

## Mayhaven Healthcare Limited

# Down House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on the 17 and 19 October 2016 and was unannounced on the first day.

We last completed a comprehensive inspection of Down House on the 9 and 11 December 2015. We found regulations were not being met in respect of staffing and people's care was not planned and delivered in a personalised way. We asked the provider to send us an action plan on how they were going to put this right. Also, people were not being assessed in line with the Mental Capacity Act (MCA) 2015, people's care and treatment was not always safe and systems were not in place to ensure the service was well-led. We sent the provider warning notices in relation to these breaches of regulations. We returned on 19 and 20 April 2016 to check whether the requirements in the warning notices had been met and found they were not. Warning notices are part of our enforcement policy; they tell a provider they are not meeting a regulation.

Down House can accommodate up to 49 older and younger adults who may be living with dementia or have a physical disability, learning disability or sensory impairment. There were 20 people living at the service on the first day and 21 on the second day. Down House provides nursing and residential care.

Down House is registered with us to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury. Diagnostic and screening procedures were discussed on inspection to request it is removed as this activity is not in use.

A registered manager was registered to manage the service. However, they left on the 31 August 2016. 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. A new manager had been employed who aims to register with us.

Since our previous inspections we found improvements had been made at the service. However, we found not all staff treated people with kindness and respect. Also, people continued to not be provided with opportunities to remain socially, cognitively and physically active. When we reviewed people's care records, we saw people's emotional and social side was not being planned for. The new manager spoke with us about the values of good care they wished to instil in the service. They told us how they had identified that the culture of caring was not at the standard they would wish for people at all times. The manager planned to address this with staff.

A new manager had started in this role on 1 September 2016. Management of the service was by a senior management team established since our inspection in December 2015. By reviewing the service through a number of audits, activities had been identified as a need in the service. Staff had been given time on the rota to achieve this. This was due to start the week following the inspection and would be monitored. It was too early at this inspection to judge the new management had addressed all the areas of concern and brought about permanent change.

People's initial assessment had been replaced by a model which ensured all the necessary details were collated. An initial care plan was developed so staff could understand how to meet people's needs quickly. Care plans were in place to support people to have personalised care in respect of their health needs.

People's medicines were administered safely. We have recommended the provider ensures staff know what action to take if the temperature of the medicine fridge goes out of the required range; reviews the disposal of medicines that require additional controls and reviews the process for recording, analysing and learning from medicines errors.

People's nutritional and hydration needs were met. Where there were concerns identified, these were followed up on with referrals to relevant health professionals. People were offered choice on what they wanted to eat and drink. Snacks and hot drinks were available at any time.

People had their health needs met. People could see a range of health professionals as required. Health professionals were happy about how the service communicated with them and felt referrals were made at the right time.

Risk assessments were in place to mitigate risks people may face while living at the service. These were linked to their care plans. The inside and outside of the building were being risk assessed to keep people safe. We have recommended the provider reviews guidance in respect of risk assessing the premises inside and outside for people who may have mobility and sight needs. Personal evacuation plans were in place to support the evacuation of the building in the event of an emergency.

People were being assessed in line with the MCA 2005. The manager and nurses understood their responsibilities in respect of the MCA and associated Deprivation of Liberty Safeguards (DoLS). Staff in other roles did not understand their responsibilities. We have recommended the provider ensures all staff are informed on how the MCA impacts on their roles and responsibilities.

Staff were trained, supervised and had annual appraisals in order to ensure they could support people. There were sufficient staff to meet people's needs safely and they were recruited safely. Staff understood how to identify abuse and would always pass on their concerns. They would also speak out if they were concerned about practice. Staff felt their concerns would be responded to appropriately by the manager. Staff followed safe infection control practices.

People and visitors spoke positively about the manager. People and visitors felt comfortable approaching the manager. They felt any issues would be heard and acted on. People were involved in contributing ideas on how the service could be run. Staff described the manager as approachable and supportive.

People's complaints and concerns were acted on and feedback given to ensure people were happy with the outcome. The manager had put in a system of learning from these.

We found breaches of regulations. You can read at the back of the full report what action we have told the provider to take.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe living at the service.

People's medicines were managed safely. We have made recommendations to the provider around the use of the medicines fridge, disposal of some medicines and ensuring there is a robust system of acting on errors.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Staff followed safe infection control procedures.

### Is the service effective?

Good ●

The service was effective.

People were looked after/cared for by staff who were trained to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required. Staff asked for people's consent and respected their response. We have recommended the provider ensures all staff know about the MCA and how that affects their work.

People's nutritional and hydration needs were met.

People had their health needs met.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

We observed people were not always looked after for by staff

who treated them with kindness and respect.

People and visitors spoke highly of staff. Staff spoke about the people they were caring for with fondness.

People felt in control of aspects of their care.

People said staff protected their dignity.

Staff sought people's advance choices and planned their end of life with them.

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

The service was not always responsive.

Activities were not provided to keep people physically, cognitively and socially active. People's emotional and social needs were not planned in a personalised way.

People had care plans in place to reflect their current health needs in a personalised way.

People's concerns were picked up early and reviewed to resolve the issues raised.

**Requires Improvement** ●

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

The service was not always well-led.

People, relatives and staff said the service was well-led. New structures of leadership and governance had been introduced. However, it was too early to judge this had brought permanent, positive change to the service.

The manager and provider were aware of what needed to happen to continue to improve the quality of the service. Audits were in place to ensure the quality and safety of the service.

People and staff felt the manager and provider were approachable. The manager was actively developing a culture which was open, inclusive and would drive improvement in the care people experienced.

People and staff said they could suggest new ideas for the service.

**Requires Improvement** ●

# Down House

## **Detailed findings**

### Background to this inspection

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

The inspection took place on the 17 and 19 October 2016 and was unannounced.

The inspection was completed by an inspector from the adult social care directorate, a pharmacist inspector, a specialist nurse advisor 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 specialist nurse had expertise with the care of older people.

Prior to the inspection, we reviewed information from the previous inspections and the submissions the provider had been requested to provide. We spoke to the local authority, who had been supporting the service since the last inspection, for their view. We also asked Healthwatch Plymouth for any feedback the public had given them.

During the inspection we spoke with 12 people and six relatives. We reviewed the care of seven people in detail to check they were being provided with the care as planned and expected. We spoke with these people where we could. We reviewed 20 people's medicine records and spoke to the staff administering people's medicines. We observed how staff related to people throughout the inspection. We also completed a SOFI which is a short observational tool used to review the experiences of people who were unable or found it difficult to communicate with us.

We reviewed the three staff personnel files, staff training and spoke with five staff. We spoke with two of the three directors for the company, the new manager and the Director of Nursing. We reviewed the staff training records and how planning for this was taking place. We saw records of supervision and appraisals planning. Records kept by the manager and provider to review the quality of the service and ensure equipment was safe were also reviewed. We spoke with one district nurse and a health professional assessing continence needs during the inspection.

# Is the service safe?

## Our findings

At our inspection on the 9 and 11 December 2015 we found the provider was not meeting the requirement of the regulations in respect of ensuring people's care and treatment was provided in a safe way for people. We served a warning notice in respect of safe care and treatment.

On the 19 and 20 April 2016 we reviewed whether the provider was now meeting the requirements of the warning notice served in respect of safe care and treatment. Although some improvements were noted, the provider was failing to meet the requirements of the regulations. We found medicines continued to not be administered safely and risks to people living at the service continued to not be fully assessed. People's falls were not being audited to ensure lessons were being learnt. Some people had call bells out of reach and others had no call bell. There was no system to ensure people were being checked if they could not use their call bell. The service's resuscitation policy was not comprehensive enough to advise staff about their roles and responsibilities.

This inspection reviewed whether the requirements of the regulations were now being met. We found improvements had been made.

People's medicines were administered safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MARs) were all in place and had been correctly completed. Clear direction was given to staff on the precise area prescribed creams should be placed and how often. Staff kept a clear record to show creams were administered as prescribed. People were supported to make choices about the medicines. One relative told us, "My relative decided not to take her medication because she felt that she didn't need it and the home respected that."

Medicines requiring cold storage were kept in a dedicated medicines refrigerator. Staff recorded the minimum, maximum and actual temperature of the fridge daily. Records showed the maximum temperature of the fridge was slightly higher than the required range of 2-8°C for several days in October. The same readings had been recorded each day and staff told us that they did not know how to reset the fridge thermometer. This was raised with the manager and provider to address straight away. They advised they would include in handovers going forward.

Medicines were disposed of safely however, the disposal of medicines which required additional controls were not being recorded in respect of current guidance. This destruction was not recorded in the relevant register. This was raised with the manager to address straight away. We were advised this practice would be correct and systems put in place to ensure it does not happen again.

The manager explained how she had started to audit medicines processes in the service. Audits to look at medicines administration and management had been undertaken. The MAR audit had identified that some nurses from an agency were not signing the MAR when administering medicines. The manager explained

that she had spoken to the agency and this was followed up. This had reduced the number of gaps seen on MARs and at the time of inspection, no gaps were seen on MARs. Although the manager explained that staff would report medicines errors on an incident form, the nurse on duty was not aware of this form and explained they would record the error on the person's MAR and on their daily notes. This was raised with the manager to address straight away. The manager advised they would address this with all staff at the next handovers and remind individual nurses of their responsibilities.

We recommend the provider ensures staff know what action to take if the fridge temperature goes out of the required range; reviews the guidance in respect of the disposal of medicines that require additional controls and reviews the guidance in respect of the process for recording, analysing and learning from medicines errors.

Risk assessments were in place to support people to live safely at the service. People had risk assessments completed which were up to date. Risk assessments were clearly linked to people's care plans and the manager's review of staffing and staff training. Individual risk assessments were in place for people that faced specific risks. For example, people at risk of choking were having this risk assessed and reviewed. Where possible, people were involved in identifying their own risk and in reviewing their own risk assessments.

People's falls were being reviewed to see if changes were needed in respect of staffing and the environment. People who had fallen were referred for appropriate support, such as the district nurse and GP, and their risk assessments and care plans updated.

People who could use them had call bells with them. Systems were in place to identify people who could not use a call bell to call for staff support and help. One relative said, "My relative feels safe because she leaves her door open for staff to see her" and a person told us, "The staff always come quickly when I use my call bell." We observed call bells were answered promptly and staff came to ask what the need was and advised they would be there as quickly as possible. This reassured one person in the lounge who required two staff and a hoist to move to a wheelchair; the staff kept them informed of what was happening.

Personal Evacuation Plans (PEEPs) were in place and the provider had a clear contingency plan in place to ensure people were kept safe in the event of a fire or other emergency.

Risk assessments were in place to monitor the inside and outside of the building. The risk assessment did not identify how people would experience moving around the premises with an unsteady gait, walking stick, frame or wheelchair. We spoke with the manager and provider about the outside of the building as the grounds remained unsafe with people only able to access a courtyard area outside the front door and lounge. The provider advised plans were in place to improve the outside area once the inside of the building had been completed.

We recommend the provider reviews guidance in respect of risk assessing the premises inside and outside from the person's mobility perspective.

Since our last inspection, the service had introduced a comprehensive policy in respect of the resuscitation of people. A flow chart had been created to give a quick guide to staff on what to do. Following discussion with us this was laminated and attached to the wall in the medical room. Staff training in respect of resuscitation (nurses) and first aid (all staff) was up to date. Equipment to support the resuscitation of people was kept charged and ready for use in the medical room. There was an audit process of first aid kits and all relevant equipment to ensure they were ready for use.



At our inspection on the 9 and 11 December 2015 we found the provider was not meeting the requirement of the regulations in respect of staffing the service safely. We asked the provider to send us an action plan in respect of how they were going to ensure they had sufficient staff. This inspection reviewed whether the requirements of the regulations were now being met. We found improvements had been made.

There were sufficient staff to meet people's needs safely. The manager had introduced systems which were flexible to ensure staffing levels were maintained at a safe level in line with people's needs. Most people felt there were enough staff however, we received a couple of comments about there not being enough staff and staff not always being able to respond quickly enough. We discussed these comments with the manager. The manager advised there were issues with the layout of the building which affected staff members' ability to always be near the person that was seeking support. The manager was planning to improve communication between staff. This was to ensure staff were available throughout the building. Also, staff would be able to seek support from another colleague if two staff were needed to answer people's call for support. The service had struggled to recruit nurses for the night shift and was using agency nurses. The same nurses were working at the service which meant there was continuity.

People felt safe living at Down House. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Relatives also felt it was a safe place for their family member to live.

People were looked after by staff who understood how to identify abuse and what action to take if they had any concerns. Staff said they would listen to people and would pass on concerns to the manager. All staff felt action would be taken in respect of their concerns. Staff said they would take their concerns to the provider if they felt concerns were not being addressed.

Prior to the last two inspections in December 2015 and April 2016 we had received several concerns from the public. Since April 2016 we had received no safeguarding or whistleblowing concerns about the service. Healthwatch Plymouth also advised us they had received no complaints or concerns from the public.

Staff were recruited safely. The provider and manager ensured staff had the necessary checks in place to work with vulnerable people before new staff started in their role. All prospective staff completed an application form and interview. New staff underwent a probationary period to ensure they continued to be suitable to carry out their role.

Staff were trained to follow good infection control practices. We observed hand washing facilities were available for staff around the service. Staff were provided with gloves and aprons. The provider and manager ensured infection control had a regular audit. There were clear policies and practices in place and the provider and manager ensured appropriate contracts were in place to remove clinical and domestic waste.

# Is the service effective?

## Our findings

During our inspection on the 9 and 11 December 2015 we found people were not being assessed in line with the Mental Capacity Act 2005 (MCA). We served a warning notice in respect of this and told the provider what had to be put right to address this. When we returned in April 2016 we found this had not been addressed. No assessment on any person's record had been completed to assess whether people could consent when a condition, such as dementia, suggested they may not be able to or have limited ability to consent. This inspection reviewed whether the requirements of the regulations were now being met. We found improvement had been made.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager and nurses understood their responsibilities in respect of the MCA and associated Deprivation of Liberty Safeguards (DoLS). 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 were being assessed in line with MCA as required and these assessments were reviewed at regular intervals. People were being assessed in line with specific situations which they may lack the ability to consent to. People were given the support to understand why this assessment was needed and involved in deciding whether they understood the information, advice or treatment proposal. For example, one person who was refusing to follow safe eating guidelines was involved in assessing whether they had the capacity to understand the risks they were taking and understood the advice from health professionals. For people without the ability to consent, relevant professionals, their representative and family were also involved in completing the assessment and making decisions about the person's care in their best interests. Care plans detailed how the staff could ensure they were acting in people's best interests.

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). Applications for DoLS had been made when required with some requiring authorisation for the local authority designated officer.

Staff were observed seeking consent to care for people. We observed one situation where this was not practiced and the manager advised they would arrange a supervision session for this staff member for when they were next on shift. Staff with a caring role were still unclear on how the MCA affected their role which was also discussed with the manager and provider. The nurses clearly understood how the MCA linked to their role and responsibilities. The manager advised they were continuing to improve how consent was practiced for all people living at the service

We recommend all staff are informed of how the MCA impacts on their roles and responsibilities.

People felt supported by staff trained to look after them. For example, one person who was moved by hoist by staff felt staff completed the task safely, reassured all the time and made sure they were comfortable in the sling. Staff told us they felt trained to carry out their role effectively. The manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were trained in areas to meet specific needs of people living at the service. For example, training in supporting people with dementia. Training was reviewed for all staff to ensure they were having the training essential to their role. For example, staff had recently received a talk on how to understand what it was like to live with Parkinson's. One member of staff told us how this had improved their understanding of a person. They felt they were able to offer better care for this person because they understood certain aspects of their condition.

Staff were also being supported to gain qualifications in health and social care. Staff had regular supervision, appraisals and checks of their competency to ensure they continued to be effective in their role. Additional supervision was offered for any staff who required it and any staff performance concerns were reviewed by the manager.

New staff underwent an induction when they started to work at the service. New staff shadowed other experienced staff. While they were completing this, they were extra to the staff on the rota so they had time to learn their role fully. The progress was reviewed with new staff to offer any support and advice as required. The service had introduced the Care Certificate. The Care Certificate has been introduced to train all staff new to care to a nationally agreed level.

People's need for enough to eat and drink was met. People were provided with food they liked and special diets were catered for. People could choose from a menu but could also change their mind. People could have snacks and drinks when they wanted. People who were raising a concern due to weight loss or being off their food were reviewed and alternatives offered to support them to eat. If this did not work, referrals were made to the GP, speech and language services (SALT) or a dietician. Advice and guidance given was followed. Kitchen staff were provided with the necessary information to make sure people's food was prepared as recommended. People were supported to eat and drink by staff where they could not do this for themselves.

Comments we received about the food included, "The food is lovely", "It's plain food, but filling" and, "There's a good choice of food". One person also said, "The girls know how to make my porridge" when asked about their experience of the food.

A family member told us the lengths staff were going to in order to support their dad to eat. It had been identified they were not eating as they had been and every effort and new ideas were being tried to support them to eat. They had been kept informed of the progress, including a SALT assessment and discussions with the GP. They expressed, "He can have whatever he wants; the staff are not giving up. We have no complaints."

People's healthcare needs were met. People said they could see their GP and other healthcare staff as required. People added that this was always achieved without any delay. Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary. Any advice from professionals was clearly documented and linked to their care plan to ensure continuity of care and treatment. People coming new to the service were also having their health needs identified quickly so they knew whether the service could meet their needs. Staff felt the multi-agency working had improved since our last inspection with linked professionals, such as the GPs and hospital discharge, working well together and therefore improving

outcomes for people. The district nurse told us skin care was very good. They added the staff ensured appropriate monitoring and reporting of any issues was in place.

# Is the service caring?

## Our findings

At our inspection on the 9 and 11 December 2015 we had concerns the service was not demonstrating they met the requirements of this part of the inspection. People spent most of their time in their rooms. People told us they relied on their family members for company. The planning for people's end of life needs was inconsistent. This inspection reviewed whether the requirements were now being met.

On this inspection, we found people were supported to go to the dining room for lunch if they wanted to. Other than that, people spent time in their rooms or lounge and very little happened for them beyond staff meeting their personal care needs.

We observed people in the dining room on both days. On the first day we saw that staff treated people with kindness and chatted away with them when they were supported to eat, drink and when they were sitting with people. Appropriate humour was used and people smiled. On the second day, people were not spoken to for some of the time and when they were it was to offer the first course of lunch then the pudding. For one person this meant no one spoke to them for 32 minutes. They looked off into the distance, ate their food and did not smile or look happy at any point until their dessert was put in front of them. Another person, who was being supported to eat, had occasional comments made, but for the majority of the time there was no conversation or explaining by staff as to what was happening for that person.

We also observed people in the lounge on both days. People were brought to the lounge by staff from mid-morning on both days. Support to move to the lounge chair was completed with kindness and people were offered choice where they wanted to sit. Staff communicated with people the whole time they were being moved using a hoist. Staff checked the person was comfortable in the sling and then in their chair. Staff also made sure the person had personal items such as their own tissues and biscuit box. If the person wanted or needed a blanket and foot rest this was provided. Then, once the staff went, people dozed and there was little staff interaction and no conversation among people. The television was switched on but seldom watched. Two, of the four, of those in the lounge were not able to concentrate on the screen due to their advancing dementia.

People in the lounge had no staff interaction until personal care need was required. The other time people had staff interaction was when it was time for a cup of tea or coffee. Staff did not always seek people's consent or treat people with kindness during this time. We observed staff waking people to ensure they had their drink of choice in both kind and not so kind ways. For example, a member of staff was observed waking people gently and seeking the person's interaction in respect of serving them a drink of their choice. Another member of staff woke people abruptly, put the drink to people's mouths without first seeking their awareness. They made one person living with dementia jump awake.

Not treating people with dignity and respect at all times is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns about what we had observed with the provider and manager. We discussed the

values and level of caring they themselves wanted for people they were looking after. They told us they were aware the culture of caring was not as they would want it to be. Staff were also being supported to look at what good care is in supervision with any issues tackled as they arise.

People said staff ensured their privacy and dignity were respected during times of personal care. People said doors and curtains were closed during personal care. Staff knocked on doors before entering people's rooms. We saw this happened whether the person's door was open or closed. One person told us, "The staff are respectful and dignified when I receive personal care." People also told us they had control over aspects of their care. Comments we received included, "They moved me to a bigger room because my other one was smaller", "I can go to bed and get up whenever" and, "I have regular showers and the staff help me to shave every day". A visitor told us, "They (staff) don't push my friend to go to the lounge or dining room if she doesn't want to."

Staff spoke highly of people they looked after. All the staff could identify where improvements had been made since the last inspection but felt this could continue to improve. They were positive about the new manager and the views they had expressed about what caring needed to be like for people.

Planning to ensure people's end of life requests were being met in a personalised manner had improved and was ongoing. People were being supported to make choices in advance. Where this was not possible due their lacking mental capacity, this was being discussed with family. One family member told us how their mum was looked after and how they were supported by staff. When their mum was dying, they said they were supported and felt staff were able to give both them and their mum the necessary time and support.

People spoke positively of the staff. Comments we received included, "The staff are lovely", "Everybody is nice" and, "The staff are always looking in to see if I'm alright". One person told us, "I've been here before so I know they are caring."

One visitor told us, "The staff are very kind when speaking to my friend." A relative said, "We have no issues with the staff."

Visitors told us there was no restriction on their visiting. They could come at any time and were always welcomed. Relatives were updated, as the person consented, in respect of their family member's health and welfare. A family member said, "I feel really secure dad is going to be looked after" adding, this helped them feel relaxed when leaving the service.

## Is the service responsive?

### Our findings

At our inspection on the 9 and 11 December 2015 people's care plans lacked the necessary detail to ensure they were personalised and reflected how people wanted their care delivered. People were not provided with opportunities to remain socially, cognitively and physically active. We asked the provider for an action plan on how they were going to address this and put this right. This inspection reviewed whether the requirements of the regulations were now being met.

People continued to not be provided with opportunities to remain socially, cognitively and physically active. When we reviewed people's care records, we saw people's emotional and social side was not being assessed or planned for. Staff did not have the information available to understand how to support people to remain socially and emotionally well. For people living with dementia, there was no information available on what this person's interests were before the dementia prevented them communicating.

Apart from the bingo on the first day of the inspection, we did not see anything happen to support people to be active in a group or one to one basis. The bingo session was provided by a visitor and was attended by five people who appeared to enjoy this. One person told us, "I'm going to play Bingo this afternoon; I enjoy that."

Interactions with staff were only linked to personal care. One person told us, "I'm bored, there's nothing much to do most of the day"

There was an activity list on the wall in the lounge. One activity noted was the hairdresser who attended once a fortnight. This is about being able to maintain one's appearance rather than an activity. The manager advised this was on the list to remind people. The registered manager also advised us staff were having dedicated time on the rota the week following the inspection. This was in response to staff not providing activities or spending time with people at any other time that was not linked to a task.

Not ensuring care needs are assessed to meet all peoples' emotional and social needs in a personalised manner is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A visit by local religious leaders was organised on a monthly basis.

In December 2015 we also found people's care records lacked the essential details about people's needs and information was inconsistent. This meant staff did not have the information available to provide care that was consistent and appropriate. Records of people's care were sometimes incomplete with gaps in recordings and monitoring of people's needs not being completed. We served a warning notice in respect of this and told the provider they had to put this right. This inspection reviewed whether the requirements of the regulations were now being met.

People's initial assessment had been replaced by a model which ensured all the necessary health details were collated to ensure staff had the required information available. An initial care plan was developed so

staff could understand how to respond to people's needs quickly. This was then reviewed and a full care plan drawn up soon after the person moved in and staff got to know them. The service had also been careful about who they would or not admit to ensure they were able to respond to people's needs while they were going through all the changes since the previous inspections. This meant they were able to put new systems of care planning in place, review these and improve the process.

People's care plans had been reviewed and replaced completely. Since the new manager took over at the start of September 2016 these were being reviewed and streamlined further. People had care plans in place which were personalised and reflected their current health needs. People were familiar with their care plans and confirmed staff had discussed their care plan with them. Relatives said they were involved with the care planning process and review.

The care plans for one person, who had been living at the service very recently, were thorough and had been discussed with the person. They told us they felt fully involved on how their needs were being met. They were supported to be independent in areas of their care where they wanted and staff supported them in areas they could not achieve at this time. They expressed they were happy with how their needs were being met adding, staff were supporting them with areas of their health and mobility which they hoped would improve their quality of life. For example, making sure they have the necessary equipment to meet their needs.

A family member spoke with us about how their relative's needs were being met by staff. Especially, in respect of communication and their quiet voice. They told us how staff waited for the person to speak and would give them time to respond. This was in line with the person's care plan who had a condition which meant their voice was quiet. Staff also spoke about how they supported the same person giving them time but also going away and coming back if the person was fatigued.

Health professionals now added in their own comments in respect of advice and guidance in people's professional record part of care plans. Staff felt this ensured records were accurate and they could view what other professionals had advised.

A health professional, who had been brought into review a person's continence needs, told us they were happy with how the service was responding to people's needs. They said they were asked to come in quickly to assess a person who staff had concerns about managing their continence needs at night time. They said the staff member they spoke to was fully versed in the person's needs and could answer their questions; the person was aware of them being requested to visit and had consented and advice was quickly followed. This included moving the person to a room with an en-suite toilet as this was felt to offer the best personalised approach. When we spoke with the person they confirmed what we had been told and was very happy with how this need had been handled. They added they had been given the time and space to be fully involved in the decision making process.

Staff with care responsibilities said they were still not viewing people's full care plans but had a short care plan available in people's rooms which they felt offered them the correct level of guidance. Shift handover sessions were the place staff were updated and knew whether to read the short care plan again. Staff could suggest if they felt the care plans needed amending to ensure the care plans reflected people's most current needs.

People's complaints and concerns were taken seriously. The service had a complaints policy in place with clear details of how people could complain if they were not happy about the service they were receiving. Review of records showed that action was always taken when a complaint was raised. Feedback was then



provided and the complainant asked if they were happy the complaint had been resolved. Since the last inspection, a record of people's concerns had been developed to ensure this could be reviewed to see if there were service wide concerns that could be addressed.

## Is the service well-led?

### Our findings

On inspection on the 9 and 11 December 2015 we found the provider did not have systems in place to ensure the service was well led. There was a lack of quality monitoring of the service and processes were not always in place to ensure good governance. We served a warning notice and told the provider what they had to put right. On the 19 and 20 April 2016 we reviewed whether the provider was now meeting the requirement of the warning notice served following the inspection in December 2015. Although some improvements were noted, the provider continued to not meet the requirements of the regulations. This inspection reviewed whether the requirements of the regulations were now being met.

Down House is owned and run by Mayhaven Healthcare Ltd. This was this company's only service however, the directors also run two other residential services for older people in the Plymouth area. There was a nominated individual (NI) in place who is a person appointed by the provider to be responsible for supervising the management of the service. The NI was one of the directors and was available throughout the inspection to answer questions. The registered manager had left on the 31 August 2016. The service was being managed by a manager who started at the service in this role on 1 September 2016. From April 2016 they were the compliance manager at Down House and had worked for the provider for a while so were familiar with the service.

The management of the service had changed since our inspection in December 2015, and again since we inspected in April 2016. There was now a senior management team in place which included the manager, NI and a Director of Nursing. The new manager was not clinically trained so the aim was to employ a clinical lead which was a post being advertised. The Director of Nursing, who was a registered nurse, was giving clinical advice in the meantime. The Director of Nursing, is a registered manager for another of the director's other services, and was to give direction and guidance to all three of the director's services. We found they were not being given dedicated time to carry out this role among their registered manager responsibilities. We raised this with the NI who advised structures were in place to support the Director of Nursing perform both of their roles.

We spoke with the manager about the concerns we identified in respect of the quality of people's lives at Down House. We discussed activities and where we had identified practice by staff that required significant improvement. They spoke with us about the values of good care they wished to instil in the service. They told us how they had identified that the culture of caring was not at the standard they would wish for people at all times. They had addressed staffing of activities as staff said they did not have the time to do this without having dedicated time. This had now been arranged and was due to start the week following the inspection. This would be monitored and staff would be supported to provide meaningful times for people on a group and one to one basis.

We also spoke with the NI and another director about where they envisaged the service to be. We discussed how they were ensuring their role as registered providers was carried out. They were honest with us about the failings of the service to date and their need to ensure a clear model of leadership and governance was in place. They were also clear on the support that needed to be given to the manager to ensure this

appointment was successful.

Given the previous and current concerns about the leadership and governance of the service it was too early to judge the new structure of management had brought about the necessary sustained changes across the entire service.

People and visitors spoke positively about the manager. People and visitors felt comfortable approaching the manager. They felt any issues would be heard and acted on. People were involved in contributing ideas on how the service could be run. A residents' and relatives' meeting had taken place on the 8 June 2016 which was chaired by a relative. The minutes showed an ongoing frustration with completing the building works which had been going on over a number of years. We raised this as an issue with the provider who again gave a reassurance they would be completed by the end of 2016.

One relative told us, "The owner is very good. There have been a few minor issues but he soon sorted them out."

Staff described the manager as approachable and supportive. Staff confirmed they were able to raise concerns and agreed any concerns raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities and said they were very supported by the manager. Staff said the communication within the staff team could improve further along with team working. They were hopeful the new manager would be able to bring this about.

The manager had a number of audits in place to ensure the quality of the service. This included an infection control audit, audit of medicines, care plan audit and audit of falls. These were completed at regular intervals and action was seen to be taken as required. The manager advised learning which needed to be applied to the service as a whole was then reviewed.

The manager and provider knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.

The manager and provider had introduced a policy in respect of the Duty of Candour (DoC) and understood their responsibilities. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong.

There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

The manager and provider had systems in place to ensure the building and equipment were safely maintained. The utilities were checked regularly to ensure they were safe. Essential checks, such as that for legionella and of fire safety equipment, took place.

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 10 HSCA RA Regulations 2014 Dignity and respect  Regulation 10(1)  People were not always treated with respect and dignity.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Regulation 9(1)(a)(b)(c)(3)(a)(b)  The care of people was not always appropriate, met their needs or reflected their preferences. People's social and emotional needs were not assessed and care was not planned to meet these needs.

### The enforcement action we took:

We served a warning notice due to a continuing breach of the regulation. The warning notice told the provider they were not complying with the regulation. A warning notice is part of CQC's enforcement policy.