

Calico Homes Limited

# Sunnyside Rest Home

## Inspection report

Coupland Close  
Whitworth  
Rochdale  
Lancashire  
OL12 8QE

Tel: 01706659917

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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

We carried out an inspection of Sunnyside Rest Home on 7 and 8 August 2017. The first day was unannounced.

Sunnyside Rest Home is registered to provide accommodation and personal care for up to eight older people. Accommodation is provided on one floor in single bedrooms. Communal space is available in a lounge, conservatory and dining room. The home is situated in a residential area in Whitworth. At the time of the inspection, there were seven people accommodated in the home.

The registered manager had left the service on 14 July 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the visit, the home was being managed by the deputy manager who was appointed on 5 June 2017 and the nominated individual.

This was the first inspection of the home since the registration of a new provider.

During the inspection, we found there were four breaches of the regulations, in respect of the management of risks, the recruitment of new staff, care planning, the implementation of the Mental Capacity Act 2005 and the management of complaints. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation about ensuring people's care plans fully reflected the care they were receiving.

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. Whilst risk assessments had been carried out, they had not always been revised and updated in line with people's needs.

People were supported by a sufficient number of care staff. However, we noted the care staff were expected to complete other household duties when the cook and cleaning staff were not on duty. The provider had not followed a robust procedure in respect to the recruitment of one new member of staff. We saw that the staff member had been employed on the basis of a Police criminal records check which was over two years old. Whilst an application had been made for a new check, there had been no check of the barring list for vulnerable adults at the time the staff member started working in the home.

The staff were given ongoing opportunities to complete training, in order to update their knowledge and skills. Whilst we saw evidence of the training on staff member's files, the training matrix was out of date. This meant it was difficult to determine if all staff had completed the training programme in a fast and timely manner.

Staff were supported in their roles via a system of supervision and appraisal. All staff had the opportunity to attend meetings and provide feedback on the service. Staff spoken with told us they were well supported and had confidence in the management team.

People's medicines were managed appropriately and according to the records seen people received their medicines as prescribed by health care professionals.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA). However, people's mental capacity to make their own decisions had not been assessed and recorded in line the requirements of this legislation.

There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them. There were no restrictions placed on visitors and they were made welcome in the home.

Staff treated people in a respectful and dignified manner and people's privacy was respected. We observed people were happy, comfortable and relaxed with staff. People were offered the opportunity to participate in social activities. The arrangements for activities were informal and staff told us it depended how much time they had available in the afternoon. The nominated individual acknowledged this was an area for development and told us the provider had designated champions within the organisation in order to develop activities in the home in a more structured manner.

People's care plans had not always been updated on a regular basis, which meant people were at risk of receiving inconsistent care.

There was a complaints process in place and people felt confident to raise concerns. However, people had raised concerns at residents' meetings which had not been escalated through the complaints procedure to be formally managed under this process.

There were systems in place to monitor the quality of the service which included feedback from people living in the home. Whilst we found a number of the breaches in the regulations, the nominated individual had identified the shortfalls and had devised an action plan.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Risk assessments had not always been updated in line with people's needs.

Staff knew how to recognise and report any concerns to keep people safe from harm.

There were sufficient staff to meet people's care and support needs. However, staff were expected to carry out some household duties in addition to caring for people.

The provider had not always operated an effective recruitment procedure. Appropriate checks had not been carried out during the recruitment of one new member of staff.

People's medicines were managed safely.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Assessments of people's capacity to make decisions about their care and treatment were not undertaken in line with the Mental Capacity Act 2005.

Staff were appropriately supported to carry out their roles effectively.

People were supported to have a sufficient amount to eat and drink. However, fluid intake charts had not been routinely totalled, in order to monitor the risks of dehydration.

People had access to appropriate healthcare services. Information about people's healthcare needs was included in their care plans. However, people did not have an oral health plan.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People were given care and support when needed. Staff knew people well and displayed kindness and compassion when providing care.

People's privacy and dignity was respected and people were supported to express their views.

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

The service was not consistently responsive.

People had an individual care plan. However, the plans were not always accurate and up to date and people had not been involved in formal discussions and reviews of their care.

The provider had not operated an effective complaints procedure.

There was no organised programme of activities which meant activities were arranged on an informal basis and depended on when staff had time available.

**Requires Improvement** ●

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

The service was not always well led.

There was no registered manager in post and the provider was actively recruiting for a new manager.

We found a number of breaches in the regulations. However, the nominated individual had identified the shortfalls and had developed action plans to improve the service.

**Requires Improvement** ●

# Sunnyside Rest Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We visited Sunnyside Rest Home on 7 and 8 August 2017. The inspection was carried out by one adult social care inspector and the first day was unannounced.

In preparation for our visit, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events which the service is required to send us by law. Before the inspection, we were notified of an incident in the home, which was subject to ongoing investigation. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the four staff, six people living in the home, two relatives, the cook, the deputy manager and the nominated individual.

We looked at a sample of records including four people's care plans and other associated documentation, three staff recruitment files, induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, seven medicines administration records, audits, action plans, policies and procedures, service certificates and quality assurance records.

# Is the service safe?

## Our findings

All people spoken with told us they felt safe and secure in the home. One person said, "I feel very safe here, because the staff are helpful and are always on hand to help me" and another person commented, "The staff are marvellous. They go above and beyond to make us feel at home." Similarly relatives spoken with told us they had no concerns about the safety of their family member. During the inspection, we observed people were comfortable and relaxed when staff approached them.

We looked at how the provider managed the recruitment and deployment of staff. As part of this, we reviewed three members of staffs' personal files and spoke with a member of staff about their experience of the recruitment processes.

We found all new staff had completed an application form and had attended a face to face interview. Interview notes had been recorded to support a fair process. We saw the provider had obtained a full history of employment, two references and an enhanced criminal records check. However, we noted that one member of staff had commenced work in the home on the basis of a criminal record check which was over two years old. Whilst an application had been submitted for new criminal record check and the staff member had been asked for a declaration of convictions, there had been no check of the barring list for vulnerable adults held by the DBS (Disclosure and Barring Service) before the person started work in the home. This is contrary to guidance issued by the Commission which states staff taking up a new position should have a DBS check that is less than three months old at the point of application. We also found there was no risk assessment or written support arrangements in place to supervise the staff member until their DBS check was completed.

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

People told us there were sufficient staff to meet their needs in a timely way. For instance one person told us, "Staff are always on hand if you want them" and another person said, "The staff are extremely good. They never let us down if we need help." We observed there were sufficient staff to meet people's needs during the inspection. However, we noted that one person had written on a satisfaction questionnaire that there was sometimes a problem between 4 pm and 5 pm as staff were busy.

We looked at the staffing rotas and noted two care staff were always on duty and this level of staffing was consistently maintained. However, care staff were also expected to complete all laundry tasks, carry out cleaning duties when there was no cleaner on site and make meals including tea every day when there was no cook available. This meant there were times when they would have limited time to care for people living in the home. We also noted there were two people who required the assistance of two members of staff and on one occasion staff had reported in a person's daily care records that four members of staff had been involved in one person's personal care. This meant there was the potential risk of insufficient staffing at busy times. Following the inspection, the nominated individual informed us the level of staffing was being reviewed as part of the preparation for a move to a new facility.

We considered how the provider managed risks to people's health and safety. Prior to the inspection, we were notified of an incident in the home, which was subject to an ongoing investigation at the time of the inspection. We looked at four people's care files and saw that individual risks had been assessed in relation to nutrition, skin integrity, falls and restricted mobility. However, we found that the risk assessments had not always been regularly reviewed and updated. For instance, one person's falls risk assessment advised monthly reviews, however according to the records seen the assessment had not been reviewed since December 2015. This was of further concern as the person experienced a fall in March 2017 and the accident record stated the "client risk assessment" had been updated. We asked the deputy manager following the inspection to check if an updated risk assessment was available and she confirmed she could not find any documentation to indicate there had been a review. This meant timely action had not been taken to assess the risks to this person's health and safety.

We also noted one person experienced times of agitation which manifested in behaviour which challenged the service. Whilst there was information in the person's care plan about managing their behaviour, there was no risk assessment in place to assess the risks of this situation.

The provider had failed to fully assess the risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received written confirmation following the inspection that the person's falls risk assessment and other risk assessments were being updated.

General risk assessments had been carried out to assess risks associated with the operation of the home. These covered areas such as fire safety, the use of equipment, infection control, working in the kitchen, the management of hazardous substances and medicines. The risk assessments had been carried out in June 2016. The nominated individual explained that a new set of risk assessments had been carried out, but these had not yet been formally approved. This meant that the existing risk assessments dated June 2016 remained active at the time of the visit.

Arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm. We also saw there was a business continuity plan in place to respond to any emergencies that might arise such as loss of power or severe weather.

We looked at records kept in relation to accidents and incidents that had occurred at the service. There was a system in place for recording accidents, which had been revised and updated since an incident in March 2017. Following the incident the nominated individual had carried out a detailed internal investigation and produced an action plan. We noted a staff meeting had been held and the lessons learnt had been discussed and disseminated to the staff team. We were given a copy of the presentation given to the staff during the inspection. This covered all aspects of the accident and incident reporting and associated policies and procedures.

A new accident form had been introduced which was designed to provide a clear audit trail. All accidents were recorded on a computer database and a printout was given to us during the visit. The nominated individual informed us she checked and investigated all accident and incident records to make sure that any responses were effective and to see if any changes could be made to prevent incidents happening again.

We checked the arrangements in place for the maintenance of the premises. We found all routine maintenance and repairs were reported to the provider. Records were seen of the work carried out, which

included the decoration of the entrance area and bedrooms and the fitting of new carpets in the lounge and dining areas. However, we noted some areas of the wallpaper were worn and tired. We also noted the frame in the conservatory was rotting at floor level. The nominated individual explained all essential repairs were carried out to ensure the comfort and safety of the people living in the home. However, some less essential matters had been deferred as there were on going plans to move people to a new building in May 2018.

Staff undertook regular checks on the fire systems, water temperatures, call points and equipment. However, we noted there were significant fluctuations in the temperature recordings for one shower. This situation had not been reported and investigated. The deputy manager made immediate arrangements to report the issue and a heating engineer attended the home later the same day. We saw the electrical and gas safety certificates were in date and noted appropriate arrangements were in place for servicing the fire systems including the fire extinguishers and emergency lights.

We looked at what steps the provider had taken to ensure people were protected against the risk of abuse. We found there was a policy and procedure in place and information was displayed on notice boards. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the management team would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff spoken with confirmed they had completed safeguarding training and training records seen confirmed this. The nominated individual was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

People were satisfied with the way their medicines were managed. For instance one person told us, "I have utmost faith in the staff. They never forget my tablets and are always spot on."

People were protected by safe systems for the storage, administration and recording of medicines. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Any allergies people had were clearly recorded, which meant staff were aware of any potential hazards of administering certain medicines to them. Staff had received training to administer peoples' medicines safely and competency assessments were carried out on annual basis. The deputy manager informed us a copy of the NICE (The National Institute for Health and Care Excellence) guidance on managing medicines in care homes was available for staff reference.

We noted one person's medicines were given to them without their knowledge or consent. This is known as covert administration of medicines. We checked the person's file and noted there was documentation to confirm a best interest meeting had taken place and an authorised Deprivation of Liberty Safeguard had been obtained.

Appropriate arrangements were in place for the management of controlled drugs. These were medicines which may be at risk of misuse. Controlled drugs were administered appropriately and recorded in a separate register. We checked two people's controlled drugs and found the stocks corresponded accurately with the register. Systems were in place to regularly check the amounts of these medicines.

People told us the home was kept clean and hygienic. We found all parts of the building seen during the inspection had a satisfactory standard of cleanliness including people's rooms, lounge, bathroom and toilet areas.

## Is the service effective?

### Our findings

People told us they felt well cared for by staff who had the knowledge and skills to meet their needs effectively. For example, one person said, "The staff are very quick to know what to do and they do it very well" and another person commented, "I think they must have good training, because they've done everything I've asked them to do."

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

We checked whether the service was working within the principles of the MCA and found there were policies and procedures in place as well as appropriate assessment documentation. However, on looking at people's care files we found there was limited evidence to demonstrate the relevant requirements of the MCA were being met. People's capacity to consent to their care and treatment had not been adequately assessed and recorded in their care plans and there were no assessments seen to demonstrate people's capacity to make specific decisions about their care and support. We saw decisions had been made on some people's behalf without first assessing if the person had the capacity to make the decision themselves. For example we noted relatives had signed some people's consent to care forms. There were no assessments or best interest records to demonstrate why people were not able to give their own consent. This is important to ensure the MCA's code of practice is followed and people's rights and freedoms are respected.

Our findings showed the provider had failed to act in accordance with the MCA 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoken with confirmed they routinely asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. This approach was reflected in people's comments, for instance one person told us, "The staff are always asking me if I mind them helping me."

At the time of the inspection, there was one authorised DoLS in place, which was valid for one year from October 2016. Whilst all the appropriate documentation was in place on this person's file, there was no supporting care plan seen to provide guidance for staff on depriving the person's liberty in their best interest.

We looked at how the provider trained and supported their staff. Members of staff spoken with told us they

had been provided with appropriate training. Reflecting on this a member of staff told us, "We are always training, it never stops and it's very good."

We found arrangements were in place for new staff to complete induction training. This included an initial orientation induction, training in the organisation's policies and procedures, the provider's mandatory training and time spent shadowing experienced staff. We saw completed induction booklets during the inspection. At the time of the inspection there were no arrangements for new staff to complete the Care Certificate. The Care Certificate is a nationally recognised qualification which, aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. Following the inspection, the nominated individual informed us that the Care Certificate will be reinstated following the recruitment of a new manager.

There was a programme of ongoing training available for all staff, which included, safeguarding, moving and handling people, health and safety food hygiene, nutrition and diet, emergency first aid, medicines management, fire safety and MCA. Staff also completed specialist training in caring and supporting people living with dementia. Whilst we saw training certificates on members of staffs' files, we noted the training matrix was not up to date. This meant it was difficult to determine if staff had completed their training in a timely manner.

Staff spoken with told us they were provided with one to one supervision and they were supported by the management team. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff spoken with told us they found the supervision process helpful to them in their work. We saw records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. This meant they were able to discuss any issues relating to people's care and the operation of the home. According to the records seen all staff received an annual appraisal of their work performance, which included the setting of objectives for the forthcoming year.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People spoken with were mainly satisfied with the food provided. For example one person told us, "The food in general is fine, we can have as much as we want and we always have a choice. However, it can be a bit repetitive sometimes." Other people were very positive about the meals, for instance one person said, "The food is excellent. I would give it ten out of ten."

We observed the lunchtime arrangements on the first day of the inspection. We noted the atmosphere was relaxed and unhurried and people were given appropriate support to eat their meals. The tables were appropriately set with table clothes, condiments and place settings. The menu was displayed on a board in the dining area. The cook confirmed the contents of the menu had been discussed with people living in the home. There were systems in place to ensure the cook was aware of people's dietary requirements and we saw information pertaining to people's preferences was displayed in the kitchen.

Nutritional risks had been appropriately assessed and food and fluid charts were maintained wherever a risk of malnutrition and dehydration had been identified. However, we noted one person's care plan had not been updated in line with a change in their diet and their weight had not been recorded on a weekly basis as recommended by their risk assessment. We also noted the amount of fluid intake recorded on the monitoring charts had not been totalled at the end of a 24 hour period. This is important to minimise the risks of dehydration and ensure people maintain their health.

People living in the home confirmed they had access to health professionals, such as the General

Practitioner (GP), optician and the district nursing team whenever necessary. An advanced nurse practitioner visited the home on a weekly basis or more often if necessary. In non-emergency situations staff sought advice via Telemedicines. This system enabled staff and people to contact and talk to medical professionals at a hospital using a computer. The staff maintained a record of all contact with healthcare professionals. We noted there was a section in people's care plans which provided staff with information and guidance on people's healthcare needs. However, we found people had not got an oral healthcare care plan in line with NICE guidance published in July 2016. The aim of such plans is to maintain and improve oral health and ensure timely access to dental treatment.

## Is the service caring?

### Our findings

People living in the home described the staff as being caring and respectful and were complimentary of the support they received. We saw that staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of all the staff who were supporting them. We observed that staff gave their full attention when people spoke to them and noted that people were listened to properly. One person told us, "The staff are excellent and are kindness itself. They help take my pain away" and another person commented, "I've found all the staff good. They give me a hug when I need one which is lovely." Relatives also gave us positive feedback about the service. One relative said, "I feel [family member] is well looked after. We always speak very highly of the staff."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting at various times throughout the two days we were present in the home.

We noted staff respected people's privacy and dignity in their social interactions. People told us they could spend time alone if they wished. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. One person told us, "They treat me with great respect at all times and always make sure the door is shut when they are helping me, so I keep my privacy."

We looked at a sample of care records and found staff wrote about people's needs and care in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way and all staff were bound by contractual arrangements to respect people's confidentiality. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

We observed the home had a friendly and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I love it here. Just being able to make people smile makes such a difference and is very rewarding." There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit and what they wanted to eat.

Staff were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. In talking about their approach a member of staff commented, "It's important people can do as much for themselves as possible, as it's good for their well-being and self-worth." People were able to follow their own routines and lifestyles. For instance, two people liked to stay in bed until late morning and this choice was fully respected by the staff.

People were supported to be comfortable in their surroundings. People told us they were happy with their

bedrooms, which they were able to personalise with their own belongings and possessions.

People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. One person told us, "I like the residents' meetings because you get to know things and it keeps us up to date." We saw records of the meetings during the inspection and noted a variety of topics had been discussed. The nominated individual told us people living in the home had been involved in the planning for the new building. For instance, one person chose the name for the new home.

People were provided with information about the service in the form of a statement of purpose. This presented an overview of the services and facilities available in the home as well as the aims and objectives.

Feedback received by the home highlighted the caring approach adopted by staff. We saw numerous cards were displayed in the dining area complimenting the staff team.

## Is the service responsive?

### Our findings

People were satisfied with the service and felt the staff were responsive to their needs and preferences. One person told us, "The staff are so good here. I can't believe how fortunate I am" and another person said, "The staff are friendly and talkative. They would definitely sit and listen if I had a problem and they would offer reassurance and comfort." Relatives spoken with felt the staff were approachable and welcoming.

We looked at how the service managed complaints. People and their relatives told us they would feel confident talking to a member of staff or the management team if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and contact numbers for other external organisations. We noted there was also information about the procedure in the statement of purpose.

We looked at the complaints records and noted that no complaints had been recorded. However, a relative told us that they had raised two issues numerous times and no action had been taken. This was because the issues had not been escalated through the complaints procedure to be formally managed under this process. This meant the relative experienced frustration and could not be assured their issues had been taken seriously. We also noted people living in the home had raised issues at residents' meetings; however, there was no evidence that their concerns had been recorded as part of the complaints process and there was no record of any feedback given. This meant it was unclear if appropriate action had been taken and whether the information had been used to improve the service.

The provider had failed to operate an effective complaints system. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place to plan and deliver people's care. We found each person had an individual care plan which was underpinned by a series of risk assessments. The plans were split into sections and covered physical health and wellbeing, emotional health, intellectual health, self-care and independence and lifestyle and choices. However, we found the records did not always reflect the care and support they were receiving. For instance, one person's care plan did not include up to date information about their dietary needs and another person's plan contained a large amount of information dated 2015. We also noted this person's care plan and risk assessments had not been updated on a regular basis. This meant there was a lack of clear instruction for staff, including agency staff, which could result in care not being provided as needed.

Whilst people spoken with told us the staff were caring and responsive, they could not recall discussing their care plans. We saw no evidence in the care plans looked at that people had been involved in the development and review of their care plan. This meant people had limited opportunities to have control and influence over their care provision.

We recommend the service seek advice and guidance from reputable source to ensure people's care plans

are person centred and reflect the care they are receiving.

The nominated individual acknowledged the care plan documentation required further development and had a plan in place to review this and implement a new system.

Before a person moved into the home a pre admission assessment was carried out to ensure their needs could be met. We looked at completed pre-admission assessments and noted they covered all aspects of people's needs. People were encouraged and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

Daily reports provided evidence to show people had received care and support. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required aspects of their care monitoring, for example, personal hygiene.

There were systems in place to alert staff to people's changing needs which included a handover of information at the start of each shift. We noted a revised handover record had been introduced in line with an action plan devised by the nominated individual.

Activities were arranged on an informal basis and staff told us it depended how much time they had available each afternoon. This meant there was not an organised programme of activities. We didn't observe any activities during the inspection, but noted that records had been made of previous activities arranged in the home. These included singalongs, reminiscence, relaxation and massage. However, we noted people had made several requests for trips out of the home at residents' meetings. Whilst the deputy manager informed us that she was trying to source appropriate transport, there was no evidence to demonstrate any feedback had been given to people living in home.

The nominated individual told us that the provider had designated champions within the organisation and there were plans in place to develop and extend the provision of activities in line with the needs and preferences of people living in the home.

## Is the service well-led?

### Our findings

People spoken with made positive comments about the leadership and management of the home. One person told us, "Everything runs smoothly. They provide anything I need" and another person commented, "The home is managed well. I don't have any problems with the way it is run."

At the time of the inspection, the home was managed by the deputy manager with the support of the nominated individual and senior staff. The deputy manager had been appointed on 5 June 2017. The nominated individual was based at the home, so could oversee all aspects of the operation of the service. The registered manager left the service on 14 July 2017 and had submitted an application to the Commission to voluntarily cancel their registration. The nominated individual explained the provider was actively recruiting a new manager and they hoped to make an appointment as soon as possible.

We found various ways were used to monitor the quality of the service. These included audits of the medicines systems, staff training, infection control, fire systems and health and safety as well as checks on commodes and mattresses. We saw examples of the completed audits during the inspection. Whilst we found a number of breaches of the Regulations during the inspection, we noted the nominated individual had recently identified many of the shortfalls and had devised action plans to address the issues some of which were already being implemented. She explained her priorities were to ensure all documentation was updated and effective including the care planning systems and policies and procedures, ensure people were fully involved in the plans for the new building and develop staff and management skills and knowledge. Since the registered manager had left the home, the nominated individual had carried out a detailed monthly management audit which covered all aspects of the operation of the home.

Staff spoken with told us communication was good with the new management team and they confirmed both the deputy manager and the nominated individual were approachable and supportive. One member of staff said, "The home runs very smoothly we have a lot of support from Calico Homes and [the nominated individual] is very supportive" and another staff member commented, "We have fantastic seniors who are passionate about their job."

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the deputy manager was not present, there was always a senior member of staff on duty with designated responsibilities.

People and their relatives were regularly asked for their views on the service. We saw resident and relatives' meetings had been held once a month. People and their relatives were also given the opportunity to complete satisfaction questionnaires. The satisfaction surveys focussed on different themes, for instance the survey carried out in April 2017 asked people for their views on staff team and the care provided. We saw a sample of the completed questionnaires during the visit and noted the respondents had made positive comments about the service. For instance one relative had written, "I am very pleased with the care and treatment my [family member] receives."

The nominated individual was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed in close consultation with other agencies whenever this was necessary.

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 11 HSCA RA Regulations 2014 Need for consent<br><br>The provider had failed to act in accordance with the MCA 2005. Regulation 11 (1) (3)                                  |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had failed to fully assess the risks to people's health and safety. Regulation 12 (2) (a) and (b). |
| Accommodation for persons who require nursing or personal care | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints<br><br>The provider had failed to operate an effective complaints system. Regulation 16 (1) (2).            |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider had failed to follow a robust recruitment procedure. Regulation 19 (2)                     |