

Denville Hall

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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?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 5 and 11 September 2017 and the first day was unannounced. The last inspection took place on 27 and 28 October 2015 where we rated the service as overall Good.

Denville Hall provides support and accommodation for up to 40 older people. Some people using the service were living with dementia. There were 26 people using the service at the time of this inspection.

There was a new manager in post since June 2017 and they had applied to the Care Quality Commission (CQC) to become the registered manager. Prior to this there had been two other managers in post since the last inspection in 2015 but they had not registered as a manager with the CQC.

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.

On the first day of the inspection we identified several areas where improvements needed to be made. When we carried out the second day of the inspection we found the manager had addressed some of the shortfalls and had put action plans in place and documents to start making the improvements to the service. This showed that some of the systems within the service had not been effective in assessing the quality of the service to ensure that areas for improvements were identified and addressed.

Several audits and checks had not been carried out prior to our inspection. For example, medicines, other than controlled medicines, had not been checked and counted regularly to identify any discrepancies so these could be addressed. Accidents and incidents had not been checked to see if there were any trends in these occurring so action could be taken to prevent these from reoccurring. By the second day of the inspection the manager had carried out some audits and addressed some of the issues we had identified during the first day of the inspection.

Some records were not being maintained appropriately. Records in the kitchen were not filed appropriately and therefore finding information was not easy. There were gaps in the Medicine Administration Records. There was no written evidence of any checks the provider had carried out.

Since earlier in 2017 there was an electronic system to record people's care needs, information about them and risks. This was being used by many staff but was difficult to navigate and therefore information was not always fully recorded for staff to see. This issue had been recognised and staff were due to receive support and guidance in October 2017 from the IT organisation.

There was a lack of evidence that people had been involved in the development of their care plan. Although their personal preferences and likes and dislikes were noted it was not evident that they had agreed to the

contents of their care plan or that they were a part of any review.

There were some good systems in place to manage medicines but there were recording issues when medicines had been administered and pain assessment tools and protocols for medicines to be given as and when required were not in place for everyone. Nurses had not received medicines management training since working at the service. This was arranged after the inspection.

There was a lack of evidence that staff had received a formal induction, had been offered the chance to study for the Care Certificate or that staff had received regular supervision. Under the new management this had started to be addressed. Training was also being booked for those staff who needed to complete this to ensure they could support people appropriately.

There were sufficient numbers of staff working to meet people's needs but at times agency staff were used to cover shortages of staff. People and staff told us that the use of agency staff was not ideal, especially if they were new to the service. Recruitment checks were carried out to make sure staff were suitable to work with people using the service.

Most staff had received training on safeguarding adults from abuse and there were policies and procedures in place. There had been one safeguarding concern since the last inspection which had been dealt with appropriately.

Through feedback and our observations, the care people received was good. Staff were attentive and friendly with the people using the service. People had access to the health care services they needed and their nutritional needs were being met.

The service had an accreditation from Dementia Care Matters who had set up the 'Butterfly project'. This had been introduced and implemented to people using the service and staff in the dementia unit. This encouraged staff to help people using the service to express themselves and for staff to reflect on how to support people and see them as an individual.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The systems in the service supported this practice.

There was a complaints procedure available and people said they would talk with staff or their relatives if they had a concern. The provider arranged for meetings to be held for people to share their views and hear updates on the service.

We found four breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to safe care and treatment, staffing, person centred care and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

The management of medicines was not always carried out in as safe a way as possible.

There were recruitment procedures in place but the information recorded and obtained during recruitment was not comprehensive to support decisions around the recruitment of staff.

Risk assessments were in place for identified areas of risk to minimise them.

Servicing of the premises and equipment took place to ensure these were safe.

There were enough staff on duty to keep people safe.

Requires Improvement 

Is the service effective?

Some aspects of the service were not effective.

There was an induction process in place for new staff. Under the new manager staff received one to one and group supervision to support them. The majority of training was provided to ensure staff had the knowledge and skills they needed to support people appropriately. However, this had not always been provided in a timely manner.

The manager had taken appropriate action to ensure they followed guidance in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were being met. People could choose the meals they wanted to eat.

People's health needs were being met and staff supported people to ensure they attended medical appointments.

The environment and décor was suitable for the people living in the service.

Requires Improvement 

Is the service caring?

Good ●

The service was caring.

People were supported to make daily choices about how they wanted to live their lives.

Staff respected people's choices and treated them with dignity and respect.

Staff had a good understanding of the individual care people needed and provided this in a gentle and calm manner.

Is the service responsive?

Requires Improvement ●

Some aspects of the service were not responsive.

Some information in people's care records was difficult to find to ensure all their needs were recorded and up to date. There was limited evidence that people were involved in the development of their care plan or if they were part of the review of their care.

Activities were organised and staff encouraged people to engage with others and see their family and friends. People's feedback on the activities was mixed, with some people speaking positively about them, whilst others said they were not as relevant to them.

People had the opportunity to give feedback on the service and their views were listened to.

There was a complaints policy and procedure in place so that people could be assured their concerns would be acted on.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led.

Care records were not easily accessible to staff and others and did not always provide an accurate and complete picture of the person's support needs. Staff were not fully confident to use the IT system which recorded people's needs.

Although there were systems in place to check various areas of the service, some audits had not been taking place and the provider did not have systems to check the service was running well.

People and staff's feedback on the new manager was positive

and they were approachable and keen to make improvements to the service.

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Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 5 and 11 September 2017 and was unannounced.

The inspection was carried out by an inspector, a bank inspector, a specialist advisor pharmacist and an expert by experience. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection had experience of using regulated services.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications, which is where the registered person must notify the Care Quality Commission of significant incidents and events affecting people using the service. We also viewed the Provider Information Return (PIR) the manager completed and sent to us. The PIR 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.

At the inspection we spoke with eight people using the service, a visitor of a person using the service, the manager, nominated individual, two nurses, a senior healthcare assistant, six healthcare assistants, a housekeeper and the chef. We reviewed the care records for nine people using the service, including their support plans, medicine management information and risk assessments. We reviewed 25 medicines management records. We also reviewed five staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

We emailed four healthcare professionals for their views on the service and received feedback from one of them.

The information we asked the manager to send to us after the inspection, such as, evidence of the staff team's training records, medicine and supervision policy and procedures, the maintenance plan and the manager's action plan for the service was received a few days after the second day of the inspection and formed part of the evidence for this report.

Is the service safe?

Our findings

People were not always protected against the risks that can arise if medicines are not managed safely. We looked at 25 Medicines Administration Records (MAR) in detail and saw five gaps for evening medicines in the recording of administration on the first floor. All the doses had been removed from the dosage system indicating they had been given but not signed for.

If people were prescribed medicines to be given as required (PRN) there were generally protocols in place so that staff knew when and how often they should be given. We noted that one person was prescribed a medicine to treat a seizure and saw a PRN protocol was in place for staff to follow if they needed to administer this medicine. However, some protocols were missing for newly prescribed medicines and where instructions to administer these medicines had changed.

Several people were prescribed patches and oral medicines for pain relief. We saw for one person there was a pain assessment tool in place but we did not see this for all the people who might not be able to express if they were in pain so their pain could be assessed and monitored.

On the first day of the inspection we identified there had been no internal medicine audits carried out for a long period of time. However, the manager, since they started working in the service, had arranged for an external medicine audit to be completed, which we saw evidence of this audit during the inspection. Nurses had not received medicines training since they had started working in the service and they had not been assessed to ensure they were competent to carry out this role safely. We saw evidence that the manager had begun to arrange for nurses to be assessed following on from the first day of the inspection. Furthermore, the manager confirmed to us on the second day of the inspection that they had requested medicines training and shortly after the inspection they stated, via an email, that medicines training was booked for the 19th and 21 September 2017.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found some areas that needed to be improved in relation to medicines management we also found there were procedures in place to help people receive their prescribed medicines that were being followed. Several people using the service could take care of and self-administer their own medicines. We saw that risk assessments were in place to ensure that this was carried out safely. We counted random samples of supplies of medicines and we were able to reconcile all medicines with the records of receipts, administration and disposal; therefore we were assured that medicines were administered as prescribed. Controlled drug records were all accurate and regularly checked by the staff.

We noted from the MARs and GP record book that medicines were reviewed regularly and dosage changes were clearly documented on the MAR and the GP records. One person had a protocol in place for managing fluctuating blood glucose with a sliding dose of insulin. We observed this person receiving their insulin and being supported with administering it to themselves. We saw medicines being given patiently and

professionally to two other people and heard the nurse ask one person, "Do you want your eye drops this morning sir?" This interaction enabled the person to consider if they were ready to receive their medicines.

The allergy status of all people was recorded to prevent the risk of inappropriate prescribing both on cover sheets and the MARs. A separate record of administration was made on a PRN recording sheet. And when a variable dose such as one or two was prescribed this was accurately recorded so that the prescriber could determine the effectiveness of the medicine.

Where people had their medicines given covertly we saw that this was agreed with the person's relatives, GP and the pharmacist as part of a best interests decision process.

In the dementia unit we noted that medicine cupboards and MAR charts and related medicines information were kept securely in peoples rooms and this allowed a person centred approach to giving people their medicines. Some people were prescribed high risk drugs which needed regular blood monitoring. Dates and results of blood tests were kept with the MAR and records showed that they were administered as prescribed.

We asked people if they felt safe living in the service. Feedback was positive and comments included, "I do feel safe here," "I feel protected, it's very pleasant" and "I fell in the dining room and there were immediately four faces around me. Everybody jumped to help and took tremendous care of me. They [staff] took me upstairs in a wheelchair and paid a lot of attention to me."

Staff received safeguarding training and the manager was looking to book further training as one staff member said they had worked for several months but had not completed training on this subject. Policies and procedures were in place and one staff member said that staff had recently been issued with new staff handbooks which contained information on safeguarding that could be referenced. The manager confirmed the contact details for the local authority was in each office. However, when we spoke with staff only three out of the eight care staff we spoke with knew about the external professionals they could contact if they had a concern. One staff member confirmed they would, "report a concern to the manager" but told us they did not know the telephone number for the local authority. This was fed back to the manager and they stated staff had this information and they would be reminded on what the process was for reporting a safeguarding concern.

The manager confirmed there had been no safeguarding concerns in the three months they had worked in the service. There had been concerns raised in the latter part of 2016 which the previous manager had appropriately investigated and responded to. The manager knew of their responsibility to report any safeguarding allegation to the local authority and to the Care Quality Commission (CQC).

Checks were carried out before employing staff to work with people using the service. Each of the staff recruitment records we checked included proof of the person's identity, an application form, references and a Disclosure and Barring Service (DBS) criminal records check. On the first day of the inspection, we found some information missing on staff files. One staff member had one reference on their file, one had an unexplained employment gap of a few months and one staff member did not have details of their proof of address. By the second day of the inspection we saw this had all been addressed. There was a checklist in place and the manager confirmed all staff files would be re-checked by the end of September 2017 to ensure there was no missing information.

We saw there were risk assessments in place, on the electronic system, for people which looked at different areas such as falls, mobility and skin integrity. These documents highlighted the risk and how to support

people to minimise these risks. There was a review taking place on how people's details were being recorded on the new electronic system so that all staff could easily see potential risks to the person. This was because it was not clear at a glance which risks people faced and which assessments had been completed particularly for those staff who were not too familiar with the new electronic system. In regards to minimising the risk of falls, two staff had signed up with the local authority to become falls champions so that they could check on any falls that occurred and look into what could be actioned to minimise these occurring again.

There were arrangements to protect people in the event of a fire. These included individual emergency evacuation plans detailing the type of support the person required and the number of staff needed to assist them. There was a fire risk assessment available and checks were carried out on the fire safety equipment. There were also other checks on the environment, equipment used, health and safety and cleanliness. As part of the checks carried out on the building we saw window restrictors were checked monthly to ensure they worked properly and water temperatures were taken regularly so that risks to people was minimised.

Our observations indicated that there were enough staff working on each shift to care for and support people living in the service. There was one nurse and four care assistants on duty during the day on each floor. During the inspection call bells were promptly answered and staff were always available to help people to move around the service and to assist those who required help.

Staff were allocated to the same floor as familiarity was considered to be important for the people using the service. Staff confirmed that there were enough care staff in the service, although some said they had been concerned about the use of agency staff as this was unsettling for some people. A healthcare professional also spoke of the turnover of staff and told us that it could be "Unsettling for residents and puts an additional strain on the remaining staff" when staff leave the service. The service currently had one full time and one part time staff vacancy and during the inspection the manager had just recruited to the post of clinical deputy. This person would support the manager and the provider confirmed they would work supernumerary to enable them to settle into the role and build relationships with the people using the service and staff.

Is the service effective?

Our findings

People spoke about the staff working in the service and how competent they were. Comments included, "They [new staff] seem to get them on board very quickly. If there's a new carer, there's another carer with her, giving the back story about the patient" and "They know the way I like things done. For example, they know the way I like my bed made and act accordingly."

The files we viewed on the first day of the inspection showed little evidence that new staff had received an induction to the service. One staff member told us they had gone through an induction and described the process as reading policies and procedures, completing training and having a period of shadowing and supervision with an experienced member of staff. The service had not been using the Care Certificate, which are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support. There had been no new healthcare assistants recruited since the new manager started working in the service but the manager confirmed they were looking at introducing the Care Certificate for any new healthcare assistants recruited to work in the service.

There had been no evidence that prior to the new manager working in the service, that staff received a formal recorded one to one meeting with their line manager. There was a record showing staff had met with the previous manager once in April 2017 but this was all that was available to see. On the second day of the inspection the manager made available records of meetings they had so far held with staff. This had mainly been in group meetings but a number of staff had also received one to one supervision. The manager showed us that once they recruited new nurses they had an induction pack for them to go through and a separate induction for the healthcare assistants. In addition, we saw where the manager had written to a nurse who was going to be joining the staff team and this outlined the shifts they would shadow and who their mentor would be.

We saw evidence that a list of mandatory training had been completed by staff but this had covered a wide range of subjects all in one day. Subjects had included, health and safety, infection control and basic life support. We identified that two staff members had not completed moving and handling practical training. There were staff who were trained to offer this type of training to others and the manager arranged for this to be provided on the 19 September 2017.

There was evidence that some staff, including agency staff, who had received training on the Deprivation of Liberty Safeguards (DoLS) and/or the Mental Capacity Act 2005 (MCA), however, we saw from viewing staff files and the training matrix that several staff still needed to undertake training on these subjects. The manager had given staff easy to read documents on DoLS and MCA. This was to help them understand what the legislation meant for them in their working lives. The manager informed us that there was also a staff member experienced in this subject who would be holding training sessions on DoLS and MCA. The local authority had also visited the service to offer training and guidance on this subject, although there were care staff who still needed to attend these sessions.

The manager explained that they were looking at providing a mix of online electronic training and face to face training to ensure staff had the skills and knowledge they needed to carry out their work. The manager confirmed there were staff who needed to bring to the service copies of the training they had completed, in particular those who were nurses and worked in the NHS.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been sent to the relevant local authority responsible for authorising a deprivation of a person's liberty in order to keep them safe. This was then documented on people's individual files if they had been assessed and if a DoLs was then authorised. The manager, since starting to work in the service, was supporting the nurses to complete more applications to ensure assessments were carried out on people who potentially needed this. This was particularly important for people with fluctuating and limited capacity to make decisions about where they lived and how they were supported.

Staff described how they gave people choices in their everyday lives, such as when they got up, went to bed and how they spent their day. One staff member told us, "We need to act in people's best interests and treat them how we want to be treated." There was information in people's records regarding if they could make decisions for themselves and where they needed assistance. Care records outlined where people had the capacity to make decisions and where they would struggle to understand the implications of making certain decisions.

People's health needs were recorded. We saw records were kept of healthcare appointments so that staff could look for any changes with a person's needs. A healthcare professional told us, "I have a good working relationship with the nursing staff and current manager. When in doubt they do not hesitate to contact me for advice." There was evidence of communication with the GP who visited the service on a weekly basis. There was a book kept in the nurses office on each floor and this was very well maintained and clear with the date, person's name, reason for the visit and outcome. This ensured staff could refer to people's current health needs.

Whilst there were some specific criticisms of the food, the overall verdict from people was positive. A number of people mentioned the chef by name and told us, "It's not always what you could expect. The fish is fine, but meat is a weak point. As long as I can get out occasionally to a restaurant with my daughter, it's fine," The food is much better than it used to be but it is very repetitive. I can't tell you how often we have had egg and chips for supper, four times in two weeks. There's not much imagination. The chef will always give you an alternative if there is nothing you like" and "The food is variable. They do give alternatives if you cannot eat the main course."

Hot and cold drinks were available at all times during the day. Coffee and tea was served in the morning and afternoon with biscuits and also cake in the afternoon. This was to make sure people were hydrated throughout the day. There was a bar on the ground floor which was open twice a day and served alcoholic beverages. This encouraged people to socialise and chat informally with others. Plans for future improvements were in place, such as developing a café for people near to the entrance so that people could use this as another area to socialise or meet with their relatives.

In the main dining room we observed lunch and saw no-one needed assistance to eat their meal. The

atmosphere was lively and committee members joined people for lunch. Daily menus were updated weekly and were varied according to seasonal produce throughout the year and the chef told us that he spoke with people every day in the dining room to obtain feedback on the food provided. They also confirmed that they visited all the people in their rooms on a regular basis to gain their views on the meals.

Food and fluid charts were maintained in daily charts on the electronic system if necessary. Those we saw were all correctly completed and were up to date so that staff could monitor if there were any problems with the amount people were eating and drinking that might require a referral to the GP.

The service took into account the preferences of the people living in the main part of the service and the needs of the people living with dementia who resided downstairs. The main areas of the service were bright; many rooms had redecorated and the service offered a range of pleasant rooms for people to sit in, including a library. People could meet their relatives in these rooms and in the gardens. Bedrooms were highly personalised with memory boxes outside the bedrooms with items and photographs relevant to each person's personal history and career in the acting profession. There was a mock-up of a theatrical dressing room with a make-up table and a variety of hats and costumes on a costume rail as well as various mannequins with vintage costumes on display throughout the dementia unit. We also saw arts and crafts materials and sensory stimuli available with objects for people to touch and make noises with. Overall the environment met the diverse needs of the people living in the service and was maintained well. The maintenance staff member was enthusiastic about the work that had been carried out. They kept photographs of the before and after for each room that was redecorated so they could show where improvements had been made.

Is the service caring?

Our findings

People's comments on the staff and the care they received was mainly positive. They told us, "This is a splendid place to live. The staff are sweet: they understand us very well," "There's a relationship with the staff which has been very good for me. I like to have a relationship rather than just feeling I am being looked after. You want to know who they are. They [staff] have time to talk to you when they can. [Staff member's name] seems to me to know exactly what I want. That's very important," "The regular staff are very compassionate. They do not react to difficult situations. I think they love the job" and "When somebody dies they [staff] are affected. You can feel it when you walk in. That speaks volumes for the level of care."

People using the service spoke about the way staff support people with particular needs. One person said, "[Person using the service] will shout and hit the carers. They are wonderful. They always calm them down and make sure there is something to distract them."

A visitor explained to us, "It feels very different from a regular care home. I have come in at all hours unannounced if I am passing to make sure the carers are doing what they should. They always give me updates. They always inform me when she's not well. That is very reassuring from a family point of view." We saw written compliments to the service about the care a person had received. A relative had commented, "Thank you for your beautiful kind care." A healthcare professional told us, "The feedback I receive from residents is good and they are generally happy with the care they receive."

The permanent staff were able to build caring relationships with people who used the service. However, some people did comment on the use of agency staff and they said, "I feel well looked after, though agency staff are not always so efficient." "The management were very upset when I told them [person had said they were not supported appropriately]. I asked them not to send that person to me again and they didn't" and "In the main the care is very good here, the trouble with some agency staff they come bustling in noisily and tell you what you have to do." The manager explained that they tried to cover shifts with the regular staff team, who might work overtime, or use regular agency staff. However, on occasion new agency staff worked if there were no other staff available.

We observed positive interactions between people using the service and staff. One person became distressed at lunchtime and staff spent time reassuring the person and distracting them to offer them comfort. Staff checked people were comfortable and engaged with people chatting informally with them. Staff also spoke in a quiet and calm manner with people giving them time to talk and respond to questions.

Staff described how they ensured that they respected people's privacy and dignity such as closing doors and curtains and always offering choices before helping people. We observed that staff always knocked on bedroom doors before entering. Furthermore people were given choices about how they spent their time and for example, the meals they ate. Staff used objects of reference for people in the dementia unit. This included, showing people the meals that were available on a plate so they could decide for themselves what they wanted to eat. Where people and their visitors wanted space and privacy this was respected. A small separate dining area near the garden was available for people in the dementia unit so that they could enjoy

a meal and chat without being disturbed.

On the dementia unit staff wore their own personal clothes and wore aprons with their names embroidered on them so that they could be identified by the people living in the unit. We saw people's preferences such as their routines and their preferred name were recorded. Information such as a person wanting one pillow at night to sleep on was documented along with details of where a person wanted to eat their meal.

People had the support of their family and advocates if they were placed on a Deprivation of Liberty (DoL) and many people could voice their views on the type of care they wanted and had the support of their relatives or friends if they needed help in representing their wishes.

People's end of life wishes were documented and some people had provided details of their end of life preferences. It was clear if people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) document in place and were signed by the GP. This document was reviewed on a yearly basis or sooner if needed.

Is the service responsive?

Our findings

We looked at a sample of people's electronically stored care plans and any related paper based care records. The electronically stored documents had been in place since earlier in 2017 and some staff were more confident than others in using it. One staff member told us, "I would ask the seniors or the person who did the care plan if I wanted to know about people's needs." We saw that there was opportunity to record lots of detailed information about people's needs, preferences and abilities. In some records we saw evidence of this. However, in other cases it was difficult to locate information. For example, one person who had been documented as being prone to seizures had no individual care plan or risk assessment on the electronic system on how to manage the convulsions and support the person. A previous paper care plan was made available but had not been reviewed since January 2017. On another person's care records it was not made clear how often they should be repositioned. It was also confusing as the progress notes did not have information if the person was repositioned but elsewhere in another section it was noted by staff if they had turned and repositioned the person. Therefore staff would need to know exactly where everything was recorded to fully know people's needs.

We saw no evidence that people and their relatives had been involved in the development of their care plan or that were part of any reviews. Those people we asked did not recall being asked to look at their care plan and discuss the contents. Therefore staff could not be confident that the information in people's care records truly reflected their wishes and preferences about how they wanted to be cared for.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were assessed before moving into the service and we saw evidence of the pre-admission assessment which noted areas such as consent, and if they had any likes or dislikes. People and/or their relatives were encouraged to visit the service before deciding to move in. Personal profiles were clear and care plans had a good level of person centred detail. Details such as, "Staff to knock on the door every time," "I like female company" and "I like to smell nice" was noted on people's care records. Overall people's care needs were recorded and staff showed an understanding of people's needs during the inspection. Information was reviewed each month to enable staff to view current information.

The manager planned to have a 'resident of the day' whereby everything about them was looked at, this included checking the information recorded on the IT system, checking there were no issues with their bedrooms and that all appointments were up to date. This ensured staff routinely looked at one person at a time and made any improvements or amendments to enable the person to be cared for in a person centred way.

The service had a staff member in charge of co-ordinating activities. Films and plays were often shown for people along with external people visiting to offer exercises, massage and hairdressing. There was a poetry group and board games available and the service had a bar where people could socialise with others. People's family and friends could visit the service and have meals with people or take them out into the

community.

People's feedback on activities was mixed. Comments included, "The place doesn't have a buzz" and "There was somebody responsible for activities but they had no comprehension of what people of this age group would like." However, some people spoke positively about activities and one person said it had improved from when they had last stayed in the service a few years earlier. Other comments were, "Staff do outside activities such as croquet and boules and they will put on a film even if only one person turns up." People also spoke of the guest speakers who visit to talk about the theatre or films. We saw the service had refurbished the library and people could spend time in this room reading.

Those people we asked said they would report a complaint to their relatives or to staff. They confirmed that where they had raised complaints these were dealt with appropriately. One person told us, "Language can be a problem: it's sometimes difficult to comprehend. There was a nurse dealing with drops for my ears. He tried to put them in my eyes. I told him to go away and reported it the next morning." Some people said as they did not know the manager so well, they would go to the nominated individual. One person confirmed, "I would go to them if I had a problem. I know them and they know me."

The first day of the inspection we saw one complaint recorded in the complaints record but no evidence of the manager's response. The second day of the inspection the manager had recorded their response and demonstrated that this particular complaint was now closed. The manager was able to show us that they had developed a summary sheet where they would clearly record future complaints so that they could easily monitor the progress of each complaint.

Is the service well-led?

Our findings

There had been two previous managers in post since the last inspection in 2015. The new manager who started in June 2017 had applied to be the registered manager for the service and they had an interview with the CQC for this position shortly after the inspection. One person commented, "Management has been changed so frequently and they all have different agendas. The number of changes in management is unhealthy." However, people also spoke favourably on the way the service was managed and they told us, "It's a very good establishment. It's well-run. I don't want more" and "I feel it's well-run and managed."

We asked staff about the management of the service. One staff member said, "The new manager is more hands-on and more approachable." However, another commented that "there's still a lot of bickering and not much cohesion" which was different to how a third staff member viewed the staff team as they told us "I have confidence in the new manager. Staff are becoming more settled and there's more stability."

Although we received positive feedback about the running of the service with the changes in management since the last inspection some checks and records were not in place as they had been at the 2015 inspection. On the first day of the inspection we found several areas of the service that had not been regularly audited by the manager or staff team. The manager had been in post for three months and they informed us that they had found little evidence of checks carried out by the previous manager. The provider could not show us a system to carry out their own audits to ensure the service had effective quality monitoring systems in place regardless of who was in charge of managing the service. The manager had begun the process of identifying where improvements needed to be made and this was evident from the action plan that they had developed prior to the inspection. They had found areas needing to be improved and had recorded how these were to be addressed. However, as highlighted from the inspection there were several areas requiring attention that had not been resolved and the manager was dealing with the day to day managing of the service along with trying to make the improvements.

For example on the first day of the inspection we identified that the staff were not carrying out counts and checks on medicines, other than the controlled drugs kept in the service. Therefore, errors, such as the gaps in the medicine administration records (MAR) were not picked up and dealt with. By the second day of the inspection the manager had carried out a medicine audit on people's medicines and showed us the new monthly check nurses would complete and the quarterly check the manager would carry out.

On the first day of the inspection we also found that incidents and accidents had been monitored and documented as and when they had occurred. However, the forms did not evidence that they had been checked by the manager to see if there were any patterns of when these occurred. By the second day of the inspection the manager could demonstrate that they had checked and reviewed each incident and accident since they had started working in June 2017. They showed us a system where they were now going to monitor trends and act on these where necessary every month. They confirmed there was no evidence that there were any trends so far with the incident and accidents they had reviewed.

The manager was aware that the IT electronic systems for recording information about people, such as their

presenting risks and care needs was still needing to be reviewed to ensure all staff were able to use the system appropriately. The IT organisation was booked to visit the service in October 2017 to offer further training and support. However, during the inspection we found information was stored on two systems electronic and paper records which made finding all the information about people difficult to navigate. The electronic system had now been in place over six months and the provider had not drawn up any previous plan of action to ensure this was addressed as soon as issues had been identified.

Records in the kitchen also needed to be improved as these had been maintained on loose sheets of paper which were not ordered so it was difficult to know whether records were complete or up to date. The chef described people's likes and dislikes but this was not clearly recorded on the first day of the inspection. This was addressed by the second day of the inspection.

We viewed some policies and procedures and found these did not fully outline important information. For example in the safeguarding policy and procedure the contact details for the local authority and the Care Quality Commission (CQC) were not recorded. The medicines policy and procedure did not include how often medicines audits would take place. The supervision policy and procedure did not document how often staff could expect to receive one to one supervision and those staff we asked gave a varied response with some stating they should receive it every two months, whilst others said it would be twice a year. We highlighted this to the manager who confirmed they would ensure the policies and procedures were updated.

The manager and nominated individual were receptive to the findings, recognised there were areas needing to be improved and had made progress in between the first and second day of the inspection to ensure people lived in a safe service. However, they and their quality assurance systems had not identified all the areas of concerns we found during the inspection, particularly on the first day, so these could be addressed.

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

Although improvements needed to be made to the range of audits carried out, there were some checks in place which included, regular and detailed health and safety checks, such as temperatures were recorded daily in the clinical rooms and for the medicines fridge so that the potency of the medicines could be maintained. We noted that equipment in the service was checked on a regular basis and staff were shown how to use the fire equipment. The manager had developed a system to record and monitor when staff would be receiving regular one to one supervision and an annual appraisal of their work so that this was being offered on an ongoing basis. Following on from the first day of the inspection, the nominated individual, who regularly spent time in the service, had drawn up a plan of action for which they recognised they needed to be accountable for. They told us there were checks they needed to record following on from the inspection so that they could be sure the service was being managed appropriately.

The environment was regularly being improved, with the maintenance person co-ordinating the work that needed to be done so that the service was a welcoming place to live in and visit.

The provider involved people in the running of the service in a number of ways, including, holding regular meetings. Some people said this was useful with one person saying the meetings were "Very important," whilst another person commented, "I used to go to residents' meeting but I don't anymore because nothing you said produced any effect." Feedback was also provided in the general meetings on the food provided so that the catering staff could change the meals that were offered and make improvements where these were needed. The manager confirmed they had not found evidence that satisfaction surveys had been given to

people, relatives or professionals prior to them joining the service. They confirmed these would be sent out so that this was a way the manager and provider could reflect and act on people's views of the service.

The dementia unit had been accredited by Dementia Care Matters as the unit followed the butterfly project principles. The project supports staff to ensure people living with dementia were supported and cared for as individuals. This includes making the environment appealing along with recognising people's emotions and that they as people matter. The service will be re-assessed later in 2017 by the organisation. The manager was trained was to deliver butterfly training and was aiming to introduce it across the whole service so that all staff worked in a consistent way.

Staff reported that staff meetings were held monthly and chaired by the new manager which they found helpful. We saw evidence of these meetings which had been used to share information and to gain feedback from staff. Other meetings took place with the heads of each department which was held weekly and there were meetings with the trustees. The manager fed back to the provider on an ongoing basis on how the service was operating and if there were any issues so that there was regular communication between both parties.

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 |
| Treatment of disease, disorder or injury | The registered person had not ensured that the care of service users reflected their needs and preferences by making sure they were fully involved in developing their care plans. 9(1) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | The registered person had not ensured that care and treatment was provided in a safe way to service users. The registered person had not ensured the safe and proper management of medicines. 12(1)(2)(g) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Systems or processes had not enabled the registered person to assess, monitor and improve the quality and safety of the services provided. The registered person had not ensured there was an accurate and complete record in respect of a service user. |

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

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing |
| Treatment of disease, disorder or injury | <p>The registered person had not ensured that there were suitably qualified, competent and skilled persons were deployed to care for service users.</p> <p>The registered person had not ensured that persons employed by the service provider had received appropriate support, professional development and supervision.</p> <p>18(1)(2)(a)</p> |