

Zion Care Homes Limited

# Elvaston Lodge Residential Home

## Inspection report

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29 November 2017

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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 13 and 29 November 2017 and was unannounced. At our previous inspection on 15 September 2015 the provider was not meeting all the regulations we checked and received an overall rating of Good. This was because we identified that the provider was not always assessing the risks to the health and safety of people receiving care or doing all that was reasonably practicable to mitigate any such risks.

After the previous comprehensive inspection, the provider sent us an improvement plan to say what they would do to meet legal requirements in relation to the breach. At this inspection we found that further improvements were needed and that there was a continued breach of the regulation. This is the first time the service has received an overall rating of Requires Improvement.

Elvaston Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Elvaston Lodge Residential Home accommodates 42 people and specialises in caring for people living with dementia. The home is over two floors, with bedrooms and communal and dining areas on both floors. There were 39 people living at the service at the time of our inspection. Elvaston Lodge Residential Home is situated in a residential area in the Alvaston area of Derby.

There was no registered manager post in. However there was a manager in post who was going through the registration process with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.'

Risks to people were not always mitigated as far as reasonably practical. The provider did not have adequate infection control procedures.

We observed one occasion where staff used unsafe moving and handling techniques. This did not ensure the safety of the person or the staff members.

The provider's arrangements for staff recruitment were not always thorough and did not ensure suitable people were employed.

The management and the leadership of the service was not as effective as it needed to be. There had been a number of changes in management since the service registered, which had resulted in a lack of consistency and vision to drive improvement.

Staff did not have adequate training to support people's individual needs. Staff told us they enjoyed working

at the service.

People received their medicines as prescribed and safe systems were in place to manage people's medicines.

People and relatives we spoke with felt people were safe at Elvaston Lodge Residential Home. Staff had an understanding of potential abuse and their responsibility in keeping people safe. People's care records showed risk assessments were completed and were kept under review.

People were supported to maintain their health and well-being and had access to healthcare professionals such as GP's when required. People were supported with their dietary needs.

People we spoke with all told us that staff were friendly and caring. Our observation showed staff treated people kindly and in a way which respected people's privacy and dignity. People were supported to maintain relationships which were important to them.

People were supported to maintain their interests. People were supported by the provider in accessing the local community, which promoted integration with the local community.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint. However, it was not clear if complaints had been resolved to the complainant's satisfaction.

There were processes in place for people and their relatives to express their views and opinions about the service provided.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Staff were not always aware of safety procedures to keep people safe. Infection control systems were not effective. Some people and staff told us they felt there were not always enough staff on shift. Medication administration was safe. Recruitment procedures were not always robust as they did not ensure suitable staff were employed. Staff knew what action to take if they suspected abuse was occurring.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Staff had not received training in all area's to provide them with the knowledge and skills to effectively support people. The provider was following the principles of the Mental Capacity Act 2005. People were supported to maintain their health and referred to healthcare professionals when required. People received adequate nutrition to ensure their wellbeing.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were supported by staff who were kind and caring. Staff respected people's privacy, dignity and independence ensuring people were involved in decisions about their care.

**Good**



### Is the service responsive?

The service was responsive.

Care plans were personalised. People were supported to participate in activities. The provider's complaints policy and procedure was accessible to people and their representatives. People could be assured they would receive appropriate end of life care. However complaints information did not always ensure complaints had been resolved

**Good**



### Is the service well-led?

**Requires Improvement**



The service was not consistently well led.

Following the last inspection lack of improvements have been made by the provider. There was no registered manager in post. Quality monitoring systems were not effective in identifying shortfalls in the safety or quality of the service. Staff told us that the staff team worked well together. People told us they were happy with the service they received.

# Elvaston Lodge Residential Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 13 and 29 November 2017 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was part of the inspection team on day one of the inspection.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Before the first inspection visit we looked at information we held about the service. This included statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We reviewed the provider's statement of purpose. A statement of purpose is a document which includes a standard required set of information about a service.

We spent time observing people's care and support in the communal areas. We observed how staff interacted with people who used the service. We also spoke with four people using the service and six relatives. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the acting manager, the registered person, the area managers, the deputy

manager, four care staff, head housekeeper, laundry assistant and a volunteer.

We reviewed records which included four people's care records to see how their care and treatment was planned and delivered. We reviewed five staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

# Is the service safe?

## Our findings

At the last inspection on 15 September 2015, we asked the provider to take action to make improvements and ensure that the risks to the health and safety of people's care was properly assessed and mitigated.

At this inspection visit we found that improvements were still required to ensure risks to people were properly mitigated. Following the first day of the inspection visit we were notified by the acting manager of a significant incident involving a person at the service. Staff had left an unattended bucket of hot water in the lounge. A person tripped over the bucket and suffered a scald and had to go to hospital. There were no written procedures for staff to follow to ensure people were safe when cleaning was being carried out.

During September 2017 we received information from the local authority about one occasion where unsafe moving and handling practice had been observed at Elvaston Lodge Residential home. During this inspection visit we saw that equipment was in place to support people in a safe way. However, we observed on one occasion staff were pushing a recliner chair whilst a person was seated in it. The person's feet were on the floor without any support. When we pointed this out to staff, one staff member lifted the person's lower legs whilst the other continued to push the recliner back. This was unsafe practice and did not ensure the safety of people and staff. We discussed this with the registered person who told us they would take immediate action to address this.

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

We saw people were offered the support detailed in their care plan and risk assessments. People's care records included risk assessments, which were reviewed regularly and covered the activities related to people's health, safety, care and welfare. Care plans and associated risk assessments identified any changes in risks to people's health and wellbeing. Care plans provided guidance for staff in respect of minimising risk whilst supporting them with care routines.

On day one of the inspection visit when we arrived at the home, we were not informed there had been an outbreak of a virus which resulted in some people becoming unwell. We were made aware of the outbreak during discussions with staff. Following the outbreak of the virus the staff had not completed a thorough plan of cleaning and disinfection of all the rooms where people had been affected. The checklist used when 'deep cleaning a bedroom' was not detailed enough and did not inform staff the specific cleaning and disinfection chemicals. Furthermore the staff had not recorded accurately which bedrooms had been treated, and in one instance staff had recorded the curtains could not be disinfected due to the washing machine being broken. This meant that we could not be assured that staff had taken adequate steps to reduce the possibilities of cross infection or cross contamination in the home.

We found the laundry facilities were not adequate to ensure people were kept safe. The laundry room had been extended, and there was a piece of flooring that had been damaged. Part of the plaster on the wall had also been renewed; this had not been sealed or painted. There were further parts of the floor in the kitchen



which also required to be repaired. This meant that these areas could not be cleaned or disinfected properly, to reduce the potential for cross infection or cross contamination between people in the home. We observed there was inadequate separation between clean and soiled linen, which again placed people at risk of cross infection or cross contamination in the home. Some areas of the home did not have pedal operated bins to ensure infection controls were upheld. 14 staff had not been trained in infection control.

We asked staff about access to the policy and procedure on infection control though they were aware this was situated in the office. However this was not fully detailed, and did not inform staff the correct procedures to enable all areas of the home to be kept clean and hygienic. When we returned for the second day of the inspection we noted that there was no alcohol gel available in the dispenser in the foyer of the home. That meant that the spread of infection was not reduced by the availability of proper use of anti-bacterial products to reduce the possibilities of cross infection being brought into or taken out of the home.

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

We viewed the company's recruitment processes and looked at five staff files. All five had an application form, references and proof of identification and had a Disclosure and Barring Service (DBS) clearance prior to being employed. DBS checks help employers to make safer recruitment decisions and ensure that staff employed were of good character. We found one staff member did not have a full employment history in place. This meant that the provider was not always undertaking thorough recruitment checks to ensure staff were safe to work with the people who used the service. This meant that the current employer could not ensure a full employment history for the person, which detracted from the safety of the employment process.

People told us they felt safe with the support they received from staff. One person said, "When I press the buzzer, staff do not take long to come to me." Relatives also felt their family members were safe at the home. Comments included, "Mum is safe because there is always someone here to look after her" and "I know that I don't have to worry about my family member whilst they are here as they are safe."

Staff felt that people were cared for safely and were protected from harm. Staff said they would report any concerns or suspicions of abuse to the registered or deputy managers. Staff were aware how to contact external agencies such as the local authority safeguarding team or CQC and said they would do so if they felt their concerns had not been dealt with. We looked at the training matrix which demonstrated 12 staff had not had recent safeguarding training.. This meant staff had not been supported to update their practice to care for people safely. We spoke with the acting manager who said staff were undergoing a number of refresher training sessions which would bring all staff up to date with their training.

Staff had a clear understanding of the different types of abuse people could be subjected to. One member of staff said, "I know there are others I can go to for help, such as social services." The member of staff confirmed the agencies that people could be referred to in that event.

The acting manager was aware of their responsibilities and ensured safeguarding situations were reported to the Care Quality Commission as required. The provider had a safeguarding policy and procedure in place that informed staff of the action to take if they suspected abuse.

People felt the maintenance of building including their bedroom was good and the premises were safe. One person said, "My bedroom is very clean, and the building is always clean, the staff are always cleaning up." A relative stated, "The building is normally well looked after." However on the first day of the inspection visit

there was an unpleasant odour on both floors. A staff member told us that normally there was no odour in the home and felt the odour was due to a virus outbreak.

There were extensive safety checks on equipment used by the staff. There were two handypersons that performed tests on equipment to ensure it was safe to be used by staff. We saw a number of records that demonstrated checks were done regularly

We received mixed feedback from people about staffing levels. A relative said, "There seem to be enough staff when I come here." However two people said, "Sometimes there seem to need more staff" and "There seem to be more staff on duty today." A relative said, "I don't think there are enough staff they could do with more staff. Occasionally there are no staff in the lounge."

Staff told us they felt they had been short staffed at times, especially through the time where illness had depleted staff numbers. A staff member said, "We are short staffed when staff ring in sick. It means other staff are required to pick up additional shifts where possible. We also need more staff on the second floor as a number of people on this floor need the assistance of two staff. Due to this the mornings are busy." Another staff member told us. "The people on the second floor have higher needs than people on the first floor, we could do with an extra staff member." We spoke with the acting manager who said they attempted to ensure a minimum of three care staff on each floor, with the deputy manager completing the care team. Our observations showed that staff responded to people mostly when required. However, during lunch time staff on the first floor were busy. For example, a few people needed one to one support, whilst other people were served lunch in their room. One person's meal became cold as they had to wait to be supported. This demonstrated the deployment of staff did not always ensure people were supported when they required this.

People we spoke with said staff supported them with their medicines. A relative told us, "Mum is on medication and the staff make sure that she takes it."

Medication administration records (MARs) were in place for each person and detailed with a photograph and information about allergies. Storage of medicines was secure, and staff had occasionally monitored the storage temperatures to ensure they remained potent and effective. However, we found there was a period of six weeks prior to the inspection where no records of storage temperatures had been made. This meant staff could not be assured the medicines remained active and potent and fit for administration. We spoke with the acting manager, who said they would purchase an appropriate thermometer and ensure the daily room temperatures would be checked on a daily basis. We also looked at the storage of medicines that required refrigeration. There were regular temperatures that had been taken however these were out of the range that medicines should be stored at, some were below 1c and others were over 8c. This meant that staff could not guarantee that medicines stored in this way were still active. We reported this to the deputy manager who stated the fridge was new, and staff were unsure how the temperatures were recorded. They said that they would arrange training for staff to enable them to record the temperatures accurately and would ensure that any medicines were replaced if unfit for use.

MAR charts for people in receipt of 'as required' medicines (PRN) had instruction when, or under what circumstances staff should offer these medicines. There were separate recording charts for the application of prescribed pain relief patches, to ensure the areas were varied to minimise the potential for skin irritation.

We looked for people's personal evacuation plans (PEEPs) in the care plans. Copies of these were available in a 'grab box' situated in the foyer, and available in case of the need to evacuate the home. PEEPs inform staff how to safely assist people to leave the premises in an emergency. These were accessible to staff in the

event of an emergency and copies were also kept in people's care plan file, and were reflective of people's current moving and handling needs. Staff told us they took part in regular fire drills so they knew what action to take in the event of an emergency, and were aware how to access the PEEPs.

## Is the service effective?

### Our findings

People's care records showed that pre-admission assessments had been completed before they used the service. Care plans were produced from information identified during the initial assessment. This had been done by gathering information from people, relatives and other professionals. Information about people's histories, preferences, choices, and likes and dislikes was included, to ensure staff were aware of people's preferences. Staff we spoke with understood the needs of people they supported.

People told us they were happy with the support they received from the staff team. A relative said, "I think they know what they are doing when they look after [person's name]." Another relative told us, "I have confidence in the staff here, they are wonderful."

Some staff told us they felt they did not have enough training and felt they were required to undertake the training at home, on their 'off duty' time. We saw from the training matrix that some staff had not had updated training deemed essential by the provider. An area manager said the training dates had been arranged and all staff training would be updated. The training information that was provided at the inspection demonstrated a number of staff had yet to be trained. We noted 14 staff had not received updated training in infection prevention and control which included the acting manager, the deputy manager and four senior care staff. Further scrutiny of the training information revealed that a further 20 staff were yet to be trained and informed about people who were living with dementia. 12 staff had not had recent training on the Mental Capacity Act 2005 (MCA). We spoke with the acting manager who stated there were a number of staff who had to complete their training courses and these were being planned in the near future. This had the potential to place people at risk in the home, and did not demonstrate an effectively trained workforce.

Staff told us that following recruitment they commenced their training with an induction programme and then were able to access training related to their role in health and safety, manual handling and food hygiene and infection control. We confirmed staff undertook the induction programme by speaking with and looking at a sample of recruitment and training records. The acting manager confirmed the staff induction training and on-going training were linked to the care certificate, which is a nationally recognised training course.

We saw there were daily handover meetings which provided staff with updated information about people's health and wellbeing. Staff also told us they were supported through regular staff and supervision meetings with the registered and deputy managers'. Staff supervision can be used to support staff knowledge, training and development by regular meetings between the management and staff group. That benefited the people who used the service as it helped to ensure staff were well-informed and able to care and support people effectively.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment. Staff told us that they felt they would be able to recognise if a person's liberty was potentially deprived and required a DoLS application to be completed. They were also aware of people who were subject to a DoLS restriction. The deputy manager held detailed records of when people's DoLS were due for renewal. This demonstrated that staff had effective records that they could refer to when people's freedom of liberty was restricted legally.

Staff felt the support and communication between the staff team was effective. One member of staff said, "We work on both floors of the home, so get to know all the residents, the deputy [manager] helps us with any issues."

People's consent to care and treatment was sought in line with legislation and guidance. We heard people being asked for consent to care before this was undertaken.

Records showed that people who used the service had mental capacity assessments in place with regard to making certain choices and decisions. When people lacked capacity to give their informed consent, the law required registered persons to ensure that important decisions were taken in their best interests. A part of this process involved consulting closely with relatives and with health and social care professionals who know a person and have an interest in their wellbeing.

People told us they felt the meals provided were good. Comments from people included, "The food is good, I enjoy it," "The food is okay, we have two choices" and "We always get a good variety of vegetables. However one person said, "The food is okay, but it is the same thing over and over." Relatives said, "I have had the food here and it is very good" and "The food is superb you cannot fault it."

We observed the lunch time meal on both floors. We saw people who needed assistance were offered this. Staff were observed engaging with people throughout the meal. Our observations showed that staff were patient whilst they offered people support and assisted people at their own pace. However, on day two of the inspection visit we saw that one person on the first floor was not always appropriately supported to eat. The staff member that was assisting this person to eat got up a few times, without telling the person where they were going. For example on one occasion the staff member asked other people if they were okay and started to clean some plates away. On another occasion the staff member got up saying they were going to check up on people in their rooms. The person's meal became cold and they had not touched the food whilst they were left unsupervised. We also saw that on both days of the inspection on the second floor there were no table cloths or condiments on the dining tables. This did not ensure people received a positive and personalised dining experience.

We found people were provided with a balanced and varied diet that helped maintain their weight. Records relating to nutrition and hydration were completed where people were at risk of malnutrition or dehydration. We saw where people had been referred to medical professionals if there were concerns about their nutrition.

Menu preferences were discussed at 'resident' meetings between people using the service and staff. Information about people's likes and dislikes of food and drink were recorded in their care plans, which

were available to staff. This information included any known food allergies and was also made available to catering staff. The staff were able to explain what this meant for people, and how the information was used. That helped to ensure meals prepared were suitable for everyone.

People had the choice to eat in the dining room or their bedroom. Staff told us people were assisted to choose meals by being provided with a verbal choice before the meal, and if undecided, then presented them with a choice of plated meal at the time. This demonstrated staff were able to communicate with people and promote effective choice.

We saw people's dietary needs had been assessed and where a need had been identified, people were referred to their GP, speech and language therapist and the dietician. This ensured any changes to people's dietary needs were managed in line with professional guidelines. Some people were recorded as having a poor appetite. Records showed how much the person ate and drank to ensure they had sufficient to maintain their health. The acting manager said if they had concerns about the health of anyone monitored this way, they would seek further medical advice. This approach ensured that people received effective support with their nutrition and hydration.

People were supported to access external health professionals when they needed to for the purposes of routine health. A relative said, "If mum need the GP they will come out in a timely manner, they always let me know when the GP has been out." Another relative told us that their family member was seeing a GP due to a skin condition. During the inspection visit we saw a visiting health professional who came to apply a dressing to a person. Records showed that staff worked with a range healthcare professionals, including GPs, community nurses and dieticians to ensure people's medical needs were met.

The design of the premises enabled access to people with limited mobility. Corridors were wide and well-lit. There was space available if people wanted to spend quiet time or talk privately with an visitors. We saw there was signage around the building to assist people to locate different areas of the service. The home had a garden for people to use; this also had a summer house which was accessed by people during warmer weather.

# Is the service caring?

## Our findings

People and relatives told us that staff were caring. One person said, "The staff are caring." Another person stated, "The staff are wonderful." A relative told us, "The staff are caring from what I see when I visit."

Our observation showed people were treated with kindness and respect. People told us they were treated with respect and dignity when being supported by staff. One person said, "The staff respect me and my privacy." A relative stated, "I can go to mum's room if we want privacy and the staff would respect this."

Staff we spoke with understood the importance of ensuring people's dignity was preserved. They were able to give examples of how they did this, such as approaching people quietly, and covering people when they received personal care. Staff also described how they encouraged people to remain independent. Our observations at lunch showed that staff encouraged people to carry out some tasks independently such as supporting people to use their cutlery when eating and verbally encouraging people to eat independently.

People were encouraged by staff to be involved in expressing their views and making decisions about their care and support needs. During our inspection visits we saw staff were polite and promoted people's rights by listening carefully, offering choices and respecting decisions. One person said, "It's nice when you can choose what you want." A relative said, "The staff listen and respond to requests." People were relaxed in the presence of staff and the management team.

Staff communicated with people effectively, such as the amount of information given to people to enable them to understand and process what staff were saying. For example, one person's care plan stated that they could become agitated during intervention and to give them space and use distraction techniques. We saw that when this person approached the dining room a member of staff allowed them time to walk around the dining area and then slowly encouraged the person to sit down for lunch. The person sat down and with encouragement from the staff member they began eating their lunch.

People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. People confirmed that they had not experienced any restrictions on visiting hours. They told us they were supported to maintain relationships which were important to them. A relative said, "Visiting times are not restricted." Another relative told us that they could visit at any time and were made to feel welcome by staff. During the inspection visit we observed some people received visitors.

The acting manager told us they would provide people with information about how to access advocacy services if required. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives. There was currently one person at the service who was receiving support from an advocate. We saw there was information about advocacy services displayed in the home. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

The management at Elvaston Lodge Residential Home were aware of the new legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information they could understand. Also for the provider to provide information which was accessible and in a manner that people could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. The area manager told us they were currently, working on providing information in different formats to support people to communicate. We saw that the provider had developed pictorial menus. We were shown a care communication board, which staff could use to communicate with people with limited verbal communication. The care communication boards contained pictures and symbols which included the environment, personal hygiene, health care needs and food.

People who had needs relating to sensory loss this information was included on their care plan. For example one person's care plan specified the aids they used to support communication with them. The care plan stated, "All items are to be left nearby for [person's name] to access. Staff to ensure [person's name] understood what they have said to aid effective communication."

People were supported to maintain their hobbies and interests. People and staff told us how events were held within the home, such as Christmas carols and external entertainment including a singer. An activities co-ordinator was employed by the provider. We saw people taking part in a game of bingo with staff support on the first floor. On the second floor people were listening to music and interacting with staff. One person said, "I like the company of others here and I have made lots of good friends." Another person told us, "There are activities at the home; we have visits from the children from the local school. We have also had a person bring in animals to the home, but I still feel we need more activities." A relative said, "The activities co-ordinator involves [person's name] in the activities, supporting them to take part." A hairdresser also visited the home regularly, during the inspection visit we saw people having their hair done.

Elvaston Lodge Residential Home had developed links with a local school. Children from the school visited the home spending time with people. People spoke fondly of the children and told us they enjoyed watching them play in the school playground.

Staff we spoke with had a good knowledge of people's needs. This included how they cared for and supported people. They also knew about people's likes and preferences and their routines. Care plans included information about people's health and social care needs. People told us the routines at the home were flexible and that they could spend their time as they preferred. One person said, "I can make my own decisions on how to spend my day." Another person told us, "I choose what time I get up and what time I go to bed." A person told us that they were able to have a key to their room if they wanted it. The person said, "Some of the residents have keys to their room."

At the time of this inspection one person was receiving end of life care. The acting manager told us appropriate health professionals such as the GP had been involved in the person's care to ensure medicines



were available to deal with pain management. People's family and friends would be involved in planning and making decisions about their end of life care. For example the acting manager told us if after speaking with people's family and friends, they required religious or spiritual support they would contact the relevant places of worship. The acting manager told us they would also ensure people's relatives and friends could spend time with the person.

Information from the acting manager showed that three staff members had undertaken end of life training and another five staff members were currently undertaking this training. The provider would be arranging end of life care for other staff shortly.

People told us that they had not needed to complain, but felt confident that if they did any concerns would be dealt with properly. One person said, "If I had any concerns, I would speak to my daughter who would deal with the matter." Another person told us, "I have no concerns or complaints but know how to complain if I needed to."

A complaints process was in place that was accessible to people who used the service. At the time of our inspection six complaints had been received by the provider. The complaints had been investigated, but there was no information as to whether or not the complaints had been resolved to the satisfaction of the complaints. Two complaints had no outcome recorded so it was unclear if these had been resolved.

## Is the service well-led?

### Our findings

We found that the quality assurance systems were not always effective as they had not identified the shortfalls we picked up at this inspection visit. For example whilst people's concerns were responded to, we saw no evidence that the provider had reviewed the complaints to reduce the likelihood of similar complaint's occurring. The provider did not have effective infection control measures in place, mitigating the risk of cross infection or contamination. Recruitment procedures were not always thorough as all the required pre-employment checks were not in place. The service managed some people's finances, however we found there was no auditing of their finances to ensure robust records were kept.

People were not always supported safely placing them and staff at risk of injury.

We saw some quality assurance checks were in place to monitor the service, which supported the management in identifying any shortfalls which needed to be addressed. The audits included medication, falls and care records. We found the auditing of medicines was performed on a monthly basis and found balances were correct which provided assurance that the checking processes were robust.

The provider had arrangements in place to monitor the safety of the premises and maintaining the environment. Health and safety audits showed that water temperatures had been checked. Servicing of equipment such as the lift and fire records showed that there was a regular testing of equipment and fire alarms, some of which was performed by external companies. Regular fire drills had taken place and we saw evidence to confirm that all staff had received practice in a fire drill situation in the past 12 months. The acting manager explained any areas that required attention were added to the maintenance and repair book. When repairs were completed these were then signed and dated to allow auditing of repairs to take place.

People and relatives told us the acting manager was approachable. A relative said, "I know who the manager is, if I saw anything that was wrong I would have a word with her." Another relative stated, "I know who the manager is, and she is approachable. But she does not sit and approach you."

There was no registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. It is a condition of the provider's registration that a registered manager is in place. The provider had appointed an acting manager who was responsible for the day to day management of the service since July 2017. The acting manager was currently awaiting the outcome of their registration application from the CQC. There was support available to the acting manager which included the owner, the area managers, the deputy manager and other staff at the home.

We received mixed feedback on the management at the home. One staff member told us, "The management are approachable and helpful." Some staff felt that changes in management at the home had caused instability. A staff member told us, "Staff morale is low we are working under pressure and the home has been turned upside down."

We asked the acting manager how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We saw that people who used the service and or their representatives completed satisfaction surveys. We looked at the results of the surveys during 2017 and saw that people were positive about the care and services provided. Meetings were held for people who used the service as well as their relatives.

People were supported to maintain links with the local community. For example some people went out with their relatives. The activities co-ordinator took some people to the local park or into the town centre. Links had also been developed with the local school. On the day of the inspection visit we saw the activities co-ordinator supported a person to attend a doctors appointment. Social events were arranged by the home which peoples relatives and friends were able to attend.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the home.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always take steps ensuring risks to the health and safety of people receiving care or doing all that was reasonably practicable to mitigate any such risks.</p> <p>When people required support to move this was not always done in a safe way. Staff were observed using an unsafe moving and handling practice that put people at risk of injury.</p> <p>The provider did not have adequate systems to prevent and control the spread of infection.</p>