

The Old Rectory Fradswell Limited

The Old Rectory

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 

Summary of findings

Overall summary

We completed an unannounced inspection at The Old Rectory on Thursday 18 May 2018. At the last inspection in October 2016 the service was rated as 'Good' overall and was meeting the required standards of care. We had found there were some improvements needed under our 'Effective' domain to ensure the provider supported people to make informed choices in line with legislation.

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

The Old Rectory accommodates 27 people in one adapted building. People who use the service may have a physical disability and/or a mental health condition such as; dementia. At the time of the inspection there were 23 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we identified 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 the report.

We found that some medicines were not always managed in a consistent and safe manner.

People were not protected from the risks of abuse because staff had not always recognised and reported possible signs of abuse, which meant investigations had not been carried out as required.

There was a lack of effective systems in place to assess, monitor and improve the quality of care. This meant that areas of concern had not always been identified and rectified.

Records were not always an accurate reflection of people's needs.

Risks to people's health and wellbeing were not always managed and people were at risk of inconsistent care.

Improvements were needed to ensure that people received the least restrictive care and treatment to keep them safe and staff understood and followed the Mental Capacity Act 2005.

Improvements were needed to ensure staff were adequately trained to carry out their role and there was

system in place to check their competency.

Improvements were needed to ensure that people's past lives, cultural and diverse needs were assessed and considered to enable individualised care that met all aspects of people's needs.

Improvements were needed to ensure people's end of life wishes were taken into account.

There were sufficient suitably recruited staff to provide support to people. People were protected from the risk of infection because the provider had policies and systems in place to control infection risks at the service.

The provider had a plan in place to ensure the environment was of a good standard and met people's needs.

People were supported with their nutritional needs and action was taken to ensure people at high risk of malnutrition were supported effectively.

Advice was sought from health and social care professionals when people were unwell, which was followed by staff.

People had the opportunity to be involved in interests and hobbies and their social needs were met.

People received support from staff that were kind and compassionate. People's dignity was respected and their right to privacy upheld. People were supported to make choices in line with their individual communication needs.

People and their relatives knew how to complain. Complaints received had been investigated and responded to in line with the provider's policy.

The provider had recognised some areas of improvement within the service and had implemented an action plan to improve.

People, relatives and staff felt able to approach the registered manager and the management team. Feedback had been gained from people to inform service delivery.

The registered manager understood their responsibilities of their registration and worked in partnership with other agencies.

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 consistently safe.

Medicines were not managed safely to protect people from harm. People were not always safeguarded from abuse because staff had not always reported possible signs of abuse.

People were at risk of inconsistent and unsafe support because their risks had not always been adequately planned and documented to provide guidance for staff.

There were enough suitably recruited staff available to meet people's needs in a safe and timely manner. Infection control risks had been mitigated to protect people from harm.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Improvements were needed to ensure decisions were made in people's best interests and staff fully understood their responsibilities under the Mental Capacity Act 2005.

Improvements were needed to ensure that staff were adequately trained to carry out their role and handovers between shifts contained sufficient information about people's changing needs.

The provider had plans in place to ensure the environment was of a good standard and met people's needs.

People were happy with the quality of the food and their nutritional risks were managed.

People were supported to access health professionals and advice sought was followed by staff to maintain people's health and wellbeing.

Is the service caring?

Good 

The service was caring.

Staff were caring and kind and showed patience and compassion when they supported people. People were supported to make choices in the way their care was provided. Staff treated people with privacy, dignity and respect.

Is the service responsive?

The service was not consistently responsive.

Improvements were needed to ensure people's preferences including cultural and diverse needs were assessed and considered to enable individualised care provision that met people's preferences.

Improvements were needed to ensure that people's end of life wishes were assessed and recorded.

People had the opportunity to participate in interests and hobbies that met their preferences.

There was an effective complaints system in place and people knew how to complain if they needed to.

Requires Improvement



Is the service well-led?

The service was not well led.

We found there were a lack of effective systems in place to monitor and manage the service and mitigate risks to people. This meant that areas that required improvement had not always been identified.

Records did not always contain accurate and up to date information to ensure that people's risks were mitigated.

The provider had recognised some areas of improvement within the service and had implemented an action plan to ensure actions were taken to make improvements to the care people received.

People, relatives and staff felt able to approach the registered manager and the management team. Feedback was gained from people, relatives and professionals to inform service delivery.

The registered manager understood their registrations with us and reported any events that had occurred at the service. The provider had displayed the rating of their last inspection as required.

Requires Improvement



The Old Rectory

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 Thursday 17 May 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's role is to speak with people and relatives to gain their views and experiences of the service provided.

We used the information we held about the service to formulate our planning tool. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. We asked local authority commissioners for feedback to gain their experiences of the service provided.

We spoke with four people and one relative. We also spoke with three care staff, the activity co-ordinator, the deputy manager, the registered manager and the provider. We also spoke with a visiting professional.

We observed how staff supported people throughout the day and how staff interacted with people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We viewed five records about people's care and four people's medicine records. We also viewed records that showed how the service was monitored and managed and four staff recruitment and training records.

Is the service safe?

Our findings

At our previous inspection we found no concerns and rated the safety of the service as good. At this inspection improvements were now needed in this area and it was rated as requires improvement.

We looked at the Medicine Administration Records (MARs) at the service and found there were concerns with regards to the management of medicines. For example; we found that one person required a pain relieving patch applied to their skin on a daily basis. There were no details to show where this patch needed to be applied and to show that an alternative site on the skin was used to reduce irritation. We found that the date of opening had not been recorded on medicines to ensure that these were still within the required expiry dates and were suitable to be used. We were unable to check the MARs against the stock held at the service to ensure they had received their medicines as prescribed because there was not an effective system in place to ensure that stock was carried forward. We asked the registered manager how they checked the stock levels against the MARs to ensure themselves that people were receiving their medicines as required. The registered manager told us that there was not a system in place and they told us that they needed to ensure that stock levels were up to date. This meant that we could not be assured that people had received their medicines as prescribed and they were safe to be used.

We saw that there was no information available to staff for the administration of 'as required' medicines to ensure that these medicines were given in a consistent way. For example; one person suffered periods of anxiety and had been prescribed an 'as required' medicine to be administered. There were no protocols in place to give staff guidance to understand when this person needed their medicine. The MARs showed that this person was being administered their 'as required' medicine twice a day. The registered manager told us this was used regularly to reduce distress when this person was being supported. We found there had been no referral to the G.P to review this person's 'as required' medicine to ensure that this person's anxiety was being managed safely. The registered manager told us that they had arranged a meeting with the pharmacy to discuss improvements to the medicines management following a visit from the local authority monitoring officer. This meant that people were at risk of receiving their 'as required' medicines in an unsafe manner because staff did not have sufficient guidance to follow.

The above evidence shows that people's medicines were not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had been trained to recognise and report abuse. Staff we spoke with explained their actions if they were concerned that a person was at risk of harm and the possible signs that people may display if they were unhappy and where abuse may be suspected. One member of staff said, "If I saw anything of concern I would report it to the registered manager immediately. I know the signs to look out for such as physical signs like bruising. I would write this in the daily report and inform the senior care staff". However, we found that some incidents of unexplained bruising had not been reported to the registered manager and therefore these had not been investigated or reported to the local authority if required. For example; three out of the five records we viewed showed that staff had recorded that they had noticed unexplained bruising whilst providing personal care. However, there were no body maps in place for three people and there was no

investigation or explanation as to how these bruises may have been gained. The registered manager told us they were unaware of these bruises and they would expect a body map to be in place and any concerns to be discussed at handover. We viewed the handover records and saw that these concerns had not been passed on to other staff or the management. Therefore, an investigation had not been completed or referral to the local safeguarding authority had not been made to protect people from possible harm. This meant that improvements were needed to ensure people were protected from the risk of abuse.

The above evidence shows that people were not always protected from potential abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us staff supported them to move safely and they felt safe when staff helped them. One person said, "I have a walking frame and staff make sure I remember to use it". We observed staff supporting people to use safely with the use of equipment and staff explained the support they were providing and ensured people felt comfortable throughout the support. Staff we spoke with explained people's risks and had a good understanding of how they needed to support people to remain safe from harm. However, although staff knew how to support people with their risks the records we viewed did not always match what staff had told us. For example; we saw that one person displayed behaviours that challenged. Staff we spoke with explained how they supported this person when they became anxious or agitated. However, the records we looked at did not give staff guidance on how this person's risks needed to be managed consistently to keep them safe. Another person suffered with poor circulation and was at high risk of skin damage. Staff we spoke with understood the actions they needed to take to lower their risks. However, the records did not contain this important information. We saw that agency staff were employed when there were staff shortages and this placed people at potential harm when receiving support from new or unfamiliar staff. This meant people were at risk of inconsistent and unsafe care because care plans did not always provide sufficient guidance for staff to follow.

Although we found concerns that staff had not always reported possible abuse, people told us they felt safe when being supported by staff. One person said, "I feel very safe. It's how you feel isn't it? I feel good and I don't feel afraid of anything. I just feel safe. Another person said, "They [staff] do keep me safe and well, the carers and the surroundings make you feel safe" Relatives we spoke with were happy with the way their relative was treated and felt assured that they were safe. We saw that people were happy and appeared comfortable when staff provided support.

We saw records of accidents/incidents that had occurred at the service. These included the actions taken by the registered manager to lower the risk of further incidents. The registered manager had reviewed incidents and we saw that the required actions had been taken to lower the risks of further occurrences. For example, action had been taken to ensure that appropriate equipment, specialist chairs and sensor mats had been implemented. We also saw that one person who had fallen on a number of occasions had been referred to the G.P for a medication review. This meant that the registered manager analysed incidents and took action to ensure people were safe from harm.

People and relatives told us there were enough staff available at the service. One person said, "They [staff] are very good. There is always a member of staff who will come to you quickly". A relative said, "There is enough staff available and if we've had a concern there has always been staff about to deal with it quickly. There's always someone around". We saw people were supported by staff in a timely manner throughout the inspection and staff were available when people needed support. Staff we spoke with felt that there were enough staff available and plans were in place to cover shortfalls in staffing numbers. One member of staff said, "There is enough staff and when there are staff shortages we all help out to ensure people are looked after". We saw there was a dependency assessment of each person who used the service which

ensured that there were enough staff available. The rota's we viewed showed that staff shortages had been covered and agency staff had been used where permanent staff were unable to cover shortages. This meant there were enough staff available to provide support to people and staffing was reviewed and changed to meet people's needs.

Staff told us they had undergone checks before they were employed at the service. We saw that the provider had a recruitment policy in place and the records confirmed that checks were carried out on staff before they provided support to people. We saw that criminal record checks had been undertaken which ensured staff employed were suitable to provide support to people who used the service. Some improvements were needed to ensure that references were gained from previous employers. The provider was aware of this shortfall and had started to take action to ensure all staff had suitable references in place.

People and relatives told us that the service ensured all areas were clean. One person said, "The home is always lovely and clean and staff wear aprons and gloves when they support me". A relative said, "We have always found the home to be clean". We saw that the environment and equipment were all clean and there was a housekeeper who was cleaning the service throughout the inspection. Staff told us and we saw that personal protective equipment was used when people were supported such as; aprons and gloves. Staff told us that these were readily available for them to use. This meant people were supported in a clean environment and they were protected from the risk of infection and cross contamination.

Is the service effective?

Our findings

At the last inspection in October 2016 we asked the provider to make improvements to the way people were supported with their choices and decisions in care. At this inspection we found that some action had been taken. However, further improvements were needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Some people were unable to understand some decisions about their care and we checked that the provider was meeting their responsibilities under the MCA. Since the last inspection we saw that the registered manager and deputy manager had acted on feedback and completed capacity assessments. However, we found that due to the registered manager's and deputy manager's lack of understanding around MCA the assessments were general and did not assess people's ability to consent to specific decisions such as bed rails and stair gates etc. The registered manager and deputy manager told us that they were due to attend the training to help them to complete assessments as required. This meant further improvements were needed to ensure that people were receiving care and treatment that was in their best interests and assessments of capacity were based on individual decisions to be made.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw referrals had been made for Deprivation of Liberty Safeguards (DoLS), where people had restrictions in place to keep them safe. At the time of the inspection there were no authorised DoLS in place. Staff we spoke with had varying knowledge of DoLS, which had been recognised by the provider and training was scheduled on the day of the inspection and over the next month to ensure staff had sufficient knowledge of their responsibilities under the MCA. We will assess the effectiveness of this training at our next inspection.

Staff told us that they attended a handover session at the beginning of each shift, which ensured they were able to provide a safe and consistent level of care to people. However, we found that these handovers were not always effective in raising areas of concern. For example; we saw that where staff had noted bruising in people's daily records this had not been passed on to the registered manager as required. The registered manager told us that any concerns that had been identified were passed onto the next shift via the handover. We viewed the handover records and saw that the information was brief and where unexplained bruising had been identified this had not been raised at the handover. This meant that improvements were needed to ensure up to date information about people's care was consistently available to staff.

We found that before a person used the service an assessment of their needs was undertaken by the registered manager to ensure that the person's needs could be met at the service. We saw that information was

gathered from the person themselves, family members and any other representatives that were involved in the person's life. This information included details such as; the person's past medical history, physical and emotional needs and people's likes and dislikes. However, we found that the assessment form did not detail specific information about people's diverse needs such as cultural background and religion or their sexuality. We fed this back to the registered manager who stated that they would ensure that a care plan was implemented to include an assessment of people's diverse needs. This meant improvements were needed to ensure that equality and diversity was considered when assessing and planning people's care.

Staff told us they had received an induction when they were employed at the service. This included training to help them provide care effectively. Staff told us that they had received regular updates in training. We saw a schedule of training that had been arranged to take place over the next 6 months to ensure staff knowledge was updated. This included safeguarding vulnerable adults and MCA, which the provider had recognised staff needed to ensure they understood these areas of practice. This meant that the provider had recognised shortfalls in staff knowledge and action had been taken to ensure that people received support from effectively trained staff.

We saw that the environment had been adapted to help meet people's physical and mental health needs. This included bathroom equipment and grab rails in corridors. We saw that people were able to move freely around the service and the environment was clear of any hazards that could be a risk to people such as trips and falls. We also saw that the environment had been adapted to help people living with dementia. For example; people's private bedroom doors were different colours to aid people's orientation when accessing their own rooms. We found that some areas of the home needed redecoration where wallpaper was coming away and where walls were scuffed from the use of equipment. The provider had a plan in place to make improvements to the environment which was ongoing. During the inspection work was being carried out to make improvements to the electrical system at the service. The provider told us that this was an ongoing improvement plan to ensure that the environment was safe and met people's needs. This meant that the provider had a plan in place to make improvements to ensure the environment met people's needs.

People told us that they enjoyed the food provided. One person said, "The food is very good. I can cook and I've had a restaurant so I know it is good food". Another person said, "The meals are good and I get a choice of food that I like to eat. We have plenty of drinks throughout the day too". A relative said, "I've been here when they're serving meals, it seems well balanced and plentiful. My relative is supported to drink enough too". We saw that people were given choices and where people wanted something different to eat or drink the staff ensured people were supported to have the food they wanted. We saw that people had access to drinks regularly throughout the day. We observed staff supported people who needed assistance to eat in a patient and unrushed manner. Staff we spoke with understood people's individual nutritional needs and how to support people effectively. We saw there were detailed plans in place for people who needed specialist diets and required their food preparing in a way that protected their health, such as soft diets. This meant people were supported with their nutritional needs.

People told us that they were able to access health professionals when they needed to, such as doctors, chiropodists and opticians. One person said, "I see a doctor if I need to. The staff sort it for me". We spoke with a visiting professional who told us that referrals for advice were appropriate and the registered manager sought guidance when needed. We saw that information and advice received from health professionals was followed by staff to ensure that people were supported to maintain their health and wellbeing. This meant that advice was sought and followed to maintain people's health, safety and wellbeing.

We saw that the manager liaised with external services and there were plans in place to ensure that people

received a consistent level of care if they needed to transfer between services such as; hospital admissions. The records showed that people's needs were discussed with social workers to ensure that people's needs were met by the service. This showed that the service ensured that people received consistent care across other services.

Is the service caring?

Our findings

At our previous inspection we found no concerns and rated the caring of the service as good. At this inspection this area remains 'Good'.

People told us that the staff were kind and caring towards them. One person said, "The staff are all very kind and caring towards me". Another person said, "The staff are very patience with everyone here. It's a nice place to be". Relatives we spoke with also told us that staff showed compassion towards their relatives. One relative said, "My relative is well cared for here and they are happy which is important to me". We observed staff interaction with people and found that staff were caring and compassionate when they provided support. For example; one person felt sick and staff acted immediately to provide support. The person became upset because they had been unwell in a communal area. Staff gave this person reassurance and spoke in a caring and calm way. Staff asked this person if they would like to go to their room as they felt unwell and helped the person to go to their room. We heard the person say to staff, "Thank you so much, you are very kind". Throughout the two days of the inspection we saw staff were given time to provide caring support for people which included chatting and having a laugh with people. Staff told us it was important to make sure people felt cared for and loved.

People told us that they were treated with dignity and respect when they were being supported by staff. One person said, "The staff are very respectful and polite". A relative said, "The staff treat me relative with dignity. Staff also make sure that my relative receives personal support in private". We saw that staff spoke with people in a way that respected their dignity, for example; staff were discreet when asking people what they needed help with. People were supported with personal care in privacy and were able to access private bedrooms and quite areas when they wanted some time alone. Staff we spoke with were aware of the importance of dignity and were able to explain how they supported people to feel dignified. This meant that people were treated with dignity and their right to privacy was upheld.

People told us that they were given choices in how and when their care was carried out. One person said, "I am given lots of choice. I get up and go to bed when I want. I choose when I want a shower or bath, the clothes I wear. I choose everything really and the staff listen to what I want". Another person said, "The staff are lovely. They never make me do anything. I am always asked what I want and the staff help me with what I want to do". We saw that people were given choices throughout the day by staff who were patient and listened to what people wanted. For example; we saw people were asked if they wanted to be involved in activities on offer and staff respected people's wishes if they did not want to be involved. One staff member said, "One person likes to participate in everything and another person prefers to relax and does not want to be involved. It is about people's choice and I respect what people choose to do". We heard staff asking people in a way that promoted their understanding and repeated questions if people hadn't heard or understood the question. People responded well to the way staff interacted and staff had a good understanding of people's physical ways of communicating their needs. This meant that people had choices in how their care was delivered.

Is the service responsive?

Our findings

At our previous inspection we found no concerns and rated the responsiveness of the service at good. At this inspection we found improvements were needed in this area and this area was rated as requires improvement.

People and relatives told us and care records showed that they were involved in the assessment and planning of their care. One person said, "I don't really look at any care plans but I have always been involved". A relative said, "I was involved when my relative first started living here and I do get informed if there have been any changes to my relative's health". Staff we spoke with had a good understanding of people's preferences and the way people like their care providing. We saw care plans contained some individualised accounts of people's care needs and how staff needed to provide support in a way that suited the person. However, we found that people's diverse needs were not always assessed before they started to use the service and this important information was not available to staff. For example; people's cultural and religious preferences had not been taken into account to ensure that this part of their life was maintained. We also found that other diverse needs and preferences such as sexuality had not been sought at the assessment stage to ensure that people were given the opportunity to inform the registered manager of any preferences with regards to their diverse needs. We fed this back to the management team at the close of the inspection and we were told that they would ensure that people's diverse needs were assessed and planned for where required. This meant that some improvements were needed to ensure that people's individual preferences were consistently sought and recorded.

We found that some improvements were needed to the advanced planning to include people's end of life preferences and wishes. We saw that information was available regarding people's decision for a 'Do Not Resuscitation' (DNAR) order to be in place. A DNAR is a document issued and signed by a doctor, which informs a person's medical team that they do not wish to be resuscitated. We also saw that there was a brief summary of people's wishes at the end of their life in the form of a tick list. However, this did not provide personalised information to give staff guidance to understand what was important to people at this time of their lives. This meant that improvements were needed to ensure that information regarding people's wishes at the end of their life was gained.

People told us that there were activities on offer that they were able to be involved with such as; exercise to music, gardening, crafts, watching films and external entertainers. One person said, "I enjoy a lot of the singing and everything we do here". Another person said, "I'll watch the football on Saturday and I am looking forward to the Royal wedding too". There was an activity co-ordinator at the service that planned activities and supported people with various activities. This member of staff was responsible for providing mental stimulation for people in communal lounges and in bedrooms. Care staff and the management team were also involved in the social activities and spent time interacting with people throughout the day. We saw the activity co-ordinator and staff involving people with catching and kicking two large balloons within the communal lounge and most people participated in this. During the afternoon there was a party for the Royal wedding which included entertainment provided by singer with a keyboard who played songs from the 1950s and 1960s. People joined in enthusiastically, people were seen dancing, singing and clapping

along to the songs. We saw people smiling and laughing and enjoyed chatting with staff throughout the inspection and people enjoyed the party that had been organised. The activity co-ordinator told us that they had spoken with people individually to ascertain what their preferences were and whether they had any particular interests. People were supported to be involved with daily living skills such as laying the dining tables and folding up towels and planting seeds in the garden. We heard the activity co-ordinator suggesting an activity to people and getting people's opinions on the suggested activity. They said, "We thought we would have a pizza and prosecco evening the garden with a barbecue. What do you think?" People expressed their opinions and liked the idea that had been suggested. This meant that people had the opportunity to participate in interests and hobbies and were involved in the activities on offer to ensure their preferences were met.

People and their relatives told us they knew how to complain. One person said, "I'm quite happy but I would speak with the staff if I wasn't happy". A relative said, "I know how to complain and so does my brother. We would raise anything with the management if needed". The provider had a complaints policy in place, which was included in the welcome pack people received when they started to use the service. The complaints procedure was also on display in the reception of the home. We saw that there was a system in place to log any complaints by the registered manager and/or the provider. This showed that complaints received at the service had been investigated and the outcome had been shared with the complainant. This meant that there was an effective system in place to deal with complaints.

Is the service well-led?

Our findings

At our previous inspection we found the service was well led and rated this area as good. At this inspection we found that improvements were needed to the way the service was managed and monitored. We rated this area as requires improvement.

We found there was a lack of monitoring systems in place to identify and rectify poor practice and the registered manager was not always aware of the issues highlighted at the inspection. For example, we found that there was not an effective system in place to check that all medicines were managed safely. The registered manager showed us a system that they used to check medicines were being managed safely. However, we found that the medicine audit had not picked up the areas that we had raised during the inspection. This included the lack of protocols in place for 'as required' medicines and opening dates were not recorded on boxed and bottled medicines to ensure that they were within the expiry dates. We also found there was not a system to check that the stock balanced with the amount of medicines recorded on the MARs, which meant that there was not a system in place to ensure that people had received their medicines as prescribed. The registered manager told us that they needed to contact the pharmacy to discuss these concerns. However, these concerns had been identified by the local authority during their visit to the service on the 24 and 25 April 2018 and swift action had not been taken to make improvements. This meant that there was not an effective system in place to ensure that medicines were managed safely and swift action had not been taken to mitigate risks to people.

We saw that accurate records had not been kept when people's needs had changed. We found the records did not contain sufficient up to date information for staff to follow to support people safely. For example; one person regularly displayed behaviour that challenged. The care records we viewed did not give staff guidance on how to support this person at times of heightened anxiety. The staff we spoke with explained how they supported this person but these accounts were inconsistent, which meant that this person was at risk of ineffective support because records did not provide sufficient information for staff to follow. Another person's daily records showed that they had an area of skin that showed reddening and needed to be monitored. However, there was no specific care plan or risk assessment in place to give staff guidance on how the actions they needed to take to ensure this person was supported to maintain their skin integrity. Another person's care plan stated they were able to mobilise with the use of a stick. However, staff told us and we saw that this person used a frame to move around the service. We saw that agency staff were used at the service when there was a shortage of staff and this meant people were at risk when they were supported by staff that were not familiar with their needs and records were not accurate or up to date. This meant that people were at risk of unsafe and inconsistent care because records did not contain an accurate and up to date reflection of people's needs.

We asked the registered manager and deputy manager how they ensured that records were up to date and reflected the changes in people's needs. The deputy manager told us that they audited the people's care records on a monthly basis to ensure they were up to date. They said, "I look through care plans to check they are all up to date and make changes where needed. For example; I would put a specific care plan in place if people had displayed behaviour that may challenge". The deputy manager and registered manager

told us that although they checked records they had not used a specific audit tool and therefore they had no evidence of the checks undertaken. The registered manager showed us a list of audits to be completed, which they had ticked as completed. However, these checks that had been carried out were not effective as they had not identified the concerns we identified at the inspection. This meant there were no effective systems in place to ensure that the care records contained an accurate record of people's current needs.

We found that staff had received training in safeguarding vulnerable adults. However, we found that staff had not recognised and reported possible signs of abuse as required. For example; we saw staff had noted in three people's daily records that they had seen bruising. Staff had not raised this in the handover at the end of the shift or raised these concerns with the registered manager to enable an investigation into the possible causes to be carried out. We asked the registered manager how they assessed staff competencies and how they ensured themselves that staff had understood the training provided. The registered manager told us that they watched staff regularly to ensure they were handling people appropriately but they had not carried out competency checks on staff knowledge and understanding after training. This meant that there was not a system in place to ensure staff had understood training received and had the appropriate knowledge to support people safely.

We spoke with the provider who explained that due to unforeseen circumstances they had not been available at the home for approximately 12 months. However, since they had returned recently they had noted that improvements were needed in the way the service was monitored. We saw that the provider had met with the registered manager and senior staff on the 03 May 2018 to discuss the improvements needed such as; the way medicines were managed, supervisions for staff, training and development needs, staff supervisions and care records required updating and monitoring systems needed to be carried out by the management team. At the time of the inspection the required actions were still in the process of being implemented. We provided feedback at the end of the inspection and the provider forwarded a specific and targeted action plan to show when the actions would be completed and by which member of staff. This meant that improvements to the service were yet to be fully implemented and we will assess these at our next inspection to ensure the required improvements had been made.

The above evidence shows that effective systems were not in place to monitor, manage and mitigate risks to people and protect them from harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff told us that the registered manager and management team were approachable and they were available at the service on a daily basis. A person said, "[Manager's name] is very friendly, very friendly. All the managers are nice, very friendly". A relative said, "[Manager's name] is excellent. They are very good and understand dementia and teach the staff to understand dementia too. The registered manager respects the staff leads by example". Staff told us that they felt able to approach the registered manager if they had any concerns. One member of staff said, "I can approach the registered manager and provider. If I have raised any issues they have always responded. The management team are all very caring and are supportive". Another member of staff said, "I find the registered manager very supportive and approachable. The provider is also very approachable and they have recently promoted two staff to help with some of the management of the home". Staff told us that they had recently received a supervision to discuss their role and areas that they needed to undertake further training or development. The registered manager told us that these had fallen behind but they now had schedule in place to ensure that staff were supervised regularly. This meant that staff felt able to approach and felt supported in their role.

People told us they had been involved in a residents' meeting to discuss the service. We saw that people were asked if they were happy with the care they received and what activities they would like to be involved

in. A member of staff told us that people were encouraged to express their views at the meeting. Staff had also recognised that some people felt able to express themselves better on a one to one basis and this carried out to ensure everyone had the chance to voice any opinions in their preferred way. We also saw that residents, relatives and visiting professionals had received a survey to provide feedback about the service. The feedback gained was positive about the service people received. This meant that feedback was gained from people and their relatives to inform service delivery.

The registered manager understood their responsibilities of their registration with us (CQC). We saw that the rating of the last inspection was on display in the home for people and relative's to read. We had received notifications of incidents that had occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The meant there was a culture of openness and transparency within the service.

We saw that the registered manager had contact with other agencies on a daily basis. This included health professionals such as G.P's, hospital staff and consultants. We saw that the registered manager arranged visits for professionals when required to ensure that people's needs were met. We saw records of these visits were recorded within the care records. This meant that the registered manager worked in partnership with agencies to ensure people's needs were met.

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 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always managed safely. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not always protected from potential abuse. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to monitor, manage and mitigate risks to people and protect them from harm. Records were not up to date and accurate. |