Prestige Estates (North East) Limited

Roseville Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 3 and 5 November 2015 and was an unannounced inspection, which meant the staff and registered provider did not know we would be visiting.

Roseville Care Centre is a large residential and nursing home situated in Ingleby Barwick. It has a three storey building and two storey annexe which are currently divided in to five units. All floors are accessible by lift. There are lounges, dining rooms and bathrooms on all floors and bedrooms are en suite. The service provides care and support for people with nursing care needs, dementia and those who require residential support. It is registered to provide care and support for 103 people

The service had a registered manager in place and they have been registered with the Care Quality Commission since October 2013. 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.

We found that improvements needed to be made in regard to management of medicines.

We observed a lunch time meal on all units and found people did not always have their nutritional needs met and were not offered a choice at mealtimes.

Summary of findings

There were a lot of gaps in training. Two files we looked at for two new staff members who started in July and August had not received full mandatory training.

We found that supervisions and appraisals had taken place for some staff members and the registered manager was aware that improvement was needed in this area. New members of staff had not received supervision. Some annual appraisals were overdue and we saw another that had been completed in May 2015 was merely a 'tick box' exercise with no narrative in the 'summary of discussion' section of the form.

No management audit of systems was evident. Forms and sheets that required manager sign off had no signature.

COSHH data sheets were in place but risk assessments did not include decanting of products and high risk products. We could not find evidence that the nurse call system had been serviced, the contractor had referenced it only on the fire system check sheet. We spent a great amount of time to source and understand the health and safety system, this demonstrated the system was not being monitored effectively by the registered manager as they could not find it and had not picked up the issues we did during inspection.

We saw that very few people were involved in activities. There was no provision of activity during the weekends. The two activity coordinators could not engage with everyone as there was a need for more hours to cover such a large service.

Staff we spoke with understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Not all staff had received training in safeguarding but said they would be confident to whistle blow [raise concerns about the home, staff practices or provider] if the need ever arose.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care plans provided evidence of access to healthcare professionals and services.

There were not always sufficient numbers of staff on duty to meet the needs of people using the service on the day of inspection. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

We could not see evidence of signed consent on care files. Which meant it was not clear whether the service was acting with people's consent.

Accidents and incidents were monitored by the registered manager, who looked for any trends. . This system helped to ensure that patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The home was clean, spacious and suitable for the people who used the service.

We saw that safety checks took place and required certificates were up to date. However we saw a fire risk assessment completed in August 2014 which had a list of remedial actions necessary to ensure safety. The registered manager had delegated this to the handyman. The September 2015 risk assessment highlighted a lot of the same actions. Therefore the necessary remedial works from August 2014 had not all been carried out.

The registered manager had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the registered manager was following the requirements in the DoLS. Staff we spoke with had a basic understanding of DoLS.

Although staff treated people with dignity and respect, we saw that this needed improving at meal times. Staff helped to maintain people's independence by encouraging them to care for themselves where possible..

Care records showed that people's needs were fully assessed before they moved into the service.

Summary of findings

The registered provider had a complaints policy and procedure in place and complaints were documented with a full outcome.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staff were knowledgeable in recognising signs of potential abuse and would report any concerns regarding the safety of people to the registered manager.

There was not always sufficient staff on duty to meet people's needs, lunchtime it seemed understaffed. Two part time activity coordinators could not cover the whole service. Recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Medicines were not always managed safely for people and records had not been completed correctly. People did not receive their medicines at the times they needed them and in a safe way. Medicines were not obtained, administered and recorded properly.

Is the service effective?

Requires improvement

The service was not always effective.

Training was not fully up to date. Formal supervision sessions and appraisals with staff had not always taken place.

The registered provider and staff demonstrated a good understanding of the Mental Capacity Act 2005 and DoLS

People were not always supported to have their nutritional needs met and were not always provided with choice.

People were supported to maintain good health and had access to healthcare professionals and services. Consent was not sought.

Is the service caring?

Good

The service was caring.

People told us that they were well cared for.

We saw that staff were caring and supported people well.

People were treated with respect and their independence, privacy and dignity were promoted.

Is the service responsive?

Requires improvement

The service was not always responsive.

People's needs were assessed and care plans were produced but these did not always identify how to support people with their needs.

We saw that very few people were involved in activities and improvements were needed..

Summary of findings

Appropriate systems were in place for the management of complaints.

Is the service well-led?

Requires improvement

The service was not always well led.

Staff told us that the registered manager was approachable.

No management audit of systems was evident. Forms and sheets that required manager sign off had no signature.

Staff told us that the home had an open, inclusive and positive culture.

Roseville Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 3 and 5 November 2015 and was unannounced. This meant staff and the registered provider did not know we would be visiting.

The inspection team consisted of three adult social care inspectors, a pharmacy inspector, one specialist professional advisor (SPA) and one expert by experience. A specialist professional advisor is someone who has a specialism in the service being inspected such as in this case a nurse. 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 had experience in caring for older people living with dementia.

Before we visited the home we checked the information we held about this location and the service provider. This included inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding staff and district nurses.

We asked the registered provider to complete a 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.

During our inspection we spoke with seven people who used the service and three family members. We also spoke with the registered manager, deputy manager, one nurse, the cook, two laundry assistants, one activity coordinator, 13 care staff, nine people who used the service and five family members. We also spoke with one visiting General Practitioner and after the inspection spoke with the fire risk assessor.

We undertook general observations around the service and reviewed relevant records. These included nine people's care records, six staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

Requires improvement

Is the service safe?

Our findings

We looked at how medicines were handled and found that the arrangements were not always safe. We looked at 22 records relating to medication and they were not completed correctly, placing people at risk of medication errors. For example medicine stocks were not properly recorded when medicines were received into the home or when medicines were carried forward from the previous month. This is necessary so accurate records of medication are available and care workers can monitor when further medication would need to be ordered. For medicines with a choice of dose, the records did not always show how much medicine the person had been given at each dose. Three medicines for three people were not available. This means that appropriate arrangements for ordering and obtaining people's prescribed medicines was failing, which increases the risk of harm.

When we checked a sample of medicines alongside the records we found that twelve medicines for eight people did not match up so we could not be sure if people were having their medication administered correctly.

Arrangements had been made to record the application of creams by care workers. However, these records were sometimes missed. This meant that it was not always possible to tell whether creams were being used correctly.

We found that where medicines were prescribed to be given 'only when needed,' the individual when required guidance to inform staff about when these medicines should and should not be given, was not always available. This information would help to ensure people were given their medicines in a safe, consistent and appropriate way.

Medicines were kept securely. Records were kept of room and fridge temperatures to ensure they were safely kept. Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss.

We looked at how medicines were monitored and checked by managers to make sure they were being handled properly and that systems were safe. We found that the home had completed a medicine audit recently which aclthough had identified the same issues we found during our visit, no actions had been taken to rectify them.

This was a breach of regulation 12 (Safe care and treatment). The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Part 3)

We saw a fire risk assessment completed in August 2014 and we were told that another risk assessment was carried out in September 2015. The registered manager provided it a few days later The fire risk assessment completed in August 2014 had a list of remedial actions to ensure safety. The registered manager had delegated these actions to the handyman. The September 2015 risk assessment highlighted a lot of the same actions. For example, in the September 2015 assessment it stated 'Effective fire-resisting doors are vital to ensure that occupants can evacuate to a place of safety. Correctly specified and well-fitted doors will hold back fire and smoke preventing escape routes becoming unusable, as well as preventing the fire spreading from one area to another. Fire doors are to achieve mandatory performance i.e. ½ hour or 1 hour fire resistance.' It listed the doors that required attention and at least 17 of those doors were documented in the August 2014 action plan. This meant that the registered provider had not taken action to address identified risks to people.

The risk assessment also highlighted 'Stickers attached to electrical distribution boards indicate that the fixed electrical system had been inspected as prescribed in BS 7671 in February 2010, with a re-inspection due in February 2015. If the system has not been inspected within the last 5 years, then arrangements should be made as soon as possible to have the system tested in line with this approved document by a competent electrical engineer. A copy of the test certificate should then be attached to this report.' We saw that the electrical installation had been inspected in October 2015 which was eight months after it was due and recommended in the fire risk assessment. This meant that the registered provided had not taken action to test the electrical system in a timely manner.

We found that there was a clothes airer containing clean laundry blocking an exit door at the bottom of a stairwell. This was pointed out and removed straight away. We were told that it was put there due to limited space in the laundry. A cupboard at the bottom of a stairwell was marked 'fire door keep locked' but was found to be open

Is the service safe?

and contained lots of cardboard boxes, a wheelchair and a pack of incontinence pads. Escape routes must remain free of combustible materials trip hazards or other obstructions at all material times.

Contingency planning was in place and risk assessments of hazards in the home were mapped. They had an identified evacuation safe place during major incidents. Personal Emergency Evacuation Plans (PEEPs) were in place but needed updating. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The emergency PEEP's grab file in the reception was out of date and did not reflect the current list of people who used the service. This was updated during inspection.

Evacuations were recorded but no system was in place to ensure staff and people were involved in them. The training matrix highlighted that fire drills took place in April 2014 where 16 staff attended and in October 2013 where 5 staff attended. Therefore we could not evidence that staff would know what to do in the event of a fire. Only one staff member we spoke with could remember doing a fire drill but could not remember when.

We asked to see safety checks and certificates for equipment that had been serviced such as lift and hoists. All servicing was in order.

The service did not have a full equipment list with servicing frequency to cross reference the certificates of safety with. The registered provider's head office produced this list. The registered manager said that they were going to keep this on site in the future. Everyday checklists for bed rails, fire etc. did not have a section to record errors or malfunction and no ability to track issues to see if they were resolved in a timely manner. There was no general health and safety hazard walk around document. During inspection a number of hazards were noted by inspectors such as blocked fire exits and sluice doors left open. Control of Substances Hazardous to Health Regulations (COSHH) data sheets were in place but risk assessments did not include decanting of products and high risk products. We noticed an extremely strong smell of cleaning solution down a corridor where cleaning was taking place, which could mean that cleaning products had not been diluted correctly.

This was a breach of regulation 12 (2 (d) (e)) (Safe care and treatment). The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a weekly basis to make sure that they were within safe limits.

We saw that fire alarms had been tested on a regular basis. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. Documentation and certificates showed that relevant checks had been carried out on the gas boiler, fire extinguishers, emergency lighting and portable appliance testing (PAT). PAT testing is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. was taking place at the time of our inspection.

We found evidence to demonstrate the health and safety system is not being monitored effectively by the registered manager, as they could not find it and had not picked up issues we found during inspection. We discussed this with the registered manager who said that head office deals with the health and safety system now.

People we spoke to at the service said they felt safe One person said, "I am quite comfortable, and I feel safe, I am well cared for." Another person said, "Yes it is very safe here." Another person who used the service said, "I do feel safe here, there are little niggles but on the whole the place is ok."

We found that risk assessments were in place, as identified through the assessment and care planning process. This meant that risks had been identified and minimised to keep people safe. These included measures to reduce the risk of falls whilst encouraging people to walk independently, measures to reduce the risk of pressure ulcers developing or to ensure people were eating and drinking. A personal care plan for each area was written using the results of the risk assessment, which described the actions staff were to take to reduce the possibility of harm. However risk assessments around certain conditions were missing. For example one person had diabetes and Chronic obstructive pulmonary disease (COPD), but there was no risk assessment or care plan available on dealing with the complications of such diseases.

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute

Requires improvement

Is the service safe?

poor practice. All staff we spoke with had undertaken training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. Staff said that they would feel confident to whistle-blow [telling someone] if they saw something they were concerned about.

We looked at the recruitment records for six members of staff. These showed that recruitment practices were in place. We saw evidence of application forms, interview notes, job descriptions and proof/photographic proof of identification documents, in the staff files we reviewed. We saw that Disclosure and Barring Service (DBS) checks were carried out. DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

We looked at staffing levels and the dependency tool that was used. The dependency tool totalled what hours were needed per day for each area based on dependency, including night deployment. At times during inspection, mainly afternoon, it was difficult to locate staff and at lunchtime, we saw that staff were not able to meet the needs of the people. This meant people were not getting the support they needed to eat their lunch as there was not always sufficient staff on duty to assist people.

All care staff spoken to stated they felt there were enough staff to meet the care needs of people who used the service, on a daily basis. Comments included “yes there are enough staff.” However two staff members on the nursing floor did acknowledge they had one staff member off sick on the day of inspection so were working short staffed. One staff member emphasised care staff were on a rolling shift pattern and this was beneficial for both care staff and the people who used the service as there was continuity of care. Staff knew the people who used the service well. The staff member also noted that they would not be moved from their regular unit of working to cover sickness on another, therefore the unit was never intentionally depleted. They would only work elsewhere when they ‘covered an extra shift.’

We spoke with people who used the service and they said, “Sometimes they need more staff, sometimes they’re overworked.” And “They are very short of staff” Another person said, “There are lots changes. Staff come and go. Sometimes the staff are not happy.”

Accidents and incidents were recorded and monitored monthly to try and determine if there were any themes or trends. The registered manager had identified one fall was the result of a person getting up to use the toilet at about half one in the morning. They put a system in place that staff would take this person to the toilet at about twelve thirty, which reduced the person’s risk of falling. The registered manager told us that pre-admission assessements reduced the risk of falling. For example, they asked questions such as, what side of the bed do you sleep on, do you like you door open or closed etc. This enabled the service to have a room ready that matched an environment people were used to and minimise the risk of falling whilst moving about.

The service was clean and tidy. There were some bedrooms that had a malodour and we passed this information onto the registered manager. Staff were observed following hand hygiene and using personal protective equipment (PPE) appropriately. One staff member was observed on the nursing floor to be walking down the corridor with a soiled pad to the sluice area. This was fedback immediately.

Requires improvement

Is the service effective?

Our findings

People we spoke with felt the staff were well trained and staff we spoke with felt there was always training taking place. We were provided with the training chart which showed that 17 out of 94 staff had not received training in moving and handling or were overdue for refresher training. Only 22 out of 94 staff had received training in health and safety, 30 staff had received training in food hygiene and 41 in infection control. Two new staff, one starting July 2015 and August 2015 had not received the necessary mandatory training. We were provided with a number of reasons why they had not been trained. For one person we were told they had been off sick for four weeks, then we were told they were off sick for two weeks and had two weeks holiday and then we were told that training was booked in for this person but they had failed to turn up. We discussed this with the registered manager who assured us that they were not working unsupervised and said that it could be difficult getting staff to attend training sessions. This meant that not all staff received the training that the provider had deemed necessary to care for people safely.

We saw that staff were having supervision meetings but that these were not happening with the same regularity. Some annual appraisals were overdue. One appraisal had been completed in May 2015 but this was merely a 'tick box' exercise with no narrative in the 'summary of discussion' section of the form. We saw no record of supervisions or one to one meetings with new staff to check progress. The registered manager was aware that supervisions needed work and was putting a system in place. One staff member we spoke with had received supervisions and said that they found them useful.

This was a breach of regulation 18 (2 (a)) (Safe care and treatment). The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed lunch in all five dining rooms. The writing was very small and could not be seen easily. We were told that the menu for that day would be displayed on the blackboard in the dining room. On the day we observed lunch the four week menu said it would be chicken burger with salad and coleslaw. We saw chicken burger and beans were served.

We observed lunch in both dining rooms on the Hilton Suite. Downstairs there was one table of five people who were all eating independently. Upstairs we observed people being helped or encouraged to the dining room in a caring and patient way. We saw some positive and friendly interaction between staff and people using the service. We were told that people had made their menu selections for that day at breakfast time when they had chosen both lunch and dinner. The food did not look appetising or particularly nutritious. Staff were around to help support people during the meal and a number of people were offered help cutting up the burger. We were told that some people choose to eat in their room and saw staff taking food to them.

There was na ensuite toilet in the upstairs dining room. We were told that this was because it had originally been a bedroom. The door to this toilet would not close properly and there were a number of items being stored in there at the time of our visit including a toilet frame, wardrobe and spare dining chairs. There were also two items of dirty laundry in there. This meant people who used the service were not provided with a pleasant dining experience.

We observed lunch in the unit for people living with a dementia. People on this unit were then giventhe main meal of chicken burger and beans, then sponge and custard followed by sandwiches. We did not see any salt and pepper or sauces. The menu was displayed on a blackboard in the dining room but the writing was faint and there were no pictures. People with dementia may struggle to recognise food and drink and it can help to explain what the food is and to use pictures.

Three people required pureed food. There was a bowl of pink pureed food sent up from the kitchen and this was then divided into 3 bowls. When questioned, the staff told me that they thought it was pureed chicken burger and beans. One member of staff helped two people to eat sitting with one person on each side of her. This meant that people were not getting the attention they needed. Two members of staff distributed the meal and helped the other 15 residents in the dining room. One person had difficulty eating and was pushing the food over the side of their plate, no plate guard was offered. People who used the service were given tea but staff seemed to be rushing so that this was served with tea being spilt on the saucer.

On the upstairs residential unit we saw that meals were not presented attractively. The chicken burger was observed to be hard to cut and chew for people. People on this unit said they could not remember what option they had

chosen that morning and therefore did not know what meal would be arriving. We spoke with staff about people being left with a record of their choice. We observed staff dishing up the lunch, they were not looking at any particular list to ensure personal choices were given. There were only two staff supporting 12 people for lunch, nine in the dining room and three in their own rooms. Medicines were being administered whilst serving and supporting the people in the dining room. One staff member tried to administer eye drops during someone's lunch and then asked another if they wanted Paracetamol, this person was busy chewing their food and had to quickly swallow to answer the question. Lunch seemed very stressful with little time to pay attention to the needs of people. There were not enough staff to deal with all tasks needing doing and provide a respectful dining experience.

On the downstairs residential unit music was playing quite loudly during lunch although no one complained. One person was struggling to eat the sandwiches provided and was about to give up. A staff member came over and provide praise, encouragement and support, which encouraged the person to persevere and carry on eating. Unfortunately the same staff member stated quite loudly, "You have got your bib on to protect your clothes and don't forget your drink." Calling a clothes protector a bib is not very dignified and when they passed the drink to the person they placed the cup with a spout in the wrong direction. Therefore the person found it difficult to drink as they could not turn the cup themselves.

Everyone who used the service on the nursing unit were eating plated chicken burger, beans and two sandwiches on a plate, there appeared to be no choice offered as all people were served the same food and sandwiches plated were randomly picked from the tray delivered from the kitchen.

One person who used the service, in a bedroom verbalised they 'couldn't eat that due to her position', referring to the chicken burger and that they 'would wait for her daughter to come and help.' We questioned this with the senior nurse support who appeared to know the person well stating "They only eat finger food." However an uncut chicken burger & beans had been served, and the food chart reviewed at end of the meal stated a small amount had been taken at lunchtime.

Another person who used the service on the nursing unit had food served in the bedroom but they appeared to be asleep, main course was untouched when observed. Desert was then placed beside main course. This person was asleep when observed on all occasions during the inspection. The food chart at the end lunch stated a small amount had been taken but unclear as to what. This person was an insulin dependent diabetic with blood sugar monitoring completed twice daily. Involvement from GP had been required in the previous month before due to hypoglycaemic events overnight. Review of two previous food and fluid charts stated this person had eaten all food. However both meals on the day of inspection only small amount had been taken and only 400 mls of fluid taken until 15.00pm. Two registered nurses we spoek with did not appear concerned when we informed them of this stating "she would have a supply of lemon sherbet sweets handy and be eating them".

We observed one person who used the service who appeared to require assistance and was given plated chicken burger, sandwich and sponge cake on the same plate before it was taken into the bedroom and bedroom door closed. Two other people who used the service were observed in inappropriate positions in bed to eat safely, one person was lying at a 45 degree angle and another was lying on their left hip leaning over to a table, but were trying to eat independently.

The kitchen had been awarded a 5 star certificate for food hygiene. The head cook appeared to know the people who used the services dietary requirements well, and was aware of peoples preferred options. The head cook identified a "yellow plate system" for a person who used the service with a gluten free diet. Diabetic dietary requirements were served as the same option for main course and a sugar free version of the desert option.

There appeared to be one hot option, chicken burger and beans for lunch and we were informed that people who used the service could request omelette, sandwiches, jacket potato, toastie or soup. However the main option observed was that of option one, chicken burger and beans and we saw no one been offered choice or no one asked for an alternative.

We discussed the pureed option with the head cook who stated that as lunch was a lighter option soft and puree dietary requirements were blended together and not separate. There were three section plates available for the main evening meal but the head cook chose not to use them for lunch. We were told that food was pureed or

Requires improvement

Is the service effective?

softened with cream, gravy or thickening agents depending upon the meal served. The head cook was aware of moulds which could be used to make food look appetising but did not have any to use. When questioned if they would like to eat the pureed chicken burger and beans that had been served that day the head cook replied "no I would not." We were concerned that there was the lack of carbohydrate available at lunchtime, we were informed that a decision had been taken to remove this from the menu as "it wasn't being used and to reduce waste, as a main meal was provided at tea time."

We asked people who used the service what they thought of the food and comments included, "The food is okay but I would like more fresh fruit, you don't get it but my family bring it in for me. I suppose it is too expensive." Another person said "the food is good." And another said "The food was a waste of time." And another person said, "It is a bit repetitive."

The Care Quality Commission is required by law to monitor and use the Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered provider was aware of their responsibilities in relation to DoLS and was up to date with changes in legislation. We saw the service acted within the code of practice for MCA and DoL's in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered provider told us they had been working with relevant authorities to apply for DoLS for people who lacked capacity. This ensured they received the care and treatment they needed and there was no less restrictive way of achieving this. At the time of our inspection DoLS had been approved for 27 people who used the service. Staff we spoke with had a basic understanding of DoLS. 38 staff out of 94 still needed DoLS training.

We saw records to confirm people had visited or had received visits from the healthcare professionals. For example care records included details of appointments with and visits by health and social care professionals such as the General Practitioner (GP). One person who used the service explained that they go by ambulance with a member of staff to see the consultant regularly. We saw that the chiropodist visited every six weeks and the optician once a year unless needed more frequently.

One visiting GP said, "We hold a 'ward round' every Friday but if someone needs to see us in between we are asked to visit." And "I have not been coming here very long, but the staff all seem fine."

We could not see any evidence to show that people had consented to, or were involved in their plan of care. For example no evidence to consent to photographs being taken, or for information in the care plan to be shared etc. We discussed this with the registered manager who said they were working on this.

We looked around the premises and found it to be nicely presented. The unit for people living with a dementia was decorated with items on the walls that might appeal to people such as a washing line with clothes, a hat display, a train, a bus stop and old vinyl records. In the lounge there was an old record player, some soft toys and balloons in a corner. The bedroom doors were different colours and there was personalisation in some of the rooms with items of significance to the particular person who used the service.

Good

Is the service caring?

Our findings

We observed care being delivered on all floors. All staff observed within the nursing unit demonstrated a caring approach to the people who used the service. They approached people in a friendly manner and appeared to know peoples preferences. The team were observed working well together. However we did not observe staff chatting with people in their bedrooms other than when support was given, such as delivering food or collecting plates.

On the unit for people living with a dementia and the residential unit we observed some good interaction between care staff and people who used the service. For example, in helping a lady to transfer to a chair a staff member did so in a kind and caring way. We also saw staff kneel down to talk to people in prone positions in the lounge and talk quietly and kindly.

People who used the service said, “Staff are always polite and courteous.” And “Oh I am looked after really well.”

Relatives we spoke with said, “Staff are really trying to help my relative visit another relative in a different care home quite a way away, they are trying to minimise the costs.” Another relative said, “My relative is happy and happier here than in the last place. They are calmer. The staff interact with them and they have a laugh with them.” Another relative said, “They are well cared for.”

Staff we spoke with said, “I love working here, it like being with a big family.” Another staff member said, “I love my job, I am really happy.”

Everyone observed was well cared for and had clean clothes and their hair was styled.

Staff were observed talking to a person who used the service who was anxious they were getting lost. Staff reassured them that it was their job to help them and to ask at any time. This showed compassion. Another person was seen becoming anxious and staff intervened asking them to babysit. They passed a doll to them. The person immediately saw a sense of purpose for themselves and after five minutes was observed resting their eyes cuddling the doll. The intervention worked. We also observed staff talking to people to orientate them to the time of year. For example discussing bonfire night and Christmas.

One person was sitting in her room waiting for her daughter. It was her birthday and she had her party frock waiting to be put on when her daughter arrived. She was really excited and smiling. Staff were heard saying happy birthday throughout the time we spent there.

We saw on the whole staff treated people with dignity and respect, however we did have concerns about the lunchtime experience for some people.

The environment supported people's privacy and dignity. All bedrooms were for single occupancy. The majority of people had personalised their rooms and brought items of furniture, ornaments and pictures from home. One relative said, “My relatives room is lovely.”

People who used the service said that staff were respectful of their dignity for example when bathing or showering them. One person had not been happy with a male member of staff showering them but this had been addressed.

We asked staff how they promoted people’s privacy and dignity. One staff member said, “I always provide choice and I speak privately to people, not infront of others.” Another staff member explained how they always close doors and curtains and keep people covered up as best as possible. We saw throughout the day that doors were kept closed when providing personal care.

We asked staff how they promoted peoples independence. Staff we spoke with said, “I always get them [people who used the service] to do as much as they can for themselves.”

One person who used the service said, “You are encouraged to do things for yourself.”

There was no-one at the service using an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. There was information displayed on notice boards about how to contact an advocate if needed.

Staff on duty clearly described end of life care provided to people who used the service which demonstrated empathy and compassion. Personal wishes were documented in care plans.

The Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) file was clearly documented and detailed for all people who used the service, to facilitate end of life care.

Good

Is the service caring?

No emergency health care plan (EHCP) forms were available for observation during inspection. An EHCP contains information so an individual has the best possible quality of life and their family, about choices for end of life care. However the deputy manager confirmed they had sent out Preferred Priorities for Care (PPC) to all relatives to understand wishes for end of life care. The PPC can help people prepare for the future. It gives them an opportunity to think about, talk about and write down their preferences and priorities for care at the end of their life.

Requires improvement

Is the service responsive?

Our findings

During our visit we reviewed the care records of nine people who used the service. Care plans demonstrated good person centred care and personal likes and dislikes were identified in the care plan. Person centred planning (PCP) provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person. An indepth pre admission assessment was evident and clear to understand in all care plans we looked at.

Care plans were reviewed regularly, however where needs had not changed comments were repetative. For example in one care file had the same comment 'no change' recorded every month since 2013. The plan did not show how this decision of 'no change' had been reached or how the person who used the service was involved in the review. Where we found evidence of needs changing the care plans had not been updated to reflect these changes. For example. One care file was audited on 28 October 2015. The audit identified that the person's continence needs had changed and a new care plan was needed to reflect his. The needs had changed in April however the documents were still not completed at the time of the October 2015 audit and the incomplete forms were still loose at the front of the file during our inspection on the 3 November 2015. Therefore for six month this person may have not been receiving the continence care they needed. We discussed this with the registered manager who said that the correct care was in place it was the documentation that was not. Another person's care file had MAR charts from June and July 2015 loosely filed in the front of their care plan. We were told that these papers needed archiving. Each file had a form at the front stating 'I have seen agreed and had input into my care plan' all the forms were blank. Therefore there was no evidence people who used the service had agreed to or had any input to the care they received.

One person's care file had three 'My Life Stories' included in the care file. One of these 'My Life Stories' belonged to another person. The 'My Life Story' can be used in a care setting to help staff understand more about the individual and their experiences. It enhances the care provided to older people, particularly those living with a dementia. Having someone elses life story could cause confusion for both staff and the person using the service.

The care files we looked at also contained a summary of needs. This documented a brief history of the person, diet and nutritional needs, likes and dislikes. For example one care file provided information of what drink they preferred and how they liked it.

One person who had their weight monitored monthly, had lost weight. In September they weighed 61.45 and in October they weighed 57.3. Staff had not recorded the difference correctly meaning the services 'lose over 3kg' protocol was not triggered. The registered manager confirmed they also monitored this and their spreadsheet would have recorded the loss and actions would have been put in place. The registered manager provided evidence the the spreadsheet they recorded weights on and said they would discuss the recording of correct weights with staff.

We looked at what activities were on offer at the service. The service employed two activity coordinators, one worked Monday to Wednesday and the other worked Wednesday to Friday. One of these coordinators specialised in craft and also had a dog which they brought in every week. The other specialised in karaoke and music. On the day they overlap there is a coffee morning held in the Hilton unit. This was cancelled the previous week due to staff training. The timetable suggested that chair exercises would take place on the day of our inspection but the member of staff who does this was off so this was also cancelled. The coordinator working during our inspection organised a painting activity in the morning on the middle floor but only a few people took part. She then spent some time working on a newsletter. In the afternoon they said that they would work one to one with people who used the service. There were regular events such as a singers, occasional outings, and another member of staff who also brings in a dog at weekends. One person who used the service had watched a documentary on the war and they said how much they enjoyed this and it brought back memories. A lot of people spent time in their own rooms, which was their choice. The days when only one activity coordinator was too much to cover the 98 people using the service over four different units. We discussed this with the registered manager who agreed that this could mean people were at risk of social isolation and said they would look into it.

People we spoke with said, "They [activity coordinators] try very hard." Another said, "Coffee mornings and cheese and wine nights are of no interest to me, I would just like a good

Requires improvement

Is the service responsive?

conversation." Another person said, "I prefer to stay in my room but staff occasionally take me out in the wheelchair to Tesco to buy supplies, such as toiletries and sweets and sometimes we have a coffee, I would like to get out in the fresh air more though." And "Sometimes we go over to the other side for things and someone comes in and sings. It would be nice to have a bit more going on." We were also told "There used to be a person who came to take us out but she got a job so doesn't come anymore. I would like to go out more when the weather is nice."

We looked at the service's complaint's procedure. The service received a number of complaints in 2015. Complaints received were dated, and recorded the name of the complainant, the complaint, who dealt with it and the date resolved. People felt able to raise issues with the unit managers but some felt intimidated by the management. We fed these comments back to the registered manager. People who used the service told us "I know who to go to if I'm not happy." They also said "If I needed to speak to the manager I would ask." Relatives we spoke with said, "Any issues raised had now been sorted."

The service also received a number of compliments. For example people had thanked them for the care provided and another thanked the service for letting them bring their guide dogs in.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager who had been registered with CQC since October 2013.

We asked to see evidence of quality assurance audits. We were provided with various audits such as kitchen audits, infection control audits and medication audits. Audits did not have necessary remedial actions logged or evidence of completion recorded Each audit had a section for the registered mangers sign off section, however these were blank and the registered manager was not signing them as checked. Therefore the registered manager had no oversight into what was happening around the service. Multiple clinical audits were evident; however there was lack of clarity regarding action plans and lessons learnt. We asked the registered manager if they did any quality assurance audits and after the inspection we were provided with a partially completed audit that we were told was completed six monthly. The audit included home presentation, exterior of the building, care plans, complaints, activities etc. The dates on this audit were 2013. The registered manager said the head office had taken over the audits and they agreed that this prevented them having oversight. The registered manager said they would request to take over the audits immediately.

The registered manager sent out surveys to relatives, people who used the service, staff and healthcare professionals. We were shown questionnaires that had returned since March 2015. An analysis of the surveys had taken place and a bar chart produced of return figures and satisfied versus not. There was no breakdown for each question and no action plan could be found on what was going to happen to improve. Themes noted to receive poor scores from people who used the service were food, choice of food and activities. From relatives it was personal care needs not met and laundry mix ups. Staff were very positive with comments such as 'we are a team' and healthcare professionals responses were positive. This meant that although the manager had questioned the practice and quality of the service, there had been no action plan or learning put together from people's responses.

This was a breach of regulation 17 (2(a)(e)) (Good governance). The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff what they thought of the registered manager. Staff we spoke with said, "The manager's door is always open, they run a tight ship." And "X [registered manager] pushes you in the right direction, they provide good guidance." A relative we spoke with said, "I think the manager is rather changeable, the atmosphere is not as good as it had been, I think communication could be improved."

Staff we spoke with told us that they try and link with the community as best as they can. We were told that the local Tesco had been a "godsend" and had also provided the service with fireworks for 5 November.

We asked staff about the culture of the service and one staff member said, "We are open and honest, people can come anytime we have an open house."

We looked at the records of meetings held at the service. Meetings for all care staff did not seem to occur often. There was a record to state that a meeting held on 11 May 2015 was not attended by anyone. Another document was minutes of items discussed at a staff meeting on 11 May 2015 but the date was not clearly marked so it was possible this was from another day. Senior staff had meetings in March, May and August 2015. Night staff in March and August 2015. Kitchen staff had meetings in May August and September 2015 and domestic staff in May and August 2015. The notes from these meetings are more like an agenda with no real sense of what was discussed in any detail and no actions highlighted. One staff member we spoke with said that staff meetings are held every month. We could not see any evidence of this. We were later supplied with information on a senior staff meeting which had taken place on the 18 August 2015. Seven staff members were present which included the registered manager and the administrator. Topics discussed were medicines and staff not attending training.

We saw evidence of meetings for people who used the service and their relatives. People who used the service had a meeting in June 2015 and October 2015. Topics discussed were activities, food and life history books. One person who used the service said, "Meetings are every three months and suggestions are put forward but these are not always carried out. So I think it is not worth going." Relatives meetings discussed staffing levels, car parking, fund raising and activities.

Requires improvement

Is the service well-led?

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered provider had always informed CQC of all significant events that happened in the service in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered provider was not ensuring the premises were safe and that equipment was used in a safe way.** **Medicines were not always managed safely**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered provider was not assessing, monitoring and improving the quality and safety of the service and not learning from feedback to continually evaluate and improve the service.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staff were not receiving appropriate training to enable them to carry out duties they are employed to perform.**