take on an evening.

We did not identify any impact upon people with regards to these omissions and shortfalls in medicines record keeping and people told us they received their medicines as prescribed. Comments included, "They give me my medicines, and make sure I take them," "They wait until she has taken her tablets, they must have the patience of a saint" and "I understand what all my medicines are for as well, and they never forget them."

We spoke with the registered manager about the omissions and shortfalls in relation to medicines management. She told us that care plans and risk assessments had been put in place/commenced.

Whilst we were satisfied that action had been taken/commenced to address the concerns we raised; this had only been instigated after we had highlighted the above shortfalls and omissions. We considered that an effective system was not fully in place to ensure that medicines were managed safely and accurate records were maintained.

We noted that risk assessments had been completed for two of the people that we visited. However, these were not detailed and one person's moving and handling risk assessment was not accurate. There were no risk assessments in place for the other two people we visited. This meant there was no evidence to demonstrate that risks relating to both people's care had been assessed.

We did not identify any impact upon people with regards to these omissions and shortfalls. People told us that they received appropriate care and support which met their needs.

We spoke with the registered manager about these issues. She told us that care plans and risk assessments had been put in place/commenced.

Whilst we were satisfied that action had been taken/commenced to address the concerns we raised; this had only been instigated after we had highlighted the above shortfalls and omissions. We considered an effective system was not fully in place to ensure that risks relating to people were assessed to safeguard their health, safety and welfare.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

People and staff told us there were sufficient staff deployed. We accompanied one staff member on her visits to people's homes. We saw she provided care and support in a calm unhurried manner. There was sufficient time allowed in between visits to ensure the care worker arrived on time.

People told us they felt safe with the staff that came into their homes. Comments included, "I am happy that he is safe with them, they take him out shopping or for walks. I can go on holiday with some ease knowing he is cared for" and "Excellent, I feel safe and comfortable when they are in my home."

We documented our findings about staff recruitment in the Care Home section.

## Is the service effective?

### Our findings

#### Care Home

We previously rated this key question as requires improvement. We found the care home and homecare service were inconsistent in their application of the principles of the Mental Capacity Act 2005 [MCA]. At this inspection we found further omissions and shortfalls in relation to the MCA.

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

A DoLS checklist was in use to ascertain whether people's plans of care amounted to a deprivation of liberty. The registered manager had submitted applications to the local authority to authorise in line with legal requirements.

Information relating to people's ability to make certain decisions was included in care files. We noted however, that specific mental capacity assessments had not been carried out in relation to areas of care and support which could restrict people's movement such as bed rails and sensor alarms. We spoke with the registered manager about this issue. On the second day of our inspection, we noted staff had completed some mental capacity assessments and best interest's decisions.

Whilst we were satisfied that action had been taken; this had only been instigated after we had highlighted the shortfalls and omissions. We considered that an effective system was not fully in place to make sure the service met their legal requirements in line with the Mental Capacity Act 2005.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

All staff informed us they felt equipped to carry out their roles and said there was sufficient training available. The registered manager provided us with information which evidenced that staff had completed training in safe working practices and to meet the needs of people who used the service such as dementia care.

Staff told us and records confirmed that induction training was completed. We read the home's training policy which stated that staff covered the Care Certificate standards as part of their induction programme. It

was not clear however, that the new staff whose personnel files we checked had undertaken the Care Certificate. The Care Certificate is a set of nationally recognised standards to be covered as part of induction training of care workers. We spoke with the registered manager about this issue. Following our inspection, the registered manager completed training in relation to the Care Certificate.

All staff told us that they felt supported in their roles. Staff told us they had supervision. There was an appraisal system in place. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

People and relatives were positive about the meals at the service. Comments included, "The meals are lovely" and "Yes, the food is very good." We observed the lunch time period and saw that staff were attentive to people's needs. We heard comments such as "Do you want some sauce?" "Do you need it cut up" and "Do you want a little more?"

Accurate records were kept for those people whose diet and fluids required monitoring. We read one person's food chart, which stated they had eaten a full bowl of porridge with cream and honey. We noted however, that care plans regarding some people's specific dietary requirements were not always up to date. One person's care plan stated they required pureed food and thickened fluids. We noted however, that the speech and language therapist had reassessed the individual and they were now able to eat a normal diet and fluids. Another person required thickened fluids and a soft diet, however, specific guidance from the speech and language therapist was not available.

We did not identify any impact upon people with regards to these omissions. People told us that they received an appropriate diet which met their needs. We spoke with the registered manager about our findings. On the third day of our inspection, staff told us and records confirmed that people's care plans had been updated.

Whilst we were satisfied that action had been taken; this had only been instigated after we had highlighted the omissions. We considered that an effective system was not fully in place to make sure that records relating to people's dietary needs were accurate.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

Following the inspection, the nominated individual wrote to us and stated, 'The letter [from the speech and language therapist] was in place in the file until the care plan could be updated and there was a notification in the kitchen and on the white board in the treatment room.'

People and relatives told us that staff contacted health care professionals to meet people's specific needs. One person told us, "If I tell them I am not well they are straight on to the doctor for me, they really look after me." We saw evidence that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, district nurses, speech and language therapist, dietitians, the chiropodist and dentist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

We checked the suitability of the premises. Most of the people who lived at the home had a dementia related condition. We saw that bathroom and toilet doors were painted in different colours to help orientate people to these rooms. Work spaces were decorated to blend in with the corridors to reduce the likelihood

or people trying to accessing these areas. We noticed however, that certain fittings did not always promote people's dignity. A stair gate was fitted at the bottom of one set of stairs. We considered that stair gates are normally associated with child safety.

The provider told us of their plans to improve the garden area and submit plans for a conservatory which would be used for people who lived at the home and also provide extra space for the day care provision.

## Homecare

At our previous inspection we found there was no evidence that people's capacity had been assessed in relation to specific decisions. In addition there were gaps in training provision.

At this inspection we found that some improvements had been made regarding training. However, we identified shortfalls and omissions with regards to the MCA and records relating to people's dietary needs.

The registered manager told us that no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with the MCA. Staff had started to complete mental capacity assessments. We noted, however, that these were generic and not always specific. We spoke with the registered manager about this issue and she told us it would be addressed.

There was no documentary evidence that people had agreed and consented to the care. All people and relatives confirmed that staff had spoken with them about their plan of care and they were happy with the care and support provided.

Information about people's dietary needs and their preferences was not available for three of the people we visited.

We did not identify any impact upon people with regards to these omissions. The staff member we accompanied on her visits explained people's dietary needs to us and how these were met.

Following our inspection, the registered manager told us that care plans had been put into place. Whilst we were satisfied that action had been taken; this had only been instigated after we had highlighted the omissions. We considered that an effective system was not fully in place to make sure that records relating to people were maintained to ensure their health, safety and welfare.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

People and relatives told us that staff met their needs effectively. Comments included, "I think they [staff] are well trained, they often talk about training courses they have been on and I think they are all equally well trained" and "I have a new hoist now which can be operated by one carer, and it's managed very well."

Our findings with regards to training and supervision are documented in the Care Home section.



## Is the service caring?

### Our findings

#### Homecare

We previously rated this key question as good. At this inspection however, we identified some shortfalls regarding the maintenance of records relating to people's care and support.

Three of the four people we visited did not have a care plan in place to document how care and support was to be provided. There was no information about people's personal preferences or what was important to them. In addition, there was no evidence that people had been involved in their care plan.

We did not identify any impact upon people with regards to these omissions. The staff member we accompanied on her visits explained people's needs and how these were met.

Following our inspection, the registered manager wrote to us and told us that care plans had been put into place. Whilst we were satisfied that action had been taken; this had only been instigated after we had highlighted the omissions. We considered that an effective system was not fully in place to make sure that records relating to people's care were maintained to ensure their health, safety and welfare.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

People and relatives spoke positively about the caring nature of staff. Comments included, "I have got to know them [staff] very well and I think they know me now. They have a very good sense of humour," "I am very well looked after by the carers," "They are 100% helpful, pleasant, friendly and cheerful," "I am extremely well looked after," "They are always cheerful and pleasant and they will do anything I ask of them" and "We find them really lovely, very adaptable, caring and friendly, just outstanding care."

People's privacy and dignity was promoted. The staff member knocked on people's doors or rang the bell before entering.

Although we did not see any documentary evidence that people had been involved in their care plan, people we visited and those we contacted by phone all stated they had been consulted about their care and how they wanted their support to be provided. Comments included, "I have a very good care plan and I know what it's all about, I even know what my medicines are for" and "The care plan was reviewed about three weeks ago, we had a very good discussion about it."

#### Care Home

People and relatives told us that staff were caring. Comments included, "They are thoughtful and very caring" and "They are all lovely."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments included, "I love looking after them, they are like my grandparents," "They like to hear about your life, that's why I was telling them about getting my hair cut" and "We know them and they know us. We know what they like"

Staff displayed warmth when interacting with people. They were very tactile in a well-controlled and non-threatening manner. Staff responded sensitively to the questions they were asked, regardless of the context. Relatives and visitors were welcomed into the home. We spoke with one person who told us how lovely the Eve's pudding looked. The activities coordinator overheard this comment and said, "Would you like some [pudding] too?" "Oh if you don't mind" the relative replied.

A person centred care plan was in place which gave details of people's likes and dislikes. This helped staff deliver care which met people's personal preferences.

People's privacy and dignity was promoted. This was confirmed by people and relatives. Staff spoke with people in a respectful manner and knocked on people's bedroom doors before entering.

## Is the service responsive?

### Our findings

#### Care Home

We previously rated this key question as good. At this inspection however, we identified some shortfalls regarding the maintenance of records relating to people's care and support.

Three people were looked after in bed. We read two people's care plans which stated that they were at high risk of developing pressure ulcers. Staff had recorded the need for regular positional changes to reduce the risk of skin damage. We noted that records relating to positional changes were not maintained.

One person had recently suffered several seizures. A care plan detailing the action staff should take with regards to seizures was not in place.

We did not identify any impact upon people with regards to these omissions. Staff were knowledgeable about people's care needs and could describe how these were met.

We spoke with the registered manager about these shortfalls. She told us that positional change charts had been reinstated and they had contacted the community matron with regards to the management of the person's seizures.

Whilst we were satisfied that action had been taken; this had only been instigated after we had highlighted the omissions. We considered that an effective system was not fully in place to make sure that records relating to people were maintained to ensure their health, safety and welfare.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

People and relatives told us that staff were responsive to people's needs. One person said, "If I tell them I am not well they are straight on to the doctor for me, they really look after me."

An activities coordinator was employed to help meet people's social needs. She was assisted by a care worker who organised activities in the afternoon. One person told us, "We had a great time here, yesterday we had a singer, we had a good time with the singer, there is always something happening." External activity providers visited the home, including a creative artist and a personal trainer.

There was a complaints procedure in place. People and relatives with whom we spoke did not raise any complaints. One formal complaint had been received since our last inspection. Records evidenced what action had been taken to address the concerns raised.

#### Homecare

At this inspection we identified some shortfalls and omissions regarding the maintenance of records. Three of the four people we visited did not have care plans in place to document how care was to be provided. We did not identify any impact upon people with regards to these omissions.

Following our inspection, the registered manager wrote to us and told us that care plans had been put into place. Whilst we were satisfied that action had been taken; this had only been instigated after we had highlighted the omissions. We considered that an effective system was not fully in place to make sure that records relating to people were maintained to ensure their health, safety and welfare.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

People and relatives told us that staff were responsive to people's needs. Comments included, "They are b\*\*\*\*\* brilliant," "The carers are 100% I have no problems at all," "I have nothing to complain about, all my lovely carers help me to stay in my home, and they help me to take part in things" and "The staff seem very well organised, and when there has been an issue they rectify it straight away."

People and relatives told us there had been no missed calls and staff stayed for the agreed length of time. They also said they received care and support from the same members of staff which helped ensure consistency of care. Comments included, "The timekeeping was an issue early in the year but they have put this right," "They seem to have good timekeeping, they are pleasant and friendly I have no complaints," "I have the same carers, and they know what I like" and "He gets good consistent care from them."

There was a complaints procedure in place. People and relatives with whom we spoke did not raise any complaints. One person stated, "I have never needed to complain about anything." A complaints file was maintained. We noted that information was available to demonstrate what action had been taken to address the concerns raised.

# Is the service well-led?

## Our findings

### Care Home

At our previous inspection, we rated this key question as requires improvement. We identified a breach in regulation 17 which relates to good governance. We found that effective governance arrangements were not fully in place to assess, monitor and drive improvements in the quality and safety of the service.

Following our inspection we requested an action plan describing what action the provider was going to take to improve. We checked our information management system and noted that this had not been received.

We spoke with the registered manager about this omission. She told us she did not know why we had not received an action plan. She completed an action plan and sent it to us for our records.

At this inspection we identified shortfalls and omissions regarding medicines management, the assessment of risks and the maintenance of records relating to people, staff and the management of the service.

We spoke with the registered manager about our findings. She immediately took action to address the concerns raised. Whilst we were satisfied that action had been taken; this had only been instigated after we had highlighted the omissions and shortfalls. We considered that an effective system was not fully in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and ensure that accurate and complete records relating to people, staff and the management of the service were maintained.

We rated the service as requires improvement at our last inspection in February 2016 and identified two breaches of the regulations. At this inspection we found that improvements in all areas had not been made. This meant compliance with the regulations was not sustained and consistency of good practice was not demonstrated.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

The provider was not fully displaying their CQC performance ratings on their website, only a link was included. In addition, they were not displaying their ratings at the home in line with legal requirements. The registered manager told us that this would be addressed immediately.

A registered manager was in post. She told us the manager designate [manager in waiting] was going to register with CQC and become the new registered manager. She would then concentrate on her role as operational manager and oversee the care home, home care service and the provider's other care home which was located nearby. One of the senior care workers had been appointed as the new deputy manager.

Surveys and meetings were carried out to involve people and relatives in the running of the home. Regular

meetings were also held to obtain feedback from staff.

Staff told us they enjoyed working at the home. One staff member said, "I love working with the residents." We observed that this positivity was reflected in the care and support which staff provided throughout the day. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

## Homecare

At our previous inspection we identified a breach in relation to good governance. Care plan and medicines audits had not been carried out. There was limited evidence to demonstrate that care reviews had been undertaken and there were gaps in staff training.

At this inspection we found shortfalls and omissions with regards to the maintenance of records. Three of the four people we visited did not have a care plan in place and two people had no risk assessments. Audits and reviews had been completed for three of the four people we visited. However, these had not highlighted that there were no care plans or risk assessments in place.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

Despite our findings and identified shortfalls; people and relatives were very positive about the service. Comments included, "I wouldn't want any other care company," "I have mentioned things in the past and the company always rectifies things" and "They are constantly on time, they are cheerful and helpful."

Surveys were carried out to obtain people and their relatives' views. One relative said, "I have just been filling out a questionnaire about our care to send back to the company." One person said, "I sometimes get a call from the office to see if everything is ok for me."

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	An effective quality assurance system was not in place to enable the provider to assess, monitor and mitigate risk and ensure that improvements were carried out. Records were not well maintained in relation to people, staff and the management of the service. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(f)(3)(a)(b).

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

We issued a warning notice.