

Saltwood Care Centre Ltd

# Saltwood Care Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We undertook an unannounced inspection of this service on 30 June 2015 and 1 July 2015. A previous inspection in May 2014 found there was a lack of guidance to inform staff about people's care and support needs. At that time we asked the provider to tell us what action they would take to address this. They sent us a plan of action on 24 June 2014. We looked at what improvements had been made and found these had not been fully implemented or completed.

Accommodation is provided over four floors, accessed by passenger lifts. Up to 68 people can be accommodated in total, with 55 beds for people with nursing care needs provided on the basement, ground and first floors. A

further 13 rehabilitation beds are available on the second floor. At inspection there were 63 people in total receiving a service. The rehabilitation beds are provided for people discharged from hospital who require additional therapy support to help them regain skills and independence. For most people this support helps them to return to live in their own accommodation, where possible. This service is provided in partnership with the local health trust and local clinical commissioning group (CCG). The service is located in a residential location providing easy access to shops and public transport.

The service has a registered manager in post. A registered manager is a person who is registered with the Care

# Summary of findings

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 number of relatives spoke about the positive outcomes and impacts they had seen for their individual family member since they had moved to the service. They said they were satisfied with the care delivered and had no specific concerns. However, three also commented on the availability of staff at peak times.

Staff were guided by people's individual care plans as to how they preferred to be supported. However, some risk information was not always completed properly, and the risk reduction measures implemented were not always recorded clearly to inform care staff. Guidance about some people's specific physical or mental health conditions had not been developed so that staff knew how to support them safely.

The majority of people, staff and relatives thought staffing levels were enough. However about 30 per cent of relatives and people spoken with commented about staff availability particularly at peak times when they thought staff were often stretched to see to everyone. This was confirmed in discussions with staff. There was a correlation between peak times of the day and delays in staff responses to some call bells. This meant that a small number of people were left waiting longer for staff to respond to their call bells.

People were given their medicines in an appropriate way when they needed them, but improvements were needed in the way that medicines were recorded to ensure all aspects of medicine management was undertaken safely.

Staff said they felt supported and were provided with a rolling programme of training to update their skills on a regular basis and ensure they could support people appropriately. However, 13 out of 14 Registered General Nurses (RGN's) were not shown as having completed first aid training an area for which they were responsible in the service. A mix of care staff and RGN's were out of date with their moving and handling training and 14 care and RGN staff were not recorded as having had this training at all.

Although care staff demonstrated knowledge of people they supported, they had not been provided with training

in respect of specific conditions some people in the service lived with such as diabetes, epilepsy, and behaviour that could be challenging. There was a risk that staff might not have the awareness and understanding of the impact of some people's conditions if these were not managed or supported appropriately.

A range of quality audits were undertaken to provide assurance about service quality. The registered manager also undertook spot checks of the service and met with the provider on a weekly basis to make a report about the service. Shortfalls highlighted by this inspection indicate that the current auditing systems in place have not been implemented robustly and their effectiveness needs further review. People were asked to give their views about the service but no clear system was in place for their comments to be analysed and acted upon.

Staff records showed that they received supervisions infrequently but felt well supported and informed, and able to comment and raise issues about the service with their supervisors or the registered manager.

Staff said they received an induction to ensure they understood their role and responsibilities. They received training in essential skills to help support people on a day to day basis and their competency was assessed through observations and the completion of workbooks. There was a good framework for the recruitment of new staff, and important checks on suitability of new staff were undertaken.

We found the service was well maintained, showed signs of investment and development and ongoing improvement. Appropriate checks and servicing were undertaken to maintain the safety of the building and equipment used.

The registered manager had an understanding of the Mental Capacity Act 2005, and Deprivation of Liberty safeguards. They understood in what circumstances a person may need to be referred, and when there was a need for best interest meetings to take place. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and that people's rights were respected and upheld.

Staff said they felt listened to, able to express their views, and found the registered manager and the deputy and other senior staff approachable. Staff understood how to protect people from the risk of abuse and the action they

# Summary of findings

needed to take to alert managers or other stakeholders if necessary, if they suspected abuse. This was to ensure people were safe. There were low levels of incidents and accidents. These were managed appropriately by staff who sought the appropriate action or intervention as needed to keep people safe.

People were provided with a healthy choice of foods and people found these enjoyable and to their taste. They were consulted about the menus and able to influence changes within them. People and staff told us that people were supported to access routine and specialist healthcare appointments to maintain their health and wellbeing. People were provided with a programme of activities and staff were observed and heard encouraging people to participate, or provided with one to one support in their bedrooms.

We viewed all areas of the premises during the inspection, and spoke with people who lived there and some of their relatives. The majority of people told us that they liked living in the service and were satisfied with the support they received. Some told us that although they felt their own specific care needs were met they did sometimes have to wait for support and felt that more staff were needed at certain times.

We contacted a range of Health and Social Care professionals who have contact with the service for their views. They commented positively on the quality of care and support provided and felt the service to be well run. However, this inspection highlighted some shortfalls in the following areas that could compromise the safety of people in the service.

The majority of staff and relatives said they thought there was an open, friendly and supportive culture within the home. They spoke positively about the leadership and approachability of the registered manager. Staff felt confident of raising issues with her and understood their responsibility for reporting concerns when they saw or found them.

We have made one recommendation:

**We recommend that sluices are kept locked when staff are not present to safeguard people from harm.**

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People were not provided with the support they needed because staff levels at peak times were insufficient. Improvements were needed to the management of medicines. Staff understood how to protect people from harm but some lacked an understanding of other agencies they could alert concerns to. Risk reduction measures implemented for some people were not always recorded in their care records to ensure all staff understood what these were.

Health and safety checks of the environment and equipment were undertaken regularly. The premises were clean and staff demonstrated an understanding of good infection control practices.

Appropriate recruitment checks were made of new staff to ensure they were fit and proper people to undertake their role.

**Requires improvement**



### Is the service effective?

The service was not always effective.

People were at risk because not all staff had completed some essential training.

There was an absence of important health and care guidance in people's care plans to inform staff. Decisions about capacity were not always clearly recorded to ensure decisions were made in people's best interests. People's nutrition and hydration needs were not always effectively monitored. Support for specific health conditions was not recorded clearly in records.

People were supported to access a range of health care professionals, and those on rehabilitation were provided with appropriate levels of therapy to support their move back to independence. Staff said they felt supported by the registered manager and other senior staff and received supervision and an annual appraisal of their work performance.

**Requires improvement**



### Is the service caring?

The service was not always caring.

Sometimes people's privacy and dignity was not upheld.

People and relatives said that staff were kind, gentle and patient. Personal care was delivered how people wanted it. People were supported to re learn independence skills. Relatives said they were kept informed, were made welcome and that visiting arrangements met their needs.

People's future wishes were discussed and recorded, where they were able to give this information.

**Requires improvement**



# Summary of findings

## Is the service responsive?

The service was not always responsive

Staff support was guided by the care plans which were reviewed each month but these did not always provide all the information needed to support people safely. Informal concerns that people may express were not always recorded as dealt with and there was a risk these were overlooked or not responded to.

People received a pre-assessment of their needs prior to admission to ensure these could be met.

A programme of activities was devised that met people's needs and was developed through consultation with them.

**Requires improvement**



## Is the service well-led?

The service was not consistently well led

A range of audits were undertaken but these were not sufficiently effective to highlight shortfalls in service delivery. People were asked for their views but responses were not analysed, and were not shown to influence improvements. People who contributed were not told how their feedback was used.

The majority of people, staff and relatives found the management team approachable, and thought the service was well run. Health and social care professionals felt there was good leadership and management, and partnership working with the local Clinical Commissioning Group and Trust was working well. Staff felt there was good team work.

Analysis of accidents, incidents and falls was undertaken to ensure patterns or trends were not emerging that compromised people's safety.

**Requires improvement**



# Saltwood Care Centre

## Detailed findings

### Background to this inspection

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

This inspection took place on 30 June and was unannounced. We returned to the service on 1 July 2015 to check some further records. The inspection was conducted by one inspector, a specialist advisor and an expert by experience in older person's services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before an inspection we usually ask the provider to complete a Provider Information Return (PIR). This form asks the provider to give key information about their service to tell us what the service does well and improvements they plan to make. In this instance the provider completed and returned a PIR on 2nd April 2015.

Prior to the inspection, we looked at information about the registration of the service and notifications we had received about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law. There were

63 people in the service at the time of inspection and we spoke to 18 people on the day of inspection about their experiences of care; we also spoke with nine of their relatives during and after the inspection to ask them for their views about the service.

We spoke with eight care staff, three registered nurses, two activities staff, two staff from the domestic team, and two staff from the reception and administrative team, the registered manager, deputy manager and the provider. Most people living in the service stayed their rooms by choice and we were therefore unable to undertake observations of their interactions with others and stimulation they received throughout the day. However, at lunchtime a number of people came together for a barbecue event and we were able to observe interactions between staff and people they supported.

During the inspection we viewed a number of records including eight care plans with their daily notes, four staff recruitment records. We looked at arrangements for staff support, training, supervision and induction. We viewed policy and procedure information. Food and fluid charts, wound care records and medicine administration records. We reviewed incident and accident information and complaints and compliments. We also looked at arrangements for service quality and audits undertaken by senior managers.

We contacted six health and social care professionals to request their feedback about the service.

# Is the service safe?

## Our findings

People told us they felt safe and well cared for. Comments received included: "I am so well looked after here, I couldn't ask for more"; "I have no worries about falling and if I feel unwell or need help it's always there"; and, "There are enough people around if I need anything".

Our observations at inspection showed that although staff were present in the numbers recorded on the rota they were not always a visible presence on the landings where people's rooms were located. People and relatives comments included "I feel much safer here. The staff are very helpful and kind but they could do with more of them"; "It takes a while for them to come when I ring my bell but I understand they are busy"; "I would like to see more staff around as there do not seem to be many of them". Other comments included, "They have to rush about a bit, so I think they could do with more of them"; "The call bells are answered when they feel like it". "Another said in relation to whether staff had time to spend with people "Its very task orientated and staff are discouraged from being too involved with residents".

The registered manager told us that a dependency tool was used to calculate staffing to meet people's individual physical needs and maintain their activities of daily living, but we were not shown this. We were told that on any day the numbers of care staff would be 17. The rotas showed that on most days this staffing level was met. Given the size of the premises staff said that at peak times of the day they were still stretched to provide the assistance people needed with meals or personal care.

There was a monitoring system for the nurse call system. This enabled the registered manager to monitor staff response times to call bells. The registered manager said that her expectation was that bells would be responded to within 2-3 minutes. We looked at a small sample of call bell records for four rooms on the Sunday preceding the inspection and on a bank holiday in May 2015. Call bell records viewed showed that the majority of calls bells were responded to within the expected 2-3 minutes. However, out of 75 calls we looked at just under a quarter showed delays in staff responses. On three occasions waits of between 34, 38 and 58 minutes were experienced at peak times. There was evidence to indicate people were left waiting for assistance.

The failure to ensure there are enough staff available to respond to and support people's needs is a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The process of administering, storing and the security of medicines was managed safely. There were shortfalls in other areas of medicine management for example recording and disposal. The medication policy was a comprehensive document that covered all aspects of medications and had been updated in November 2014. However, the policy stated that the altering of medication charts must be signed by two nurses to ensure accuracy, but this had not occurred.

Some boxed and bottled medicines were not dated on opening which included for example a bottle of Paracetamol suspension, and a box of Co-codomol this is seen as good practice and important for those undertaking audits of medicines to check the right amount of medicine has been given. On a Medicine Administration Record (MAR) the time of the medicine Oxazepam, due at 22.00 hours had been altered without any initials indicating who had done this, when they had done this or why.

The record for disposed of returned medicines was not fully completed with only one staff signature – two are required. On many occasions the person collecting the medicines from the service had not signed the returns book. There was not a clear audit trail of medicines leaving the service. Prescribed creams were not always dated on opening which would be good practice and enable the audit of the medicines used to show these were being given in the right amounts. Charts used for administration of creams were not always completed, and there was no assurance that these were being administered.

The failure to ensure a robust system was in place for the safe management medicines is a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed they had received safeguarding training and training records confirmed this. There were updated policies in regard to safeguarding and protection of people in the service, and also in regard to the policy for staff reporting concerns about other staff behaviour (whistleblowing).

Staff demonstrated an awareness of their role in protecting people from harm and some had previous experience of



## Is the service safe?

raising alerts or using the whistleblowing process and knew where the policies were kept. They said they felt confident about raising and reporting concerns. Two experienced staff were unaware they could take their concerns outside of the service to other agencies and were unable to identify the key agencies they could go to.

There was a failure to ensure that staff had the right knowledge and skills to carry out the duties they are employed to do and to support people safely, and this is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were guided by the care plans as to how to meet people's needs safely. Individual assessments of risk were undertaken in respect of nutrition, skin integrity, moving and handling and falls and where a risk was highlighted plans were put in place to address this. However, in four out of eight care plans viewed people were shown to be at risk of receiving inconsistent or inappropriate care because risk reduction measures had not been developed in regards to managing one person's diabetes, the risks associated with this condition for them, and actions staff needed to take in the event of the person becoming hyper or hypo glycaemic.

A second person experienced behaviour that could impact on themselves and others but the risks of this and how staff needed to manage this were not recorded, and staff were left to respond how they thought best when an incident occurred, placing the person at further risk of inappropriate responses and support.

Strategies to be used in reducing the risk of a third person assessed as at high risk of developing pressure ulcers, were not in place. This person was therefore at risk of inconsistency in the support they received around prevention measures.

A care plan covering the nutritional risks to a fourth person did not make clear to staff the need to give fluids, or to provide support for meal taking outside of normal meal times when the person usually slept; so that they maintained a healthy food intake.

There was a failure to ensure that people's care records were accurate and contained information about how each person's physical and mental care support and treatment was to be delivered. This is a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises provided an attractive and pleasant environment for people to live in. The building was well maintained. A staff member told us, "there are no problems about asking for things to be done like maintenance if it is needed". A variety of equipment was readily available for people's

People told us they felt safe and well cared for. Comments received included: "I am so well looked after here, I couldn't ask for more"; "I have no worries about falling and if I feel unwell or need help it's always there"; and, "There are enough people around if I need anything".

The premises provided an attractive and pleasant environment for people to live in. The building was well maintained. A staff member told us, "there are no problems about asking for things to be done like maintenance if it is needed". A variety of equipment was readily available for people's use but this was inappropriately stored around the premises in some instances in unhygienic areas such as in showers and bathrooms; storage in these areas also impacted on the use that could be made of those facilities.

There is a failure to ensure that there is appropriate storage for equipment and that this is kept clean and stored hygienically. This is a breach of Regulation 15 (1) (a) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Important visual and service checks and test were made to ensure premises and equipment were safe. Emergency plans for the personal evacuation (PEEPS) of people in an emergency had been developed taking account of people's individual needs and equipment was available to evacuate people quickly that staff had been trained to use.

There was a low level of accidents and incidents: staff showed they understood how to report these and that they appropriate action when accidents occurred.

Staff were recruited in line with the updated recruitment policy. Records showed that the recruitment process was thorough and that appropriate required checks of applicant's suitability were undertaken before they commenced work in the service. This included evidence of application form, interview, medical statement, personal identity and photographic ID. Criminal records checks through the Disclosure and Barring Service (DBS) and two character and conduct in employment references.



## Is the service safe?

A team of cleaning staff helped maintain the overall standard of cleanliness. Cleaning staff had received training and had an understanding of infection control, health and safety and the control of hazardous substances (COSHH). Staff had written cleaning schedules and specified tasks to complete each day in respect of shared and personal spaces. They demonstrated an awareness of precautions and measures to take to prevent infection.

Ample supplies of gloves and aprons were located throughout the service and staff were observed making use of these. Staff showed a good understanding of infection control including washing hands, The service was visibly

clean and people were satisfied with the standard of cleanliness maintained. A formal and comprehensive audit of the infection control measures in place was conducted annually by the registered manager and the last one was in February 2015. Care and cleaning followed the protocols for managing soiled laundry and managing commodes. There were sluices located on every floor which were kept clean and tidy but were unlocked and accessible to people other than staff.

**We recommend that sluices are kept locked when staff are not present to safeguard people from harm.**

# Is the service effective?

## Our findings

People told us “I enjoyed going to lunch in the dining room so that I can see and talk to other people”; “It’s always good”; “The food is very good and there is plenty of it”. Another person told us “I have put on weight since being here” and they were very pleased as they had lost weight prior to their stay.

Staff were provided with training but people were at risk because some essential staff training was not kept up to date or had not been completed at all. Records showed that 10 care staff including two Registered General Nurses (RGN’s) were still to update their moving and handling training, a further 14 care and RGN staff were not recorded as having received this training at all. We were told by the registered manager that first aid would be delivered by the Registered General Nurses who were trained to do so and were present on every shift; however, training records provided to us showed that only one RGN out of 14 listed on training records was shown to have completed this training. The lack of current knowledge of first aid practice could place people at risk of harm.

There was a failure to ensure that staff had the right knowledge and skills to carry out the duties they are employed to do and to support people safely, and this is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people were supported whose behaviour could sometimes be challenging to staff or to other people. We discussed one person with these needs with a member of care staff. They told us that in the absence of clear guidance they had found their own strategies for working with the person. The person’s care plan lacked information and guidance to inform all staff working with them of the agreed strategies for assisting the person with their behaviour to aid consistency in how this was delivered, and also to ensure support offered was appropriate.

The service used a specific wound assessment chart as well as a supporting skin integrity assessment tool to assess and maintain people’s skin. Wounds were photographed on a monthly basis to document progress. However, these photographs had no dimensions and this made it difficult for nurses to judge accurately if the size of the wound was

reducing month to month, and that their treatment was effective. Wound healing was recorded in several places and there was a risk that this could give a fragmented picture of the progress of the wound.

People who were assessed as at risk from not drinking enough fluids had fluid chart records in place but these were poorly completed on those records viewed, and staff could not tell from these whether people’s inputs and outputs over a 24 hour period were at appropriate and that risks around dehydration were being managed safely. People were weighed regularly and most showed they were maintaining stable weights. Health professionals told us that the service was proactive in referring people for appropriate dietary advice, but one record showed the person had not been re-referred when they had begun to lose weight subsequently, and may not therefore be receiving the dietary input they now required.

People with diabetes some of whom required insulin injections did not have individualised diabetes specific plans of care. A diabetes care plan would inform staff about all aspects of the support the person needed to manage their diabetes; including nutritional requirements and possible Hypo or Hyper glycaemic episodes they may experience and what this might look like. The Diabetes UK, “Good clinical practice guidelines for care home residents with diabetes”, dated January 2010 made key recommendations for the management of diabetes in care and nursing homes. One recommendation was that ‘each resident with diabetes should have an individual care plan agreed between the patient (family/carer), general practitioner and home care staff’.

Some people were living with epilepsy. Their records lacked information to inform staff of signs and indicators to impending seizures, and an absence of information as to what each person experienced as a seizure and what care they needed post seizure to ensure they were comfortable and safe.

People or their next of kin had given consent to care plans. Care records did not make clear that where relatives were involved in making care and welfare decisions on people’s behalf, that they had the legal authority to do so, for example they had Power of attorney or Lasting power of attorney authorisations and this had been verified by the service.

## Is the service effective?

The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Records showed that capacity assessments were not always completed. For example one person had capacity and had consented to having bed rails for safety reasons. However, a second person did not have capacity and their mental capacity assessment could not be located, the rationale for their having bed rails was not completed. A third person's care record indicated bedrails were used, but there was no evidence that relatives or representatives had been involved in the discussion about their use.

There was a failure to ensure that people's care records were accurate and contained information about how each person's care support and treatment was to be delivered. This is a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was aware of the need to make application to the local authority deprivation of Liberty Safeguards (DoLS) team to lawfully deprive people of their liberties, and a number of authorisations had been applied for where people met the criteria for DoLS where there was no less restrictive way of achieving this.

Care staff and Registered Nurses told us they were in receipt of regular one to one supervision from a senior staff member or the Lead nurse. Although records showed

supervisions were not as frequent as company policy required, staff said they felt well supported and informed. All staff received an annual appraisal of their work performance.

Staff that had commenced work with the service in the last twelve months told us that they had experienced a three day period of induction and shadowing before working as a full member of staff, this was in keeping with the company policy. This staggered introduction gave new staff the opportunity to learn the routines of the home and familiarise themselves with people's needs and the documentation used.

Staff told us that there was always enough equipment and that pressure relieving mattresses were immediately available when needed. Sit on weighing scales, walking aids, specialist bathing equipment and hoists were kept in working order by regular servicing. Each person was provided with their own sling for use with the hoist; and this was located in their bedrooms.

The kitchen was clean and well run. Regular kitchen audits were undertaken and environmental health had given a five star rating for the kitchen. The chef told us that they received information about resident's allergies, dietary requirements and general likes and dislikes. Soft food and purees food were required for some people.

A varied menu was developed that took account of individual preferences. The registered manager had implemented a welfare advocate for people. This person took drinks to people and consulted them about the food and drink they received. This staff member used pictorial prompts for some people to help gain their feedback. This feedback was used to inform the development of the menu and provision of drinks.

# Is the service caring?

## Our findings

The majority of people and relatives commented positively about the care and support provided. People told us they found staff kind and caring to them. One said “I am so well looked after here they couldn't do anymore; I have visitors and don't have any worries about falling”.

Relatives told us “My relative can be difficult but she always smiles when staff are around, and they always let me know if she needs anything or if something has happened”. Another person said, “His whole attitude has changed: He's smiley, laughs and is well looked after”.

People were seen to be asleep in their rooms at times during the inspection and their bedroom doors were open. People we were able to ask told us this was their preferred choice and that they wanted to be able to see people and staff passing by. A small number of people were in bed and were resting; two people had dislodged their clothing and bedding which did not respect their dignity. In two bedrooms reminder notices were pinned onto the sides of their wardrobes which were visible from the hallway. These said, for example “My bath day is Wednesday evening”, and gave the person's name. This did not ensure the privacy and dignity of individuals was maintained. We also observed one instance of a lack of interaction between a staff member assisting a person with their meal, the assistance given was measured and controlled at a pace to suit the person but there was an absence of conversation or verbal prompts and encouragement.

There was a failure to ensure that people's privacy and dignity was protected and this is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were satisfied with how staff supported them with their personal care and felt staff managed this sensitively so they were not made to feel uncomfortable. Staff were careful to ensure people's bedroom doors were closed when they were receiving support.

Bedrooms in the main home and rehabilitation unit were light and spacious. People had been supported to personalise their bedrooms. This included personal photographs and small possessions and familiar things that interested them and made them feel at home and settled.

The rehabilitation unit was very much concerned with care focussed on the regaining of skills to enable people to return home. A range of professionals were involved with people's individual programme of rehabilitation. Each week a multi-disciplinary meeting was held involving the visiting GP and therapy and home staff in addition to each person and their relatives. These meetings discussed people's treatments and outcomes. Staff told us that they were supporting people back to a level of independence that included setting goals for them to achieve around mobility making drinks and snacks safely when they returned home.

Visitors were welcome and able to make themselves a drink, they were able to sit with relatives during the lunch period and were also offered lunch. People and relatives were happy with the visiting arrangements and knew these could be extended if people were unwell and relatives wanted to stay longer.

During the inspection we met people enjoying a barbecue on the terrace. This was well staffed and provided a good social environment with people and staff chatting together. Drinks were provided with regularity and several choices given. Several second helpings were provided to

many of the people who looked like they were thoroughly enjoying themselves. Staff showed themselves to be caring and responsive to people with whom they had an easy rapport.

All the relatives we spoke with said they thought they were kept informed by staff about their relative's wellbeing. One relative told us that they had been informed about their relative's health problem when they arrived for their visit and had been reassured that it was being dealt with. Another relative said “they will contact you if there is a problem or when they need to consult you”.

At lunchtime we met three people on the top floor who were having rehabilitation; they were animated and engaged with their surroundings, chatting about their children, their previous jobs and achievements. They made choices about their drinks and staff patiently explained the choices on offer for lunch.

Staff addressed people by their preferred name and their conversations were easy going. Staff showed patience in their assistance to people. For example, a registered nurse who was undertaking medicine administration on the ground floor spent over 15 minutes with one person who

## Is the service caring?

required a lot of time to support them to take their medicines. One person told us that staff had taken time to explain how her bed worked and she now felt more confident, happy comfortable and safe.

There was a section in each person's care plan called, "Future wishes" these were not completed to a consistent standard but did contain information about people's final days and hospitalisation in varying degrees of detail, this showed that discussions with the person or family had taken place about how they wanted to be cared for at the end of their life. "Do not resuscitate" forms were completed appropriately and one had a supporting mental capacity

record. In discussion the registered manager demonstrated an awareness of arrangements should someone pass away whilst subject to Deprivation of Liberty Authorisation and had recently attended training in respect of this.

There were opportunities for people to express meaningful feedback and comments through wellbeing visits conducted by a staff member. This staff member visited each person on a regular basis. Although their primary role was to gain feedback regarding food and drink choices, they were not part of the care team and therefore people felt able to talk about other things to do with their general wellbeing and satisfaction with their care and treatment. The staff member thought this was working well and that people appreciated having this opportunity to talk.

# Is the service responsive?

## Our findings

A complaints procedure was in place and staff told us that they would refer any concerns or complaints people raised with them to the registered manager or deputy. The registered manager told us that any concerns reported to her, where possible were dealt with immediately, but, there was no process for recording concerns that some people or relatives may view as an informal complaint. The registered manager reported that if she felt the concern warranted some investigation this would be recorded as an incident and placed in the incident log. No such incidents were recorded for the previous twelve months.

The complaints record showed that formal complaints that had been received had been investigated and were recorded as completed. Entries did not make clear whether the complainant had indicated if they were satisfied with the outcome or was likely to progress this with other bodies for example, the local government ombudsman, so the provider did not have a good understanding of where complaints were investigated and responded to this was working effectively.

There was a failure to ensure that a system was in place to ensure that all concerns and complaints received were investigated and acted on. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were provided with copies of the complaints procedure in handbooks located in every bedroom, this told them what action they could take and also about their right to contact the ombudsman if they were unhappy with the outcome of their complaint. People told us that they felt confident about expressing concerns to staff if they needed to, but most said they had no complaints and were very happy.

People told us that they made their own choices about whether to join in activities or to engage with other people. One person told us that they liked being alone and did not want to join others for lunch or activities. Another person said that activities were not at a time that suited them. People told us they had no complaints about the service they received and were satisfied with the activities available to them.

People who were being considered for a long term placement in the service were accommodated on the first

three floors. Records showed that the initial assessments were detailed and completed by an experienced member of staff and involved an assessment visit to meet the prospective service user and assess whether their needs could be met by the service. We were told that there were also opportunities provided for prospective residents to have the chance to visit the service and stay for coffee or lunch; a relative confirmed this had been their relatives experience prior to their admission to the service.

Registered General Nurses (RGN's) were responsible for developing each person's care plan. The care plans and risk assessments covered people's individual care, social and spiritual needs around the activities of daily living, for example support with personal care, or risks of falling, but these were not always reflective of the support people needed around their skin integrity, behaviour, or specific health conditions for example diabetes and we have commented on this elsewhere in the report.

Care plans were reviewed monthly by the designated nurse, with the involvement of the person and or their relatives. Care plans had been updated and informed care staff how people liked to receive their care and support, for example for someone at risk of isolation, the care plan guided staff to offer the choice to go to the lounge or participate in specific activities that they might enjoy. Staffs were kept informed of changing needs through staff handovers and were reminded to read changes in care plans.

The service employed two activity staff who were responsible for devising and supporting a weekly activities plan. They were seen to interact in a cheerful and easy going manner with people. They told us that they had visited everyone to ask them about their activity interests and develop a programme that would have something of interest for everyone. People were supported to follow their interests and take part in social activities available, but some people had actively made decisions not to participate and were at risk of becoming isolated. Activity staff made a point of prioritising visits to those people who did not attend activities so they could spend time with them talking or completing an activity together. Throughout the visit activity staff were visible talking to people and visiting them in their rooms. They visited people to ask them about their activity interests. A record was kept of people who attended activities or were visited.

## Is the service responsive?

People were asked to comment about activities as part of their annual feedback. The majority of forms viewed showed that people were satisfied with the present activity

arrangements and this was repeated in our conversations with them during inspection, some of whom said they were happy to know they had a choice about participating or not and did not feel pressured to do so.



# Is the service well-led?

## Our findings

Audits conducted by the registered manager to inform her about service quality were not implemented robustly to identify shortfalls. For example, response times to call bells, the absence of important guidance in care records or the accuracy of some records and had not highlighted the areas for improvement highlighted by this inspection. The registered manager undertook occasional spot checks of the service at evenings and weekends and produced a weekly report for the provider. This gave the provider an overview of the happenings in the service but the accuracy of this was compromised by the weaknesses within the quality monitoring system.

The failure to ensure there that are effective systems in place to assess, monitor and improve the quality of the service is a breach of Regulation 17 (1) (2) (a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Permanent residents of the service were asked to comment annually about the service they received. The response rate for this year was poor with only 11 questionnaires available to view. The registered manager reported that these were sent out every year by the provider. She was unsure whether she received all the completed questionnaires or whether some were kept at head office. No one designated person had the job of analysing the questionnaires received or giving feedback to people in the service about how their feedback was used and influenced service development. For example, we noted on one questionnaire that some action had been taken to address issues of food quality, but on two other anonymous questionnaires with negative comments about staff attitudes there was no evidence as to what action the registered manager had taken about this, and no reference was made in staff meeting minutes to indicate this matter was raised with them.

One relative told us they no longer completed questionnaires because they did not know what action was taken about comments they made or how it contributed to service improvement.

The failure to ensure that appropriate systems are in place to analyse and act upon feedback about service quality is a breach of Regulation 17 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff and the majority of relatives expressed confidence in the registered manager and found her approachable. We observed from her interactions with staff and people that she was a visible presence in the home and was a familiar face to people and their relatives and knew about people's individual needs. A staff member told us they found the management team to be "open and approachable". Other staff told us they could always go to the registered manager if they had something on their mind. A relative told us she had found no difficulty in approaching the registered manager with an issue, who had helped sort it out quickly. Health professionals said they found the registered manager knowledgeable and keen to engage with them and cascade information to staff.

Maintenance, care and domestic staff said they felt "part of a team" and that "they all worked well together and felt well supported". There were good, cheerful interactions between staff at inspection, they told us that the providers visited daily and took time to speak to them about people they supported. Maintenance staff said that the providers spent time with them discussing the maintenance of the building and this showed that a programme of upgrading and ongoing investment and development of the service was planned. The providers also spent time with catering and domestic staff to ensure they had an understanding of what was happening in the service from every staff group.

Staff meetings were held for each staff group every month. A record of each meeting held was made and was accessible to staff who were unable to attend. Records of these showed that there was a good relevant dissemination of information to staff about changes and new procedures that affected them as well as issues arising within the wider service.

Feedback from social care and health colleagues indicated that the joint working arrangements between the trust, CCG and the service were working well in regard to the rehabilitation service. Each person using that service was asked to comment on their experience, and we viewed 53 questionnaires. Ninety five per cent of those commented positively about the whole experience. There were a few negative comments in regard to food quality but an overriding 'thumbs up', from all who have experienced this service to date.

## Is the service well-led?

Accidents, incidents and fall frequencies were monitored by the registered manager who assessed these to ensure that no trends or patterns were emerging that could compromise the safety of people in the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

There was a failure to ensure the proper and safe management of medicines. Regulation 12 (2) (g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

There is a failure to ensure that there is appropriate storage for equipment and that this is kept clean and stored hygienically. This is a breach of Regulation 15 (1) (a) (f)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

There was a failure to ensure that a system was in place to ensure that all concerns and complaints received were investigated and acted on. Regulation 16 (1)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There was a failure to ensure that peoples care records were accurate and contained information about how each person's physical and mental care support and treatment was to be delivered. Regulation 17 (2) (c)

There was a failure to ensure that appropriate systems are in place to analyse and act upon feedback about service quality Regulation 17 (2) (e)

This section is primarily information for the provider

## Action we have told the provider to take

The failure to ensure there that are effective systems in place to assess, monitor and improve the quality of the service. Regulation 17 (1) (2) (a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There was a failure to ensure that staff had the right knowledge and skills to carry out the duties they are employed to do and to support people safely. Regulation 18 (2) (a)

The failure to ensure there are enough staff available to respond to and support people's needs is a breach of Regulation 18 (1)