Hill Care 1 Limited

Alderwood Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
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

This inspection took place on 24 and 26 April 2018. The first day was unannounced, however we informed staff we would be returning for a second and third day to complete the inspection which we announced in advance.

Alderwood is a purpose built care home providing accommodation for up to 37 people over two floors. There are 31 single rooms,19 of which are en suite and three are double rooms. There are three communal lounges and a dining room. The residents have access to well maintained, garden and patio areas. The home is situated in Worsley, Salford and is near to a range of local shops and transport links. At the time of the inspection there were 34 people living at the home.

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

At our last inspection of Alderwood in January 2017, the home was rated as 'Requires Improvement' overall and for the key questions effective, responsive and well-led. Regulatory breaches were identified in relation to person centred care and meeting people's nutrition and hydration needs. We issued requirement notices for these regulatory breaches . This inspection was scheduled to look at the improvements made since our last inspection and to determine whether the provider was now meeting the regulatory requirements.

At this inspection, we identified breaches of the regulations relating to person centred care, safe care and treatment, safeguarding people from abuse and improper treatment, good governance and staff. You can see what action we have taken at the back of this report.

There was a registered manager in post. 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.

We looked at the systems in place to safeguard people from abuse. We found potential instances of abuse were not always being referred to the local authority for further investigation such as unexplained bruising found during personal care.

One person living at the home had been assessed as being at risk of choking and needed their drinks to be thickened so they could swallow safely. However during the inspection, we observed staff providing this person with a drink that was not made to the correct consistency. Fluid charts for this person indicated this was not an isolated occurrence as previous drinks had been documented as being made to different consistencies which could place this person at risk of choking.

Referals to other healthcare professionals were not always made in a timely way when there were concerns about people's health and welfare. This included referalls to the falls team, dietetics and the podiatry service.

We found creams that needed to be applied to people's skin were not stored securely and were accessible in both bedrooms and bathrooms. This presented the risk of them being wrongfully ingested by people who did not know what they were. We also found a person's medication on the floor in their bedroom, yet this had been signed for on the MAR as having been administered. Staff said this person was able to take their medication themselves without observation but we found a risk assessment had not been implemented to determine this.

Two people also raised concerns that their creams were not always applied as prescribed and we found appropriate records were not in place to demonstate this was done consistently by staff.

Control measures were not consistently implemented to protect people at high risk of falls and observed people were not always supported when mobilising as identified in their care plan.

Actions recommended in the latest fire risk assessment were not always being followed and we observed the office door was propped open with a hook meaning it would not be able to close in the event of a fire.

We found there were not always sufficient numbers of staff available to support people at times such as early in the morning when people were waiting for their breakfast. Both staff and people living at the home told us they felt more staff were required at this time.

During the first day of our inspection, we raised some concerns about cleanliness and infection control. This included dirty window frames and slings being hung together on the back of doors, presenting the risk of contamination. These issues had been addressed by the second day of our visit.

Appropriate systems were in place regarding staff recruitment and the safety/suitability of the premises.

We looked at the systems in place regarding deprivation of liberty safeguards (DoLS) and the mental capacity act (MCA). We found two people's DoLS authorisations had expired in January 2018 and had not been re-applied for. We saw the conditions in another person's DoLS were not being followed consistently. This meant people were at risk of being deprived of their liberty without lawful authority.

Staff were not receiving appropriate supervision and appraisal in-line with the providerspolicy and procedure. This was confirmed by the staff we spoke with and the records we looked at.

Staff told us they received enough training to support them in their role which was documented on the homes training matrix.

People said they received enough to eat and drink and we saw appropriate action was taken if people were deemed to be at risk of losing weight such as providing people with food and drink with additional calories to help them either maintain or gain weight.

People living at the home, visiting relatives and healthcare professionals told us they were happy with the care provided at the home. We observed caring and pleasant interactions between staff and people living at the home during the inspection.

People living at the home did not always have appropriate care plans in place to inform staff about the care they needed to provide. Accurate records were not always being maintained regarding the care people had received.

There were a range of activities available for people to participate in and we observed some of these during the inspection. Complaints were responded to appropriately and we saw compliments had also been received about the care provided.

People did not always receive care in line with their assessed needs and personal preferences.

Appropriate governance and quality assurance systems were not in place to ensure the concerns found during this inspection were identified and acted upon in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Appropriate systems were not in place to safeguard people from abuse.

Drinks for people with swallowing difficulties were not always made to the correct consistency.

People were not always referred to other healthcare professionals when there were concerns about their health and welfare.

We identified concerns that compromised people's safety with regards to the management of people's mobility, medicines and fire safety.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Staff did not receive appropriate supervision and appraisal to support them in their role.

Appropriate systems were not in place regarding the management of DoLS to ensure applications were resubmitted prior to expiry. Conditions on a person's authorisation did not consistently translate to practice.

People said they received enough to eat and drink.

Is the service caring?

Good

The service was caring.

People who lived at the home and visiting relatives made positive comments about the care being provided.

People were treated with dignity and respect and had their independence promoted by staff.

We observed caring interactions between staff and people living

at the home.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

People did not always receive care in line with their assessed needs and preferences.

People did not always have appropriate care plans in place and accurate records were not always maintained by staff.

A range of activities were available for people at the home to participate in and complaints were handled appropriately.

Is the service well-led?

Requires Improvement

The service was not well-led.

Appropriate governance systems were not in place to identify and act upon the concerns identified at this inspection.

We received positive feedback about management and leadership within the home.

Team meetings were held where staff could speak about their work and discuss concerns.

Alderwood Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 26 April 2018. The first day was unannounced, however we informed staff we would be returning for a second and third day to complete the inspection and announced this in advance. The inspection was carried out by an adult social care inspector and a specialist advisor (SPA) pharmacist from the CQC on the first day of the inspection. The remainder of the inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed all of the information we held about the home in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents. We contacted Salford city council before our inspection to establish if they had any information to share with us. This would indicate if there were any particular areas to focus on during the inspection.

During the inspection we spoke with a wide range of people and viewed records.. This included speaking with the registered manager, senior regional manager, seven people who lived at the home, three visiting relatives, seven care staff (from both days and nights) and three visiting health care professionals.

Records looked at included 10 care plans, four staff personnel files, 25 Medication Administration Records (MAR), training records, building/maintenance checks and any relevant quality assurance documentation. This helped inform our inspection judgements.

Inadequate

Is the service safe?

Our findings

At our previous inspection in January 2017, this key question was rated as Good.

We looked at the systems in place to manage people's medication. Whilst undertaking a tour of the building, we found one person's tablet on the floor in their bedroom. The medicines administration record (MAR) indicated that it had been taken by this person although a note on the record stated that it had not been taken on the previous day. The manager was planning to investigate this when the night staff came on duty. We were informed this was sometimes left next to their bed for them to take, however a risk assessment had not been implemented to mitigate the risk of this not being taken as prescribed.

On the first day of the inspection we found a person's cream left unattended in a communal bathroom area. We brought this to the attention of the registered manager during feedback on the first day of the inspection, however then found another person's cream stored in the en-suite bathroom of their bedroom. This presented the risk of this being wrongfully ingested by people who did not know what it was. Again, a risk assessment had not been implemented to mitigate this potential risk.

We spoke with two people during the inspection who needed to have their creams applied between three and four times a day and this was stated on their individual cream charts, however both stated this was not always carried out by staff. One person said, "I should have cream four times a day on my feet because my feet are swollen but that does not always happen. More often than not, it's twice a day." A second person said, "I seem to get creams morning and night. They don't do it every day and sometimes miss a day. I am not in any discomfort though."

We reviewed both of these people's cream charts during the inspection and found gaps in recording, which gave us further indication people were not having their creams applied as required.

The temperature of the medicines' room and fridge was monitored, however we found gaps in records which meant that it was not possible to ensure that storage had always been at the correct temperature. If medicines are not kept at the correct temperature, they can lose their impact.

We looked at the systems in place to protect people at risk of choking and aspiration. At the time of the inspection there was only one person living at the home who required their drinks to be thickened to make it easier to swallow and we reviewed this person's records to establish how this was being managed. When preparing drinks for this person, staff needed to add one scoop of thickener per 100mls of fluid.

However during the inspection, we observed this person being given a 200ml drink, with only one scoop being added. This was confirmed by the member of staff who made the drink. We checked some of the previous fluid charts for this person and noted several occasions where they had been given drinks of both consistencies which could place this person at risk of choking. We raised this matter with the registered manager urgently who arranged additional supervision sessions with staff, as well as sourcing additional training.

We checked to see that people were being referred to other healthcare professionals where concerns arose about their care and treatment. However we found this was not always being done in a timely manner. One person had lost approximately five kilograms between February and March 2018. They had been referred to the dietician service, with the form being sent by post. During the inspection it transpired the referral had not been received by the dietician service, however the home had not chased this up to ensure this person could be reviewed and actions implemented.

We spoke with visiting district nurses during the inspection who voiced their concerns about the condition of one person's feet. We checked this person's personal care charts to ascertain how often their feet were being looked at, however foot care was not included as being checked. This person had cream applied to their feet however so it would be expected staff would have noticed and reported these concerns. The district nurses told us they felt an urgent podiatry referral was required, however at the time of the inspection this had not been done.

We looked at providers policy and procedure regarding falls management. This stated people would be referred to the falls service if they suffered a serious injury from a fall. We noted one person had fallen and sustained a head injury resulting in them being admitted to hospital, however a referral to the falls service had not been made at the time of the inspection. This meant these people had not benefitted from additional support and advice from other health care professionals which could have placed them at further risk.

We looked at the systems in place to monitor people's mobility and reduce the risk of falls. We reviewed the care plan of one person which stated they should be supervised when mobilising due to them being at high risk of falls. We checked accident and incident records and noted this person had experienced several falls since living at the home. We observed this person was not always supervised when mobilising and spent parts of their day sat in the 'Tea pot room', located at the far end of the home where there was not always a staff presence. We observed them mobilising from this area towards their bedroom and dining room on several occasions, often unaccompanied.

We looked at the latest fire risk assessment which was carried out in September 2017. We saw actions to be taken included practicing evacuation drills, staff receiving fire training, ensuring fire exits were clear and providing an appropriate place to dispose of used cigarettes. We saw these actions had been completed at the time of the inspection. Another action for completion included ensuring the office door was not held open with a hook. We saw this was still presenting as an issue during the inspection. This meant the door would not be able to close in the event of a fire.

We looked at the systems in place regarding cleanliness and infection control. Overall, we saw the home was clean and tidy, with domestic staff undertaking their work throughout the day. Toilet areas were clean and were equipped with appropriate paper towels, liquid soap and foot operated pedal bins. We saw staff wore aprons at meal times when supporting people to eat and gloves prior to assisting people with personal care. On the first day of the inspection we noticed that window frames on the second floor of the home were dirty and thick with dust. We also found several slings being hung together on the back of doors meaning there was a risk of them contaminating each other. We saw these issues had been addressed by the second day of our visit.

Due to the concerns regarding medication, the consistency of people's drinks, referrals to other healthcare professionals, falls managements, fire safety and infection control this meant there had been a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safe care and treatment.

We looked at the systems in place to safeguard people from abuse and improper treatment. We spoke with staff during the inspection and asked them about the different types of abuse and what action they would take if they had concerns. The responses we received from staff were mixed. One member of staff said, "This is not one of my best areas so I am not to sure." Another member of staff said, "I've done training. Types of abuse can be physical, emotional and sexual. Unexplained bruising could be physical abuse and I would report that." A third member of staff said, "Bruising could be a sign of people being handled in a rough way. I would report it to a senior or the manager."

During the inspection however, we found unexplained bruising was not always being reported for further investigation and subsequent referrals had not been made to the local authority. We noted unexplained bruising had been documented within body maps and accident/incident forms however had not been acted upon. We raised this with the registered manager who told us safeguarding alerts had not been made, because staff had not brought it to their attention.

This meant there had been a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safeguarding people from abuse and improper treatment.

We checked to see if their were sufficient numbers of staff available to safely meet the needs of people living at the home. The staffing levels during the inspection consisted of a senior carer and two care assistants at night and two senior carers and three care assistants during the day. In addition, there was the registered manager and both kitchen and domestic staff. A dependency tool was used by the provided to determine these numbers. A dependency tool helps inform how many staff are needed to safely care for people living at the home.

We asked people living at the home for their views and opinions of current staffing levels. One person told us, "The staff are great but there doesn't seem to be enough of them." Another person said, "The staff seem to be harassed, rushed and have a lot to do." A member of staff told us, "We definitely need an extra pair of hands, particularly in the morning. We can't always spend the time with people that we would like." Another member of staff added, "We need more staff in the mornings, particularly between 07.00 and 10.00 when we are assisting getting people up."

We carried out observations during the inspection over breakfast time between approximately 08.00 and 9.30am during the second day of our inspection and found the dining room was left unattended for long periods because staff were in other parts of the home assisting people to get up and ready for the day. We observed people were seated in the dining room for approximately 45 minutes prior to receiving their breakfast. We overheard several people making requests during this period. For example, one person shouted out that they were cold and wanted to be warmed up. Two other people shouted out that they wanted the radio station to be changed, commenting that what was on currently was rubbish. Another person shouted out for a glass of orange juice. However staff were not available to respond to these requests.

We observed two people sat on a table at the back of the dining room together, as they required assistance to eat. One of these people had trouble communicating and their communication care plan said they used hand gestures to summon staff assistance. Whilst carrying out observations, we saw this person using several hand gestures, however staff were not there to see this and respond accordingly. We observed another person get up from their chair who was at high risk of falls and they required supervision from staff to mobilise. Staff were not there to support this person which could have placed them at risk.

This meant there had been a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014 with regards to staffing.

We looked at the systems in place regarding recruitment of staff and reviewed four staff personnel files during the inspection. Each file we looked at contained evidence of job application forms, interview questions/responses, photographic identification, references from previous employers and disclosure barring service (DBS) checks. These checks would ensure staff were of good character and suitable to work with vulnerable people.

We checked to see if equipment and the building were being well maintained. We found appropriate checks and work had been undertaken regarding gas safety, the fire alarm system, electrical installation, legionella and hoists. The certificates of work completed were available and held within an organised file. This would ensure the premises were safe for people to use.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in June 2017, this key question was rated as 'Requires Improvement'. This was because we identified concerns regarding people's nutrition and hydration needs. During this inspection, we found this area of concern had now been addressed.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to see if staff at the home were working within the requirements of DoLS/MCA. We saw best interest meetings were held regarding certain decisions that could be seen as restrictive such as the use of sensor mats which meant people were being monitored by staff and this could be seen as a restriction. These discussions had involved family members and the relevant documentation was held within people's care plans.

The registered manager held a spread sheet to monitor the status of DoLS applications within the home and reviewed this during the inspection. We noted that two people's authorisations had expired in January 2018, however at the time of the inspection they had not been re-applied for. Another person had a DoLs in place with a condition which stated staff must make the DoLS team at Salford Council aware if they went to hospital for longer than a 72 hour period. We noted this person had been in hospital for an approximate five day period in December 2017, however the DoLS team had been not been informed.

This meant there had been a breach of regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safeguarding people from abuse and improper treatment.

During the inspection we observed staff seeking consent from people living at the home before care was delivered. This included offering people protective clothing at meal times, assisting people at meal times and helping people to get up from their chair. This meant people were being given the opportunity to state whether or not they received care at that time.

We looked at the staff induction programme. This included the Skills for Care Certificate which was developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. All of the staff we spoke with said an induction was provided when they first started working at the home. One member of staff said, "I had done my NVQ previously and was able to carry this over. I did my moving and handling again here though to ensure I was doing it right."

Staff told us they received enough training to support them in their roles and courses undertaken were recorded on the training matrix which we reviewed during the inspection. This showed staff had completed training in areas such as moving hand handling, safeguarding, dementia care, infection control, fire safety and health and safety. One member of staff said, "The training is brilliant and I am up to date. It is regular and is well attended. All the mandatory courses are provided." Another member of staff said, "It's really good and they provide enough to staff. We do our mandatory training throughout the year."

We looked at the supervision and appraisal staff received to ensure they were able to receive feedback about their performance and set any targets and better their personal development. We reviewed the provider's supervision and appraisal policy and procedure which stated staff should receive supervision six times a year, plus an annual appraisal. However during the inspection we found these sessions had not been taking place, with records not available. This was also confirmed by staff we spoke to throughout the inspection. One member of staff said, "I haven't had one recently. We have group supervisions but that is only to discuss certain points if something can be improved and is not confidential." Another member of staff said "I've not had a supervision since working here." A third member of staff added, "No I've not had one."

This meant there had been a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to staffing.

We looked at how people's nutrition and hydration needs were being met. At our previous inspection, we had concerns that 'Milky drinks' were not being given to people who had lost weight and this was not documented within people's food records. We looked at a sample of records during this inspection for people who had this requirement and saw staff recorded people had received 'Fortified milk', increasing the calorific content to help them maintain or gain weight.

We saw people had nutrition care plans and risk assessments in place providing an overview of their dietary needs. People's body weight was kept under review with some people needing to be weighed on either a weekly or monthly basis. Malnutrition Universal Screening Tool (MUST) assessments were completed and provided an overview of the level of risk presented to people regarding their nutritional status. We saw the drinks trolley came round at regular intervals, with snacks such as cake and biscuits. A 'Tuck shop' was also available within the main reception area, where further snacks could be accessed if required.

We observed two people, whose care records we had specifically reviewed, being provided meals of the correct consistency, such as pureed/softer options to make it easier for them to swallow. Staff were aware of which people had any swallowing difficulties and this information was recorded in their care plan for reference. This information had also been clearly communicated through to the kitchen staff who were responsible for the preparation of food.

We asked people about the food provided at the home. One person said, "I like roast dinners and they make us that on a Sunday." Another person said, "The food is alright but I am a fussy eater. The food I do eat is good though." A visiting relative added, "Mum has no issues with weight loss. She has a good appetite and pretty much eats everything from what I can see."

Adaptations had been made to the environment to make it more 'Dementia friendly'. This included corridors within the home being named after popular Manchester streets such as Sir Matt Busby Way, Mancunian Way, Main Road and Deansgate. The aim of this was to help people orientate themselves with their environment and feel more at home.

Good

Is the service caring?

Our findings

We asked the people living at the home if they felt they were receiving good care whilst living at Alderwood. One person said, "It's very good and I feel like I am receiving good care. The things I like the most is how comfortable it all is." Another person said, "The care is alright and seems to be very good. The people are all very nice." A third person added, "I rate the care as being very good. Everybody is very pleasant and very considerate."

The visiting relatives we spoke with said they were happy with the care being provided. One relative said, "I would rate it as excellent. My dad was born in the area and it is nice that he can come back to his roots. Things are positive from my point of view and I am sure my brother would say the same. We wanted somewhere where where he would be looked after and I am glad we brought them here. I am re-assured they are being looked after." Another relative added, "The home has had several different managers, but I have now noticed things have improved a lot and mum is receiving good care."

During the inspection we observed kind and caring interactions between staff and people living at the home. People spoke fondly of the staff who cared for them and we observed occasions where there were appropriate kisses on the head and staff putting their arms around people to comfort them. One person said to us, "The staff are very good and they are nice and friendly with me." Another person said, "The staff are good and do what they can for you. They are always coming into my room and seeing if there is anything they can do for me." A third person commented, "The staff are pleasant, nice and helpful."

We observed people looking clean and well presented and we did not see anybody looking dirty or unkempt. One person expressed a preference to wear some of their favourite jewellery and perfume and we saw them wearing it during the inspection, with staff commenting how nice they looked. We saw on several occasions, people had spilt food on their clothing, however staff responded quickly and helped people to change their clothes.

We observed people being treated with dignity and respect during the inspection. We saw people taken away from communal areas to receive personal care and saw staff knocking on doors before entering people's bedrooms. During the inspection, we observed one person being transferred in a hoist, however their legs became exposed and we saw a member of staff quickly cover them up.

Staff promoted people's independence where possible and we saw people being able to continue doing things for themselves during the inspection. This included things such as eating and drinking and mobilising around the building on their own if they were able to. Staff offered people choice about how they spent their day and we saw staff giving people the choice about where they wanted to sit and what they would like to eat at meal times.We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights though good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs. For example if people had been referred to the home

who required an alternative diet the service had responded appropriately.

We read a series of compliments, which had been made by visiting friends and relatives, some of which read, 'To all the staff, I just wanted to say thank you for all the care the care at Alderwood over the years.' and 'Thank you so much for all of your help and support, we really appreciate it.' and 'Thank you for looking after my mum so well.'

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in January 2017, this key question was rated as Requires Improvement. This was because people reported not feeling involved in the care they received and reviews of people's care had not always taken place. The people we spoke with during the inspection told us this had since improved and we saw letters had been sent to people's relatives asking them to take part in reviews, with some already taking place. We checked to see that people were receiving care that met their needs and reflected their preferences during this inspection. This helped us determine if the home were being responsive to people's needs.

We looked at the communication care plan for one person which stated they needed to wear their glasses at all times, however we observed them during the inspection not wearing them until we raised the issue with staff. Whilst reviewing a second person's eating and drinking care plan, we noted that it stated they did not like foods such as poultry. However we reviewed this person's food charts and saw they had been provided with foods such as chicken and turkey on numerous occasions. We did note however that this person had eaten most of these meals. This person lacked capacity, however and staff should have been aware of their personal preference.

A third person's care plan indicated they liked Chinese food and their food charts did not indicate that this food option was offered or provided for them on a regular basis. We spoke with the person's relative during the inspection, who told us the only time they were able to eat this food, was when they provided it for them. Their care plan also lacked person centred information about the care they received. For example, when speaking with them during the inspection, we noted their finger nails were long and yellow. Their relative told us this was how they liked to have them, however none of this information had been captured in their care plan as a personal preference.

This meant there had been a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to person centred care.

We found accurate and contemporaneous records were not always maintained regarding people's care. Each person living at the home had their own care plan which covered areas such as eating/drinking, mobility, communication, pressure care and elimination. This provided an overview of people's care needs and the support they required from staff. Howevever we found instances where people did not have appropriate care plans in place.

One person living at the home had previously suffered a stroke and this has affected their speech. We looked at how staff needed to engage with this person and found an appropriate communication care plan had not been completed. A second person told us they felt they did not have their creams applied as required, however when we looked at what guidance was available to staff, their skin integrity care plan was blank and had not been filled in. This meant staff did not have access to appropriate guidance about people's care needs.

In a third person's elimination care plan it stated staff should contact the person's GP if they did not have a bowel movement for longer than three days due to not currently receiving any bowel medication. However when we checked this person's bowel charts, we noted there had been several instances of three days or longer where staff had not documented this person had opened their bowels. The registered manager told us this was a recording error and that this happened regularly. In a fourth person's records were noted the skin on the back of their legs had, broken down and district nurses were involved in their care. Despite this break down, a body map had not been created to inform staff where the breakdown was and if any interventions were required.

This meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance.

We looked at the activities available to people within the home. The home employed an activities co-ordinator and we saw them participating in activities with people during the inspection. There was a poster displayed in the main reception area, informing people about what activities were available. This included one to one time, ball games, play your cards right, karaoke, bingo and board games. During the second day of the inspection, the activity of the day was 'Pebble art' and we saw a group of people participating in this in the dining room. The stones were to be later sent to a local school and used as part of a 'Pebble hunt' for the children to find. Within the home was the 'Tea pot room' and this was used for people to socialise in whilst having tea, coffee and biscuits if they wished. People were also able to participate in holy communion and we observed this taking place during the inspection.

The home had a clear complaints policy and procedure which they had followed. There was a log of complaints received, details of the actions taken and outcomes achieved. Information about how to make a complaint and who to contact was displayed in the reception area. People using the service and their relatives received information about how to complain in the introduction packs provided by the home. People living in the home were aware of how to raise their concerns or complaints and felt they would be acted upon appropriately.

There were systems in place to seek feedback from people living at the home and their relatives. This included residents/relatives meetings, with topics of discussion including activities, care plan reviews, communication, staff changes, laundry, menus and additional comments people wanted to make. The most recent staff survey was in the process of being sent out and at the time of the inspection, management were still awaiting for responses to be sent.

We looked at the systems in place to provide appropriate end of life care, however nobody using the service required end of life care at the time of the inspection. Staff told us that if a person was nearing end of life the relevant palliative care professionals would be involved including the district nurses and the person's GP. In addition to this an appropriate individual support plan would be implemented.

Requires Improvement

Is the service well-led?

Our findings

At the last comprehensive inspection the service was rated as 'Requires improvement' in this domain. This was because breaches of the regulations were identified. The home did not have a registered manager who was registered with the CQC at the time of the inspection, although an application had been submitted.

Since the last inspection the home had recruited a new home manager and they had applied to be the registered manager with CQC. They were made aware during this inspection that they had been successful regarding the position. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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 looked at the systems in place to monitor the quality of service being provided to ensure good governance. A range of audits were in place at both provider and managerial level and covered areas such as care plans, medication, the meal time experience and infection control.

We had concerns about governance systems within the home given the concerns we identified during the inspection. For example, there was no auditing system in place to ensure appropriate safeguarding referrals were made to the local authority for further investigation, based on the information captured within body maps and accident/incident forms. A DoLS matrix was in place to monitor authorisations, however two people's DoLs had expired by approximately three months. We saw one person's drink being made at the wrong consistency, which according to records had happened on other occasions. Despite this, there was no oversight of food/fluid charts where this concern could have been identified and acted upon sooner.

Other concerns noted during the inspection should have been addressed as part of quality assurance process. This included ensuring appropriate referrals were being made to other healthcare professionals, ensuring creams were stored securely and ensuring people had their creams applied as prescribed and that records were completed accurately. Environmental issues were also noted such as dirty window frames and fire doors being held open, as reported in the most recent fire risk assessment. Accurate records were not being maintained and we found two people did not have care plans in place to guide staff on managing their needs.

If governance systems were fully effective, these concerns could have been identified and acted upon in advance of the inspection.

This meant there had been a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance.

The staff told us they enjoyed working at the home and that there was a positive culture amongst staff. One member of staff said, "Things are going well and it is a nice place to work at." Another member of staff added, "I love the job and enjoy coming into work each day."

Everybody we talked to during the inspection spoke favourably about the homes current management arrangements. One member of staff said, "The manager is lovely. Everything is fine and she is approachable. I always feel like I can knock on the door and speak about things." Another member of staff said, "It's all going great and I am happy with the manager. It's nice to have a manager who wants the best for the residents." A visiting relative added, "I am happy with the management at the minute. Anything I raise gets dealt with and she seems to have built a good rapport with staff."

We saw team meetings were conducted regularly. Minutes were taken at all team meetings. We looked at the minutes from the most recent staff meeting which had been conducted in 2018. We saw actions and matters arising from the previous staff meeting were discussed. Other topics such as staffing, roles, complaints and lessons learned, standards expected, inspections, health and safety, policy and procedures, team work and communication had all been agenda items at the meeting. Staff confirmed these meetings were regular and that they felt able to contribute.

A regular newsletter was sent to people living at the home, informing them about any upcoming events and things they may like to take part in.

CQC had received all the required notifications including those relating to expected/unexpected deaths, serious injuries and known safeguarding concerns. This showed a transparent approach and meant we could respond and take any necessary action if required.

The home had policies and procedures in place, which covered all aspects of the service. These were developed and updated by the provider. Staff were aware of where these documents were kept and how to access them.

The rating from our previous inspection were displayed near the main reception area for people to view and were available on the Hill Care (The provider) website. This meant people knew about any current issues within the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Appropriate systems were not in place to ensure people received person centred care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not in place to ensure people received safe care and treatment

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 Appropriate systems were not in place to ensure people were safeguarded from abuse and improper treatment

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Appropriate systems were not in place to ensure staff received the necessary supervision and appraisal to support them in their role. Appropriate systems were not in place to ensure sufficient numbers of staff were deployed to meet the needs of people living at the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not in place to ensure good governance within the home.

The enforcement action we took:

We issued a warning notice relating to this regulation.