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# Rosier Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Rosier Home is a care service for up to 16 older people who may be living with dementia. It does not provide nursing care.

There were 15 people living in the service when we inspected on the 3 and 12 May 2017. This was an unannounced inspection.

There was a registered manager in post. The registered manager 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 comprehensive inspection of 13 November 2015, we found that improvements were required as Deprivation of Liberty Safeguard (DoLS) applications had not been made to the local authority where needed. We also identified that areas of the premises could be developed to make the environment more dementia friendly for the people who lived there. At this inspection, we found that while some improvements had been made, further improvements were still required and we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

There were some procedures and processes in place to ensure the safety of the people who used the service. However, not all environmental risks had been identified and managed and improvements were required around cleanliness.

Improvements were needed to ensure that all risks to people's health, safety and welfare were effectively assessed and that care plans provided clear guidance of the support that people required.

Improvements were required regarding the storage and administration of medicines.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible. Policies and systems in relation to the Mental Capacity Act 2005 (MCA) were not up to date and capacity assessments had been completed incorrectly.

There had been a lack of oversight of the service by the registered manager to ensure the service delivered was safe and effective and that they kept up to date with best practice.

People told us that they had good relationships with the staff that supported them and people were encouraged to be as independent as possible by a staff team who knew them well.

People were complimentary about the food and had sufficient amounts to eat. Their dietary and nutritional needs were met.

People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Environmental risks were not adequately managed and the cleanliness of the service needed improvement.

Staffing levels required review to ensure that there were adequate staff to meet people's needs.

Medicines were not always stored and administered safely or in line with best practice.

Not all risks to people had been identified and risk assessments were not detailed enough.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The Mental Capacity Act (2005) was not being followed. Documentation to assess capacity had not been completed correctly and where decisions were required in people's best interests, these were not in place.

Staff received training relevant to their role although staff would benefit from some refresher training to ensure that they had up to date knowledge.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People had access to appropriate services which ensured they received on going healthcare support.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People's privacy was not always respected.

Staff were compassionate, attentive and caring in their interactions with people.

People's independence was promoted.

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

The service was not consistently responsive.

Care plans lacked detail, contained conflicting information and had not been updated when people's needs changed.

Staff knew about people, their individual likes and dislikes and how these needs were met.

People were given some opportunity to participate in activities.

**Requires Improvement** ●

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

The service was not consistently well-led.

The assistant manager did not have enough time to effectively manage the service. There was a lack of oversight and shortfalls in the service were not always identified.

Feedback was not used to monitor the quality of the care or to drive improvement at the service.

The management team were approachable.

**Requires Improvement** ●

# Rosier 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 unannounced inspection took place on the 3 and 12 May 2017 and was undertaken by 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 care service. Our expert had experience of caring for older people.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

During our inspection, we looked at the care records of four people, recruitment records of three staff members and records relating to the management of the service and quality monitoring. We spoke with four people living at the service and three relatives. We observed the support provided to those who were unable to talk with us due to their complex needs. We spoke with seven staff including the registered manager and assistant manager. We also spoke with three professionals involved with the service.

# Is the service safe?

## Our findings

Improvements were needed to ensure that the medicines administration processes were safe and were following best practice. On both days of inspection, we saw that staff members gave one person their medicines by directly touching the tablets and putting them into the person's hand. This was unsafe practice as there was a potential risk of the medicine becoming contaminated and medicines being absorbed through the skin of the staff member. The assistant manager told us that was how the person preferred to receive their medicines but they would address this with the team and ensure that medicines were administered safely.

Fridge and room temperatures where medicines were stored were not recorded or monitored. The medicines policy did not cover ensuring that medicines were stored at the correct temperature. Incorrect storage temperatures could reduce the effectiveness of medicines putting people at risk. The assistant manager was not aware that this was required and told us this would be put in place.

Where 'as and when required' (PRN) medicines were prescribed, there should be clear guidance to staff on what each medicine was for, when it should be given and how often and any proactive strategies to use prior to using the medicine. This guidance was not in place for all PRN medicines that were being administered. For example, one person had been prescribed Laxido and there was no guidance available on when this medicine may be required or how often it could be taken. Another person had been prescribed Paracetamol. The instructions for this medicine said, 'One or two to be taken four times a day.' There were no instructions to provide guidance to staff on when one tablet may be required and when two tablets may be required. The medicines policy did not cover the use of 'as and when' required medicines. This meant that there was a risk that these medicines could be administered when they were not required or wanted. After the inspection, the assistant manager told us that PRN protocols had been written.

Some of the risks to people's personal safety had been assessed and included risks associated with mobility. While some assessments were detailed, others were not and did not always contain enough detail or guidance on the action for staff to take to reduce the risk. For example, where two people were at risk of pressure ulcers, there was no guidance in place to tell staff how to support the person to reduce the risk of these developing or how to prevent further deterioration.

Where one person had bed rails in place, the risk had not been assessed to consider whether bedrails were the most appropriate way to manage that risk. The bed rails did not have a protective covering in place and regular checks were not being completed to ensure that there was no risk of entrapment. The management team were not aware of the guidance around the safe use of bed rails.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

On the second day of inspection, we saw that the bed rails had a protective covering and a risk assessment was being written. The assistant manager agreed that some of the information required updating and

assured us that this would be actioned.

Environmental risks had not always been identified and addressed. We saw that the bath panel in the downstairs bathroom was cracked and had sharp edges which could cause injury if someone walked into it. The registered manager was unaware of this risk. Where a risk had been identified from a hot radiator in the upstairs bathroom, a sign had been displayed asking people to be aware that the radiator was hot. The registered manager told us that people who used the bathroom were independent but they had not recognised the risk of injury if someone fell against the radiator and were unable to call for help. The registered manager assured us that action would be taken to mitigate the possible risk. After the inspection we were told that the bath panel had been replaced.

Improvements were needed regarding the cleanliness and maintenance of the building. Carpets in the hallway and in the small toilet downstairs were dirty and marked in places. The small toilet and one bedroom smelled of stale urine as the floors were not washable. Some sinks in the bedrooms were dirty and the bases cracked. The ceiling on the upstairs corridor was peeling and dirty after a water leak. The downstairs bathroom required decoration. The registered manager was considering how to address these concerns and assured us they would be rectified.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment.

There was an emergency evacuation procedure and general fire risk assessment completed. However, people did not have personal emergency evacuation plans in place to evidence that they had been assessed to determine if they could understand the dangers of a fire, the fire evacuation process and what assistance they required in the event of a fire. This had recently been identified during a visit by the fire safety officer and the assistant manager was in the process of putting the plans into place.

Medicines were stored in a lockable trolley for the protection of people who used the service. We saw that medicines were provided to people in a polite manner by staff. Medicines administration records (MAR) were appropriately completed and mostly identified that staff had signed to show that people had been given their medicines at the right time. Where there were gaps, the assistant manager had arranged to meet with the staff members concerned to address this. Staff had received training in medicines administration and provided people with their medicines with consent and at the person's own pace. One staff member said, "I done the medication training on line and in house, I was shown the trolley, sign books and control drugs book, I felt it was sufficient and told if I was unsure to ask for more training and it is always available."

Staff understood the different types of abuse and knew how to recognise them and were able to tell us what action they would take if any form of abuse was suspected. Although the staff had not needed to report any potential abuse, they could tell us about their responsibilities to ensure that people were protected, knew how to recognise abuse and how they would report any concerns appropriately. One staff member said, "Anyone being neglected or abused or if I saw something I didn't approve of, I would tell the manager without fear of retribution and it would be investigated."

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Checks had been carried out to make sure people were of good character and suitable to work with vulnerable adults.

We received mixed feedback regarding staffing levels. One person said, "I feel safe, there is always staff around night and day, at night one is sleeping and one is awake so someone is always available, and there is



enough cover week days and weekends." Another person said, "I press the buzzer and they come quickly." However, another person told us that there was, "Not enough, they are so busy and at night-time they need to wake the other one up, I feel there should be two staff (at night) and it works alright when there is two." One relative said, "Sometimes there are not enough staff." Another relative told us, "There are certain times of the day when I do not get an answer immediately at the door." One professional said, "They [Rosier Home] seem to be short staffed and staff work lots of hours." Another professional told us, "It can be difficult to find a staff member."

Despite this feedback, we saw that staff were not rushed in their interactions and had time to spend sitting and chatting with people, although they were busier during mealtimes and on two occasions, the doorbell was ringing and staff were not able to answer immediately. The rotas reflected the staffing levels that we were told were in place. The registered manager told us that they adjusted the staffing numbers according to people's needs. The assistant manager worked some care shifts and this was impacting on their ability to complete their management duties. Staffing levels need to be reviewed to ensure that these are sufficient at all times of the day and night and to ensure that the assistant manager can complete their management role and has effective oversight of the service.

## Is the service effective?

### Our findings

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 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.

At our inspection of 13 November 2015, we found that improvements were needed regarding DoLS applications and the understanding and application of the MCA. At this inspection, we saw that whilst DoLS applications for people had been made, further improvements were required to ensure that the MCA was appropriately implemented.

Mental capacity assessments had not been completed correctly. The specific decision that was to be made and the actual decision that was made were not documented. There was no assessment of capacity for one person who had bed rails in place and no evidence of how decisions to use the bed rails had been made in their best interests. This meant that the person was at risk of having their movement restricted without their permission. Despite being told by the assistant manager that best interest decisions had been recorded, we did not see evidence of this within people's records. This was discussed with the assistant manager who told us they would refresh their knowledge of the MCA and record best interest's decisions.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent

We observed people were asked for their consent before staff supported them with their care needs. For example, assisting them with their medicines and personal care. Staff were heard saying, "Shall we pop your jumper on?" and, "I have got your inhaler here, can you give me two big breaths?" One staff member said, "People have different mental capacity, some can express more than others and they are entitled to choice. It is hard to get consent but we explain everything that is happening and if they are really unhappy we don't follow through." Some people had signed to give consent so that staff members could talk to professionals on their behalf about the care they were receiving.

At our inspection of 13 November 2015, we found that some areas of the service could be further developed including more signage to help people understand their surroundings better. At this inspection, we found this still required development. There was poor signage in the service and many signs were handwritten. Although the assistant manager told us that people had photographs on their doors to help them recognise

their rooms, we did not see these in place. We were told that people removed them. However, on the second day of inspection, we saw that hand written signs had been replaced with colourful pictures which were eye catching and laminated to aid people to find their way around. There were limited sensory or comfort items around the service such as memory books, old newspapers, scarves or handbags that people could pick up and use to stimulate thoughts and memories which are seen as important when caring for people with dementia.

Staff were knowledgeable about their work role, people's individual needs and how they were met. When talking about a person who occasionally became upset, one staff member said, "The manager goes through everything and tells us the different triggers." The staff member described the best way to support the person to ensure that they remained calm.

Staff told us that they had received training which was relevant to their role and had an induction when they first started at the service. One staff member said, "I have had training in moving and handling and how to use the equipment." Another staff member said, "I did an induction when I first started which included fire and manual handling. I was introduced to staff and residents on three half days and did a week shadowing." They went on to say, "I did a diabetic course and learned about different types of diabetes and medication and how to react if someone is hypoglycaemic." This showed us that the training had been effective in providing staff with the knowledge that they required to meet people's individual health needs.

The assistant manager told us that some training was out of date and required updating and they were in the process of arranging this. This included safeguarding, MCA and on the use of the malnutrition universal screening tool (MUST). This tool is used so that any changes in people's nutritional needs can be assessed when they are unable to be weighed.

Observations of staff member's care practice had been carried out by the assistant manager and covered medication administration and respecting privacy and dignity. This was an additional measure in place to ensure that staff were competent within their roles.

The registered manager was aware of current best practice guidelines in relation to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work. New staff were working towards the Care Certificate and other staff at the service were working towards the Qualification and Credit Framework (QCF) to ensure that they had the required knowledge to be able to support people effectively.

Staff received regular supervision. Supervision is an opportunity for the staff member and manager to meet and discuss performance and areas for improvement. The assistant manager told us that they also speak to the staff on a daily basis to discuss any issues that arise. One staff member told us, "[Manager] listens to me and knows us all very well." Staff were motivated and felt that they worked well together. One staff member told us, "We are motivated and no one sits around. Lots of staff have been here a long time, got a lovely atmosphere and we all support each other. If someone [a staff member] is not confident, we try and reassure them and in this job you must genuinely care, it is all about team work and any problems can be sorted out. "

People were complimentary about the food and said that they had a choice of what to eat. One person said, "The food is very good, choice is fine, always hot and served straight from the kitchen." Another person said, "The food is alright, you get a choice, and get a good plateful and a sweet."

The cook told us that people were asked what food they would like on the menu and that a different menu

was used each week on a four weekly cycle. If people did not like the menu that was available, then they could choose something different. At lunchtime, we saw that the food was freshly cooked and nicely presented. When asked how lunch was, one person commented, "Lovely."

People were encouraged to eat independently but where people required assistance, this was provided. For example, one person was finding it difficult to cut up their food and a staff member offered to cut it up and gained their consent before providing the assistance. Some people would benefit from having a plate guard or crockery with a raised side as we saw people struggling to put food onto their cutlery. Staff were patient and supported people at their own pace.

People's records showed that their dietary needs were assessed and met. We saw where one person had a soft diet that the food was pureed and served separately on the plate so that the person could taste each different food. The assistant manager was aware that people had not been weighed recently. One person had not been weighed since February 2017 which meant that staff would not be aware of any weight loss or be able to take any action where required. The assistant manager told us that they would ensure that people were weighed that week and that this would be done regularly by keyworkers going forward. The people who had not been weighed recently, had involvement from a dietician and one person had regular contact with the GP as they were not eating enough.

## Is the service caring?

### Our findings

Staff were kind, supported people at their own pace and provided reassurance by explaining what they were doing, for example, when supporting one person to use their walking frame. However, people's privacy was not always respected by staff. We saw that everyone had their bedroom doors wedged open. We did not know if this was a choice that each person had made or whether this was for the staff to be able to observe everyone easily. We discussed this with the registered manager who told us that doors should not be wedged open and that they would discuss this with each person and document their preference.

Staff meeting minutes and the accident book were stored on the desk in the hallway which was used as an office area. These contained personal information about people. This meant that information could be read by people who did not have a right to see it. The registered manager told us this would be addressed.

People told us that the staff were caring. One person said, "[Staff] are very nice and helpful and kind, [staff] are very good, friendly, there for you – all of them." Another person commented, "They [staff] are good carers and look after me." One relative said, "In general I am happy, some of the staff are fantastic." A professional told us, "The staff are very very caring." Another professional said, "People speak really highly of the care and it has got a lovely community feel."

There was a relaxed and friendly atmosphere in the service. We saw people and staff sharing jokes and there was lots of laughter. We saw that interactions were not rushed and staff spent time sitting and chatting with people and encouraging conversation. Staff communicated in a caring manner and in an effective way by making eye contact, listening to what people said and getting down to their level to make eye contact. Staff spoke fondly of the people they cared for. One staff member said, "[Person] is such a character and makes me laugh." Another staff member said, "It is a caring family run business and all the staff very caring and very supportive, the families are comfortable to come and talk to us, we are a good team and do really well."

People were supported to maintain their independence by staff. Where one person was being supported to mobilise, they were encouraged to do as much as possible for themselves and the staff member was heard saying, "The hare never won the race, heels down, here with go 1-2, 1-2." One person said, "I have a bath a couple of times a week, nice experience for me and they [staff] help me get in and out on a chair, it is a comfortable experience." Another person said, "I get up at 5.30am every day and have the radio on low and get myself sorted and if they are not too busy they bring me a cup of coffee at 6.00am. I like my radio and when I am tired at night I get into bed."

Staff involved people and their relatives, where possible, in developing care plans and all of the staff team had an input into care plans to ensure that these were reflective of the person and met their needs. People had a key worker who was responsible for ensuring that care plans were up to date and reflected people's needs. One person's care plan stated, "I do not wish to go out at this time." Another person told us, "My key worker is [name] and they take care of my care plan, and ask me if there anything I want added. They ask, "Are there any complaints in it, and is anyone not doing their job right?" I have not seen anyone not doing the right thing." One relative said, "I ask to see the care plan and they give it to me." One staff member said,

"Care plans have lots of background information, medical needs, diet needs, speaking to visitors/family – any staff can add into the care plan."

People told us that they could choose what they wished to do and we saw that choice was promoted. One staff member said, "I say, I have run you a nice bath would you like it? 99.9% of times they say how lovely but if they don't want it, I go back 5 minutes later and say are you sure you don't want it, but if they really don't want it, I offer it to someone else." People's bedrooms were personalised and reflected their choice and individuality. People had the opportunity to include personal items of decoration and furnishings to personalise their space.

Relatives and friends could visit at any time and we saw people entertaining their visitors who were welcomed by staff. One staff member said, "Relatives can come 24 hours a day, no restrictions and we have got a sleeper room upstairs, and relatives have been staying in the room." One person told us, "I sit in the lounge with my friend, my brother comes twice a week and if it is nice, I go with him in the wheelchair and sit on the headland." This meant that the risks of people becoming lonely or isolated were reduced because people's relationships with their family and friends were respected.

## Is the service responsive?

### Our findings

People's care plans covered areas such as mobility and communication but some care plans lacked detail. For example, a care plan about personal care did not cover how to support someone with teeth cleaning or hair washing. Some care plans had not been reviewed or updated when people's needs changed. For example, one person was being cared for in bed. However, in the care plan it stated, 'I enjoy quiet time in my chair,' and, in another part it stated that the person was still mobile. This meant that care plans contained conflicting information and people may not receive the correct support to meet their needs.

Two people did not have a care plan for pressure care. One person had recently been supplied with pressure relieving equipment. A staff member confirmed that there was no care plan or guidance for them to follow. Another staff member did not know how often one person required re-positioning. One professional said, "[Person] should wear memory foam boots but these were not in place the last time we visited and they were not being re-positioned." This was discussed with the assistant manager who told us that the person sometimes declined to wear the boots or to be re-positioned. They acknowledged that this needed to be documented and that further guidance needed to be provided to the team on the support that people required.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care

People had life histories within their records and staff knew about people, their individual likes and dislikes and how these needs were met. People's preferences were recorded, for example, 'I like to lay in until I am awake.' People had goals that they wanted to achieve recorded. However, it was not clear from records the progress that had been made towards these goals or whether they had been achieved. People were involved in their care during reviews.

People were provided with some activities to reduce the risks of boredom and isolation. Activities took place on an ad hoc basis. One person said, "Two weeks ago a husband and wife came and we had a sing song." Another person said, "I go to the shops, the carer took me in a wheelchair." A third person commented, "I have perms, and I sit and watch TV, I don't do the activities." One staff member said, "We paint nails, play darts, games, have birthday parties, Elvis singers, and sitting and chatting is a form of activity." However, one relative told us, "There is not enough to do."

While there were limited formal activities, we observed good stimulation and attention by members of staff. One member of staff engaged with people using musical instruments. There was lots of laughter and the staff member was encouraging participation. When a person lost interest and focused on a large teddy bear, the staff member used this to encourage engagement. This generated conversation and a sing song session. We saw numerous interactions from staff with people throughout the day.

We discussed activity provision with the registered manager who told us that a weekly activity programme had been put into place previously but people were not really interested. A mini bus is contracted when

people wished to go out for the day; however people didn't want to go out much and preferred to do their own thing and make their own choices daily. One person told us, "Don't have outings, I am capable of doing things and I can go to the theatre with a friend."

The service had a complaints policy and this was distributed in the service user guide. The service did not have a formal log of complaints. The manager had received one formal complaint which was investigated. On the day of inspection, a relative raised concerns with the registered manager. These were responded to immediately and the registered manager logged the complaint. Relatives and people knew how to complain and that their concern would be listened to.



## Is the service well-led?

### Our findings

The registered manager was not ensuring that there were robust systems in place to check that the quality of care provided was safe and of a consistently good quality. As mentioned previously in this report, we identified problems with medicines, the cleanliness and safety of the environment, the application of the MCA, and pressure care management. While some of these concerns had been identified by the assistant manager prior to inspection, they continued to be a concern as action had not been taken to address the issues. Lack of effective oversight meant people were at risk of receiving care which was not of a good standard.

The registered manager and assistant manager were not up to date with best practice or their responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, they were not aware of their responsibilities under Regulation 20: Duty of Candour. Information on the PIR was not clear in demonstrating how the management team kept up to date with best practice. The registered manager told us that they received updates from the Care Quality Commission to keep their knowledge up to date; however, they were not implementing national best practice guidance within the care industry, for example, in the medicines administration process and the application of the MCA. Due to the lack of external engagement the service had become isolated from best practice in the industry and this impacted on their ability to continuously improve the service and ensure that the service was up to date.

The assistant manager was responsible for the day to day running of the service and spent some of their working hours providing direct care to people. More recently they had been covering more shifts due to a lack of staffing and sickness. This had impacted on their ability to ensure that they had effective oversight of the service and took action to ensure that the service continually improved.

The management team had recognised that meetings with people who used the service and their relatives were required and had identified this on the PIR that they completed prior to inspection. The PIR stated that the service listened to feedback and documented this although we saw no evidence of this on inspection. The views of people using the service had not been gathered recently. This meant that these had not been used to monitor the quality of the service or to identify areas for future improvement.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance

The policies and procedures within the service were dated 2011 and the registered manager told us these required updating. The business continuity plan had not been updated since 2012 and contained old information. There was old information displayed around the service, for example, in relation to swine flu. The registered manager told us this would be removed.

We discussed our findings from the inspection with the registered manager and assistant manager who were open to feedback and recognised that improvements were required. The registered manager told us that they will allocate more time to the assistant manager to allow them to complete their management role

effectively.

To ensure that the service was up to date and following best practice, we recommend that they explore current guidance from a reputable source, for example, the National Institute of Clinical Excellence, on the safe management of medicines and on the management, safe use of bed rails and the prevention of pressure ulcers. Also consider guidance relating to the MCA 2005 from a reputable source such as the Department of Health and/or Social Care Institute for Excellence (SCIE) and consider current guidance from a reputable source on improving the design, and decoration of accommodation for people living with dementia and engagement for people living with dementia.

Despite our findings, staff and relatives told us that they felt that the service was well-led and the management team were approachable. One staff member said, "The office is always open and residents get what they need." Another staff member commented "[Managers] are very approachable – they have time for all and always there if you need to talk. Both managers are very good." One relative said, "The service is excellent. They seem a fairly happy crew here and this reflects in the care."

Staff told us that the assistant manager listened to their suggestions and acted on their feedback. One staff member said, "I feel supported and I suggested a new monitoring form and we used it for the first time last night. It felt really nice to know my opinion is really valued."

Staff meetings were held regularly with the last meeting being held in May 2017. The service had a small staff team and the management team were very visible in the service. The assistant manager told us that they worked alongside the staff team and were in the service a minimum of five days a week. This meant that they could speak to staff and people regularly to provide support and guidance where required.

We saw thank you cards that had been received by the service and compliments which included, "Thank you for making us all feel so welcome. It is reassuring to know that [relative] will be well cared for." And, "Thank you so much for all the love and care you showed [relative]."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>Care plans contained conflicting information and did not provide sufficient guidance to staff.<br>3(b)  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Capacity assessments had not been completed correctly or decisions made in people's best interests.<br>Bed rails were in use and consent was not documented.<br>11(1)   |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Environmental and individual risks had not been assessed or action taken to mitigate the risks.<br>12 (a) (b)<br><br>The service had failed to ensure the safe and proper administration of medicines.<br>12 (g) |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment  |

Some areas of the environment were not clean or well maintained.

15(1) (a) (e)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The service did not have an effective quality assurance monitoring process in place and there was a lack of oversight.

The service did not use feedback to ensure that it continually improved.

17 2(a) (b) (e)