

# Four Seasons (No 11) Limited Sedbury Park

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

This inspection took place on 28 and 29 June 2016. Sedbury Park is located near the Wales and Gloucestershire border a short distance from Chepstow. The home is registered to accommodate up to 105 older people although there were only 74 usable rooms. The home is surrounded by 12 acres of private land, with views over the estuary and the two Severn Bridges.

The main part of the house is a grade II listed building plus an extension. Parts of this building were in a poor state of repair but there was a refurbishment plan in place. There was also two purpose built units called Marlings and the Wye Unit. The three units could accommodate 28, 21 and 25 people respectively. There were 60 people in residence at the time of our inspection. All private bedrooms have en-suite facilities.

There was no registered manager in post but the provider had appointed an interim manager to oversee the running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The interim manager will be making application to CQC to be the registered manager until a permanent manager can be appointed.

Whilst we found the premises to be clean on this inspection, the service did not have measures in place to ensure that infection control and prevention procedures were adequate. No infection control audits had been completed and there were no records of checks of equipment to ensure it was clean. However, a hand-washing audit had been completed in March 2016.

People's rights may not be protected because staff did not act in accordance with the Mental Capacity Act 2005. Applications to deprive a person of their liberty in their best interests had been submitted but this had not been completed in all appropriate cases. Whilst the staff team understood the need to obtain consent from people regarding day to day decisions, their knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) was limited. Staff were not clear who had an authorised DoLS in place.

Care planning documentation had improved since the last inspection however on Wye unit particularly the reviewing of care plans and risk assessments was not consistent. Further improvements were required to ensure that for each person, there was an accurate and detailed care plan stating how their care and support need were to be met. Despite this, people said they received the care and support that met their specific needs.

All staff received safeguarding adults training and were knowledgeable about safeguarding issues. They knew what to do if bad practice was witnessed, alleged or suspected and would take the appropriate actions. The manager was fully aware of reporting procedures and had reported a number of events

promptly to the local authority and CQC. The appropriate steps were in place to protect people from being harmed. There were safe recruitment procedures in place to ensure unsuitable staff were not employed.

The arrangements in place to ensure the premises were safe had been improved. Contractual arrangements were in place for the servicing and maintenance of equipment and there was a programme of environmental checks completed on a weekly or monthly basis. A range of risk assessments were completed for each person and appropriate management plans were in place. Medicines were well managed.

Staffing numbers were based upon the care and support needs of each person in residence, although the manager did not use any formulae to determine safe staffing levels. The service were in the process of reviewing staffing levels in Wye unit based on feedback from the staff team and relatives.

New staff were expected to complete an induction training programme but this had been hit and miss prior to the new manager starting. For all staff there was a programme of essential training to enable them to carry out their roles and responsibilities but the records of who had done what was out of date. The manager was already aware of this shortfall and had already taken action to rectify this. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

People were provided with sufficient food and drink. Their specific dietary requirements were catered for and there were measures in place to reduce or eliminate the risk of malnutrition or dehydration. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to.

The staff team were described as kind and friendly and had good caring relationships with the people they were looking after. People were able to participate in a range of different activities and external entertainers regularly visited the home. People were encouraged to be as independent as they were able and were involved in having a say about how they wanted to be looked after.

The staff team were responsive to people's individual needs and the care planning processes were on the whole sufficient. Improvements were required with the care planning documentation in Wye unit. Many of the plans had not been transferred to the new documentation and the reviews had not consistently been carried out.

Regular staff meetings were now scheduled as a means to provide good leadership and management of the service. This ensured the staff team were kept up to date with any changes and developments in the service and knew what was expected of them. The provider had a regular programme of audits to complete to check on the quality and safety of the service. Some of the checks were completed on a daily basis, others on a weekly or monthly basis.

We found a number of 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?

**Requires Improvement** ●

The service was not fully safe.

The service did not have adequate measures in place to prevent and control the risk of infection. However the premises were cleaner than when we last inspected.

People received care from staff who were trained in safeguarding and recognised abuse. Safe recruitment procedures were followed to ensure that unsuitable could not be employed.

Staffing levels were based on people's needs and shifts were arranged to ensure sufficient staffing numbers at key times of the day. There were enough staff to keep people safe.

People's medicines were being managed safely but minor improvements with paperwork needed.

### Is the service effective?

**Requires Improvement** ●

The service was not fully effective.

People's rights may not be protected because staff did not act in accordance with the Mental Capacity Act 2005. Applications to deprive people of their liberty in their best interest, had not been submitted for some people.

There was a plan in place to ensure all staff received the relevant training and support in order to undertake their role effectively. Staff were now supported and a programme of regular supervision had been re-implemented.

People were provided with sufficient food and drink. They were given choices about what they wanted to eat and drank.

People were supported to see their GP and other healthcare professionals when they needed to.

### Is the service caring?

**Good** ●

The service was caring.

The staff team had good working relationships with people and treated them with respect and dignity. People were looked after by staff who were loving and kind.

Staff recognised people's individual care and support needs. The service looked after people who had end of life care needs and strived to do this in the residential units where possible.

### Is the service responsive?

The service was responsive.

People received the care and support that met their specific needs. New care planning documentation was being implemented and on the whole provided a detailed account of the person's care and support needs.

People were able to participate in a range of social activities. People were listened to and staff supported them if they had any concerns or were unhappy.

**Requires Improvement** ●

### Is the service well-led?

The service was well led.

People were satisfied about how the service was managed. Staff always provided a high quality care service that met people's needs and was compassionate. People and staff said they were listened to.

Measures were in place to monitor the quality of the service and action plans were already in place to address areas where improvements were needed.

**Good** ●

# Sedbury Park

## Detailed findings

### Background to this inspection

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

The inspection was unannounced and was undertaken by a two adult social care inspectors. At the last full inspection of Sedbury Park in November 2015 we found three breaches of regulations. The breaches were in respect of safety in parts of the home, a lack of adherence to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and inaccurate or incomplete care planning documentation. The provider sent us their action plan following the inspection and told us what they were going to do to put things right.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We had not asked for the Provider Information Record (PIR) to be completed prior to this inspection however we had the PIR that had previously been submitted. The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with 11 people living at Sedbury Park and three relatives. We spoke with the interim manager and 13 other members of staff. This included qualified nurses, care staff, catering staff, domestic staff and the activity coordinators. During the inspection we spoke with one healthcare professional who was visiting the home. You can see what they told us in the main body of the report.

Not everyone was able to tell us their experiences of life at the home. This was because of their dementia or complex nursing needs. We therefore spent time observing people and the staff that were supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at six people's care documentation, two from each of the three units. We checked other records relating to how staff monitored people's health and the care delivery. This included food and fluid charts, repositioning charts and medicine records. We looked at the recruitment files of three new staff who had

started working at the home since our last inspection. Other records included staff training records, key policies and procedures, audits, quality assurance reports and minutes of meetings.

# Is the service safe?

## Our findings

The overall cleanliness of all the service had improved since our last inspection. The equipment in bathrooms and toilets appeared clean however one commode in Wye was old and rusted. This was pointed out to the manager and the unit manager during the inspection. Two of the linen cupboards we saw had bedding and personal clothing stored on the floor on in Wye and the other in the main house. This was discussed with the housekeeper who stated it was the care team's responsibility to keep linen cupboards tidy. The housekeeping staff had access to all the COSHH sheets they needed (control of substances hazardous to health).

At the last inspection we were advised that a member of staff had been identified as lead for infection control and prevention. However the manager was unaware of this and the person was not on duty either of the days of the inspection to check this out. There were no records of infection control audits that had taken place. There was no evidence of checks of the bed mattresses and pressure relieving equipment to ensure the waterproof covers were patent and equipment was clean. We had been advised in November 2015 that these checks would be undertaken by the infection control lead. After the inspection we were advised who the infection control lead was (name supplied) and that a hand-washing audit had been completed in March 2016.

Since the last inspection there had been one outbreak of infection in Marlings unit (Norwalk). The service had taken the correct action and 'closed the unit to visitors' and had liaised with the health protection agency. The other two units had remained free from the infection.

This was a breach of regulation 15 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

All staff had to complete a safeguarding training programme as part of their mandatory training programme. They were taught about the different type of abuse and were aware of their responsibilities to keep people safe. Those staff we spoke with demonstrated their responsibilities and told us what action they would take. Concerns were reported to the care home manager, the unit manager who covered the two residential units or the nurse in charge. The contact numbers for reporting any safeguarding concerns were posted on staff notice boards in all three units. The manager had raised one safeguarding concern with Gloucestershire County Council in July 2015 and had taken the appropriate action to deal with a staff conduct issue. The manager also said they had contacted the safeguarding advice line on other occasions to determine whether events needed reporting. The manager had completed safeguarding training with another local authority prior to taking up this role.

There were effective recruitment and selection processes in place. The files we looked at contained application forms, evidence of an interview and an assessment having taken place. Two written references and evidence of DBS checks were obtained. The written reference for one new staff member was missing on day one but had been located by day two. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. An internal audit



completed by the provider had found many items missing from the files of the long term employee's.

When we inspected the service in November 2015 we had concerns regarding the fire doors and the safety of people and staff in some parts of the building. Actions had been taken by the service to rectify the safety breaches. The maintenance team checked the fire doors regularly. This was to ensure they closed properly and these records were seen during the inspection. The areas of the home that were in a poor state of repair had been made safe and there was ongoing work regarding this. Scaffolding and boarding had been erected around the porch and main entrance to make this area safe. This entrance was now in full use. At the same time as the inspection, senior estates managers met with English Heritage and the go-ahead was given for full repairs to commence.

Any maintenance requests the staff identified were recorded in the maintenance logs kept in each of the three areas of the home. These were checked on a daily basis. A check of the records showed the requests were dealt with promptly. The maintenance team also had a programme of checks to complete on a daily, weekly and monthly basis in order to keep the premises safe. These checks included the fire alarm system, fire equipment, organising fire drills for staff, water temperatures, visual safety of electrical equipment, window restrictors, extractor fans and wheelchairs.

Contractual arrangements were in place for the servicing and maintenance of the lifts and hoisting equipment, gas safety, legionella checks, portable appliance testing, pressure relieving equipment and the call bell system.

The catering staff recorded fridge and freezer temperatures and hot food temperatures. There were measures in place to ensure all food was stored correctly and there were daily, weekly and monthly kitchen cleaning schedules. An environmental health officer last visited the kitchens in February 2016 and awarded the full five stars.

The service had an emergency contingency plan in place. This covered the procedures to be followed in the event of any internal emergencies (fire and flooding for example) and external emergencies (weather related). The plan was regularly reviewed and kept with the grab file by the fire panel. The fire risk assessment had last been reviewed in December 2015.

A range of risk assessments were completed as part of people's care planning process. The assessments were in respect of the possibility of skin damage and pressure ulcers, the likelihood of falls, risks of malnutrition and dehydration, and moving and handling tasks. Other person specific risk assessments were completed for example the risk of choking or behaviours. A personal emergency evacuation plan (PEEPs) was completed for each person and detailed the level of support required should the building need to be evacuated. Copies of the PEEP's were kept with the person's care notes and in the 'grab file' located by the fire panel. Some of the PEEP's needed updating, for example one had been written in 2013 and there were others for people who no longer lived in the service.

Staff received moving and handling training to ensure they transferred people from one place to another safely. Several of the staff had received additional training so they could assess the procedures to be used and train the rest of the staff team. Staff were not permitted to use hoisting equipment until they had attended a practical moving and handling session. Each person had a moving and handling care plan. These set out the equipment needed and the number of staff required to undertake procedures and were reviewed on at least a monthly basis. Observations we made of staff assisting people to transfer using the hoists to ensure they were undertaken these competently, efficiently and safely.

The manager told us they no longer used specific formulae to calculate the numbers of staff required to meet people's needs. The manager said the staffing budget was set by Four Seasons but was under review. Staffing numbers took account of the layout of the buildings and those people living with dementia. The staffing levels were arranged for the three units separately and staff we spoke with felt the numbers were sufficient. The staffing levels at the time of the inspection were as follows. In the main house, there was one nurse on duty at all times plus four carers in the day and two overnight. The number of carers on duty in the main house had been reduced because of lower occupancy levels. In both the Wye unit and Marlings, there were three staff during the day and two overnight. Each shift included a senior care assistant or the unit manager. The unit manager provided shift cover plus had 'management shifts'. At the time of the inspection there were a number of staff vacancies, two full time equivalent nurse posts, and three full time equivalent care staff. Because of this agency staff were being used. The records of agency usage over a five week period showed that 42 shifts had been covered by agency staff and 19 of them by an agency worker who only worked once at the service. This lack of consistency had affected staff morale and meant people were looked after by a lot of different staff.

In addition to the care team, there were three activity staff (one newly appointed), catering staff, housekeepers, administrative staff, and a gardening and maintenance team. There appeared to be enough staff on duty during the day. People's calls for assistance were responded to promptly, there were staff available to look after people in the communal area and at lunch time some staff sat down and had lunch with the people living in the service.

We checked the arrangements in place for ordering, storing, administering, recording and disposing of medicines in two of the three units. Medicines were re-ordered on a four weekly basis and the majority were supplied in blister packs. The medicines for each unit were ordered and stored separately and there were secure arrangements for the storage of controlled drugs in each unit. All medicines were stored in locked trolleys, fridges or cabinets and the temperature of the storage areas were recorded daily. However the temperature of the medicine fridge in Wye had not been recorded since the 14 June 2016 despite instructions stating it had to be recorded daily even if not storing medicines. At the time of the inspection there were no medicines being stored.

Nurses administered the medicines in the main house (the nursing unit). Senior care staff who had been trained and deemed competent, administered medicines to those people in Wye and Marlings. We observed medicines being administered safely to people in the Wye unit and Marlings. There were no gaps on the medicine administration records (MAR charts) we looked at. A photograph of the person and any known allergies was recorded on a document kept with the MAR chart. Where this was relevant, for example with a person living with dementia, there was a record detailing how the person liked to take their medicines.

Where people were prescribed topical medicines (creams and ointments), a topical MAR chart was kept in the person's bedroom folder. The care staff were responsible to complete the chart when they had applied the treatment. Some of those we saw had not been filled in for many days.

## Is the service effective?

### Our findings

We asked people about the care and support they received and whether it met their needs. They said, "I get all the help I need", "The girls are always ready to help me", "I couldn't be any better looked after" and "If I ring my call bell, the staff come and help me quite promptly". Relatives told us, "We are more than happy with the way dad is cared for", "The staff are friendly and professional at the same time" and "Mum always tells us about the lovely meals".

The provider had policies in place regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Both policies were kept under regular review. The MCA policy set out the principles of the Act and how the law should be applied. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment.

The manager was aware of the principles of the MCA and the DoLS legislation. Since the last inspection individual DoLS applications had been submitted to Gloucestershire County Council for many people and some had already been processed. The manager was of the view though there were other applications that still needed to be submitted. This means the service is knowingly depriving people of their liberty because they cannot consent to living at Sedbury Park and receiving the care and support they needed. The unit manager in Marlings was able to tell us who was subject to DoLS restrictions and when this expired. However speaking to other care staff and nurses there was little knowledge about who had an authorised DoLS in place. We found the service not to be following the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

As part of the care planning process people were assessed for the ability to make decisions and to give consent. The assessment and care plan was then reviewed on a monthly basis. This meant the care team were informed when a person's ability to give consent altered. One care plan we saw talked about the person fluctuating ability to give consent and the need for the staff to assess this at every point of care delivery.

Staff we spoke with were fully aware of the need for people to give consent and to be able to make day to day decisions about what they wore, what they ate and how they spent their time. Staff said they would ask the person to consent before providing them with care, support or treatment. During the inspection we heard people being asked for consent and being asked to make choices. For example, "Can I just move your chair in a bit so (named person) can get through" and "Would you like to go along to the activities room today". Some staff said they had not done any MCA or DoLS training. The manager explained there was an e-learning training programme all staff had to complete but a face to face training had not taken place since May 2015. We were advised this would be discussed with the training and development department.

Whilst some improvements have been made, the service remains in breach of regulation 11 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

Staff had a programme of mandatory training to complete in order to ensure they were able to meet individual people's care and support needs. The manager had already identified that for a number of staff their mandatory training was out of date. Letters had been sent to all staff stating they needed to update their training within a given time period. Some of the staff we spoke with confirmed they had received this letter. The training records we looked at showed a significant number of gaps but without individual staff records the manager admitted it was hard to identify who needed to do what. We were advised those staff who do not meet the training request will be subject to disciplinary action.

The manager shared the overall compliance rate for training. This was currently at 58% whereas their expected target was 95%. The manager had already taken steps to address this significant shortfall and had an action plan in place. It was disappointing to see that the percentage rate for the dementia care framework training was at 17% and two-thirds of the people living at Sedbury Park were living with dementia.

There was an induction training programme for new staff to complete within the first 12 weeks of their employment. The programme consisted of fire awareness, moving and handling, food safety, safeguarding, infection control, supporting people with dementia and dignity and respect. It was not clear whether the Four Seasons induction programme for new staff was in line with the care certificate. One new member of staff said their induction "hadn't really happened" and they "didn't feel supported until the new manager started working at the home". Another member of care staff said they had a list, they had to work through and get signed off and initially shadowed a senior member of staff. There was a mixed response from staff about how well they felt supported to do their job however they all stated that since the management changes, this had significantly improved.

At the time of our inspection, 11 care staff had achieved a level two NVQ or diploma in health and social care, with seven also having achieved level three. In addition 17 care staff were working towards their level two and one was working towards level three. All care staff were expected to achieve these qualification following induction and a completed probationary period. Two care staff were currently working towards a CHAP's qualification. This is a 'Care Home Advanced Practitioner' course and was run by the local clinical commissioning group (CCG).

The manager had already identified that regular staff supervision had fallen by the wayside since the end of last year. The manager had put together a supervision allocation list. This will be a cascade system with the manager supervising senior staff, and senior staff supervising junior staff. Staff we spoke with said they worked well as a team and were well supported by each other. The staff on Wye were without a unit manager at the time of the inspection and did admit to missing this support. They were however complimentary about the support provided by the other unit manager.

People were provided with sufficient food and drink. We spoke with the chef on duty, and looked at the food safety arrangements in the kitchen. Each day people were able to choose what they wanted to eat for breakfast and cooked options were available every day. The chef was familiar with people's dietary needs and was aware who required a special diet, for example, fortified foods, a diabetic diet or soft foods. The kitchen staff were made aware of people's likes, dislikes and preferences. Pictorial menus were on display in each of the dining rooms. On the two units where people were living with dementia, different coloured crockery and cups were used to aid visual recognition.

The main meal of the day was served at lunchtime, between 12.30pm and 1pm. One 'hostess' worked within the dining area of the main house and supported people in making choices about what they wanted to eat and drink and served them their meals. There was always an option of two main meals at midday.

Some people would have chosen what they wanted to eat earlier in the day whilst others made their minds up at the meal time. The chef ensured they catered sufficiently to enable people to have what they wanted to eat.

Nutritional risk assessments were reviewed on a monthly basis in order to identify those who were newly at risk of poor diet and fluid intake. Any changes in these assessments was communicated to the kitchen staff. They were informed if a person had lost weight and needed to have fortified food and drinks. Staff were aware of those people they needed to monitor in respect of food and drink intake and those who needed their body weight checked on a weekly basis.

People were able to have their meals served in the dining room, the lounges or in their own bedrooms. They were encouraged to eat with the others for the social aspect but people's views were respected. People told us, "We are very well fed here", "I look forward to all my meals", "I can only have soft diet because my teeth are bad. They always remember" and "The home made cakes are a treat every afternoon. We can ask for a cup of tea at any time".

People were seen by their GP as and when needed. At the time of our inspection people were registered with three local GP surgeries. One surgery visited on a weekly basis and the staff prepared a list of who needed to be seen. This surgery would also visit and see individual people when required. During the inspection we met and spoke with two GP's. We received a mixed response with one GP being very complimentary about the staff and the way their patients were looked and the other being concerned about the lack of permanent nursing staff. They were concerned that agency nurses did not know their patients well. District nurses visited the service to see those people who were funded on a residential care basis but had nursing care needs. People were also supported to see foot care professionals, opticians, allied healthcare professionals and attend healthcare appointments.

Improvements with the condition of the premises were on-going. Of the 105 bedrooms only 74 were usable. The upper floors in the main house were in a poor state of repair but plans were in place to repair the roof, replace window frames and flooring and to redecorate. At the same time as our inspection the go ahead was given for these works to commence.

The Wye unit and Marlings accommodated people who were living with dementia. Both were purpose built units. In Wye unit the kitchenette area had been refurbished and the flooring in the main communal area was due to be replaced with wood effect flooring and new carpet. A new quiet room had been redecorated and furnished. In Marlings and Wye unit some redecoration in the corridors had already taken place but work was on-going. The brightly coloured walls were being re-painted with softer pastel colours. This would make it easier for people with dementia

## Is the service caring?

### Our findings

People said, "I am really happy here and could not be any better looked after", "Everyone is very friendly", "There is always something going on here and we do have some fun" and "The girls are smashing. They always manage a smile". Relatives told us, "I know mum is well looked after, she tells me so and mum would not put up with any nonsense", "I always get a welcome when I visit. The staff really care" and "Dad is happy so the family are happy".

People were smartly dressed and looked well cared for. People were encouraged to be as independent as they were able with their personal hygiene and dressing. Where needed people were supported with their personal grooming and staff assisted them throughout the day to change their clothes if needed. They wore their preferred style of clothing. One person said "Whatever the weather I always like to wear my coat" and staff respected this. People's clothes were clean and well ironed, the men were shaved unless they wanted facial hair and a lot of the ladies had had their nails varnished. A hairdresser visited the service each week.

On the whole during the inspection we saw staff having positive interactions with the people they were looking after. We did however see one occasion when a person's dignity was compromised. They were being attended to in the bathroom but the door had been left open. This was discussed with the unit manager at the time, and this was addressed with the member of staff. On all other occasions where the staff were supporting people with personal tasks, this was done discreetly.

Staff spoke about people respectfully and demonstrated genuine caring attitudes. We saw the staff knock on people's doors and either wait to be invited in, or if the person was not able to answer, pause for a few moments before entering. Where the bedroom door was open, the staff still waited to be invited in. People were generally referred to by their first names. All the staff had a friendly manner with some being very jolly. It was evident there were good working relationships in place and people were content "in their home".

People were involved in saying how they wanted to be looked after where this was possible in order to ensure they received personalised care and support. The personal activity leaders were in the process of completing 'My Choices' booklets. One of them said, "I sit with the person and ask them about what they would like to do, what interests them and if they could, what new things would they like to have a go at". The booklets recorded people's preferences, what support they needed, the things that were important to them, important memories, their life history and family relationships. This process also enabled the person to describe what a good day and a bad day was like. For the staff team, it meant they were able to treat people as individuals and provide person centred care.

The service aimed to look after people when they had reached the end of their life. In the main house there was one room dedicated as a palliative care room. This room had facilities for relatives to stay and make their own refreshments. When we visited in November 2015 we found the room dark and dismal and although it looked better on a bright June day, it was still not a pleasant room to spend your final days in.

Staff on the two residential units (Wye and Marlings) said they would do everything possible to continue

looking after people in the last stages of their life. They felt this was particularly important where people had lived there for many years and "this was their home". The service would only be able to do this by working in conjunction with the person's GP, the family, district nursing services and other healthcare professionals. The unit manager talked about occasions when they had successfully looked after people on the unit until their death. There had also been difficult times when they had been unable to continue to care for people in the residential units and they had either been transferred to the main house or to an alternative care provider. This had been because the person's needs were too complex, or within the unit there was not the staffing capacity to look after the person, meet all their needs and those of all the others.



## Is the service responsive?

### Our findings

Before people were admitted to Sedbury Park their care and support needs were fully assessed. The registered manager or the deputy undertook these pre-admission assessments. This ensured the service would be able to meet the person's individual needs and any specific equipment (hoists or specialist beds) were available. Copies of the person's care plan were obtained from the local authority (LA), plus any other significant information, where the LA were part funding the placement. The pre-admission assessment covered all aspects of the person's daily life and the information was used to form the basis of the person's care plan.

The service had made progress in implementing the new care planning documentation since the last inspection despite them having been introduced in June 2015. The new care documentation consisted of nine mandatory sections that had to be completed. They detailed information about the person's mental capacity, medicines, mobility needs, nutrition, continence, hygiene, skin integrity, sleep and communication. Other sections were completed if required, for example cognition, breathing, specialist needs and end of life care. Where significant risks had been identified or do not resuscitate orders were in place, stickers were placed on the spine of the care files to highlight this. There was however no sticker to identify those people who were subject to DoLS restrictions.

We looked at care files in all three units. Introduction of the new documentation had not been fully achieved throughout the service, particularly in Wye unit. In Marlings unit 17 out of 20 people had the new care plans in place and the member of staff who had completed them told us how they had sat with the person and discussed how they wanted their identified care needs met. In the main house the majority of people had new care plans.

People were supported in a person centred way with their individual care and support needs being met in the way they wanted. The comments they made to us included, "I always like to sit in this chair in the quiet room. The staff know I like peace and quiet", "I like to go to bed early and the staff never forget", "The staff have to come outside with me when I want a cigarette. I sometimes have to wait and I understand that but they take me out as soon as they can" and, "Sometimes I want to stay in bed a little longer in the morning and they are OK with this. They are so lovely to me". We heard staff telling one visitor that their relative had not slept well the night before so was still in bed. The visitor then told us they were always kept informed of how things were going and of any changes.

A handover report was given to all nurses and care staff at the start of their shift. This ensured that important information was shared between the staff and any changes to people's care needs were passed on to the next shift.

There was a programme of activities for people to participate in run by three personal activity leaders (the third leader had just been appointed and was due to start soon). The service had a large activity lounge in the main house and people could come over from Marlings and the Wye unit. Some activities were based in those units. The programme included a range of activities: chair exercises, music therapy, beauty days and



'a chat and a catch up', a men's club, cinema, bingo and skittles. External entertainers visited the service. Examples included musicians, the 'memory man' and a Churches Together Service every second Tuesday of the month.

The service has a 'Friends of Sedbury Park' charity group who support the activity staff, raise money for activities and source available grants to boost the funds. The provider supplied a budget of £60 per month to fund the social activities therefore the service relied heavily upon the Friends of Sedbury Park to supplement the budget. The service currently had the use of a minibus and there had been recent trips out arranged to the local shops, nearby Barry and Tintern Abbey. A larger outing for 27 people was arranged earlier in the summer on a canal boat. Photographs had been taken of all these events and were displayed in the activities room.

A copy of the complaints procedure was displayed in the main entrance. It was also included in the information about the home, given to people on admission or their relatives. The provider's complaints procedure stated all complaints would be investigated and responded to in writing.

People said, "I have no complaints", "I may have a little grumble about something but the staff sort things out for me", "I don't like being told what to do. I like to be asked. Staff know that and always ask me now" and "I would feel ok about raising any concerns". One relative we spoke with raised some concerns with us that she felt had not been acted upon and this was discussed with the manager. This was to do with the mattress on their relative's bed which they said was uncomfortable. The manager explained the actions they had taken so far. Following us raising the issue with the manager, the mattress was changed again but the person subsequently asked for the previous mattress to be placed back on their bed. There had been three formal complaints logged since the last inspection, two were in respect of missing personal belongings and the third was to do with laundry. It was evident what actions had been taken in respect of the two recent complaints. However there was no record of any action taken as a result of the complaint made in February 2016. CQC received anonymous comments posted on our website just prior to this inspection and the issues were discussed with the manager and the unit manager. The manager investigated the issues but because the allegations were vague with no dates and times, the concerns were unfounded.

## Is the service well-led?

### Our findings

We asked people what they thought about the way the home was run. They said, "It's great here, I am fed and watered, all my clothes get washed and there are a lot of people I can talk to", "All the staff have their routines and know what needs to be done" and "I have not lived here long. It is alright and now I do not have to worry about a thing". Relatives were generally positive about the new manager but one relative said they "missed the previous manager, the deputy and two best-ever nurses".

Since the last inspection there had been a change in the management arrangements at the service with the resignation of both the registered manager and the deputy. The manager led a team of nurses and care staff, housekeeping, catering, maintenance and administrative staff. The staff teams in the two residential units, Wye and Marlings were led by a unit manager. One of the unit managers was on an extended period of leave therefore the other unit manager was covering both units. The provider was currently in the process of recruiting for a permanent manager and a deputy. As well as the management changes there had been a significant turnover of staff since the last inspection.

The manager had put together an action plan for the service shortly after starting work at the service. The action plan included refurbishment of the premises, a look at the mealtime experience for people, a review of the fire risk assessment, a review of the dependency levels of people in residence and a review of care documentation. Timescales had been set against each task. The manager had also begun to prepare a business plan to submit to the provider.

Those care staff, nurses and ancillary staff we spoke with were positive about the new manager. Their comments included, "She won't stand for any messing about and she is really coming down hard with sickness management", "She is a very good manager" and "I did not realise that things needed to improve until this manager started here". It was evident the staff team were now being provided with good leadership and management. The staff team were all committed to ensuring people 'had a good time' and 'received the best possible standard of care'. The philosophy of the service was to look after people as individuals and to focus on what was important to them. These values were evident when we spoke with staff, people who lived in each of three units and their relatives.

Staff meetings had been reintroduced on a regular basis and staff were encouraged to make any suggestions. The notes of the meeting held in April 2016 just after the manager had taken up the post very clearly set out their expectations of the staff team. These staff meeting were scheduled to take place on a monthly basis. At the last meeting a representative from the Royal College of Nursing had attended and the nurses had been helped regarding the revalidation process (this is a process all qualified nurses have to go through to retain their registration with the Nursing and Midwifery Council). The plan was that resident and relative meetings would be held on a quarterly basis but the last meeting scheduled for 22 June 2016 had been cancelled because only one family said they were attending.

The service used a mobile tablet device to record daily 'quality checks' that were undertaken during a 'walk-about'. The walk-about was undertaken by the manager or the nurse in charge. Ten sections had to be

completed on a daily basis. The 10 sections included for example an assessment of the environment, a check of the clinical recordings and comments made by the staff and people spoken with. When not being used the tablet device was located in the main reception area and could be accessed by relatives, people living in the home and visitors who wanted to make comments for the manager and the provider to see.

No quality assurance questionnaires had been sent out recently. The manager explained this would be instigated from head office and would involve 'residents', relatives and other health and social care professionals. Relatives were able to leave feedback on the mobile tablet device that was kept in the main reception area. The manager explained recent feedback had been left about the staffing levels on Wye unit and they were waiting for authorisation to increase the number of staff to four each day.

In order to monitor the quality of the service, key performance information was reported on a weekly or monthly basis. This information was reported to the regional manager. The manager had to report on 'resident' issues and changes, staff issues, complaints received, safeguarding concerns and any clinical events (weight loss, falls and wound care for example).

The service had a programme of audits to complete. These may be completed by the manager or a delegated member of staff, examples of audits included the care planning documentation, health and safety, medicines management, and human resources. A number of these audits had slipped during the management changes however were now taking place. Other senior managers had been drafted in to complete some of the audits, for example the regional manager and the resident experience manager. Care plans were generally reviewed on a monthly basis but this was hit and miss in Wye unit.

An audit had been completed by the supplying pharmacist in March 2016 and four specific issues had been identified in Wye unit. The return visit by the pharmacist had not been made to check that remedial action had been taken but each issue had been rectified. We noted that these shortfalls had occurred in Wye where the unit manager was absent and recommend that greater scrutiny be given to this unit in respect of medicines management.

Any accidents, incidents, complaints received or safeguarding alerts made were logged in to the provider's quality assurance reporting system. They were followed up to ensure appropriate action had been taken. The policies and procedures we looked at had been regularly reviewed. The manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the home and which the service is required by law to tell us about.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The registered persons did not ensure that staff were familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.  Regulation 11 (2-5).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The registered persons did not have systems in place to ensure they complied with the code of practice on the prevention and control of infections.  Regulation 15 (2).