

Mrs C Day and Mr & Mrs S Jenkins

# Riverside Court

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Requires improvement



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

Riverside Court is registered to provide personal care and accommodation for up to 25 older people; some people are living with dementia. The home is located in the market town of Boroughbridge where there is a wide range of shops. The building which is over three floors is a former hotel, which overlooks the River Ure. The service has been undergoing renovation over the last three years, and is working towards all bedrooms being en suite. At the time of our inspection there were 18 people living there.

At the last inspection on 29 May 2015 we found the service was breaching four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 9 Person centred care, Regulation 11 Consent, Regulation 12 Safe care and treatment, and Regulation 17 Good governance.

# Summary of findings

The Care Quality Commission (CQC) received an action plan from the service on 13 August 2015. This contained information about the corrective action the provider would take or had taken to address the issues we raised at the last inspection.

This inspection was unannounced, and took place on 2 November 2015. We found the service had improved in relation to safe care and treatment and person centred care and was no longer in breach of these regulations. However, it had not made sufficient improvements in the areas of consent and good governance. This meant the service was in continued breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 11 Consent and Regulation 17 Good Governance.

The overall rating for this provider is 'Inadequate'. This means the service has been placed into 'Special Measures.' The purpose of special measures is to:

1. Ensure that providers found to be providing inadequate care significantly improve.
2. Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
3. Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

On 2 November 2015 the service continued to run without a registered manager. It is a condition of the registration of the service that there is a registered manager employed. This condition is applied in accordance with section 5 of the Care Quality Commission (Registration) Regulations 2009. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider must ensure that the regulated activity of accommodation for persons who require nursing or personal care is managed by an individual who is registered as a manager in respect of the activity, as carried on at Riverside Court. The registered provider has

failed to provide a registered manager. As a result the registered provider is carrying on the regulated activity in breach of the condition imposed upon their registration contrary to section 33 (b) of the Health and Social Care Act 2008.

There had been some improvement in safe care and treatment for people. Medicines were now safely managed. Risk assessments and risk management plans contained the basic information staff needed to support people to remain safe. However, there was room for continued improvement in both of these areas of care.

There were sufficient staff on duty to meet people's needs. Staff knew how to protect people from avoidable harm. However they continued to operate without an up to date safeguarding policy that incorporated recent guidance and legislation. This meant the provider could not be assured staff were following best practice guidance.

This meant safety and the delivery of care was reliant on an established staff team. Although they knew people well and demonstrated a commitment to caring for people, they were not working within a well led service which had effective leadership and robust systems and processes in place to keep people safe and provide effective care.

People, their relatives and health and social care professionals spoke positively about the care they received. We were told relatives were made to feel welcome and could visit when they wanted.

Care plans contained information to guide staff about the support people needed. They contained information about people's likes and dislikes.

The service was still not following the principles of the Mental Capacity Act. Staff had not received training about the legislation and did not understand the principles of the legislation. Assessments of people's ability to make decisions had not been completed when it was judged that they may lack the capacity to do so; there was no evidence of best interest decisions being made on people's behalf. A best interest decision is made on behalf of a person who lacks mental capacity with the involvement of, their family or representatives, and the relevant health and social care professionals who take account of what the person's wishes would have been.

# Summary of findings

We found leadership within the service was poor. Record keeping was poor and confidential records were not stored securely. There was a lack of quality monitoring which meant we could not be assured people received the care they needed.

Policies and procedures were out of date, this meant staff did not have access to up to date good practice guidance. In addition to this the manager had not completed any recent training; they lacked awareness of the relevant legislation and therefore were unable to effectively lead the staff team.

The service did not display the CQC rating which meant people, their relatives and visitors did not have easy access to this information.

We saw one complaint had been appropriately responded to. However, the complaints policy was not displayed within the service. This meant the information about how to make a complaint and the provider's responsibility to investigate this was not easily accessible for people and their visitors.

We found continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

There were some environmental risks which we told the manager about at the inspection, these were rectified immediately.

Medicines were managed safely. Risk assessments contained information to support staff to know how to keep people safe. However there was room for continued improvement. Accidents and incidents were reviewed.

There were sufficient staff on duty to meet people's needs. Staff knew how to protect people from harm. The service was clean.

**Requires improvement**



### Is the service effective?

The service was not effective.

The service was not following the principles of the Mental Capacity Act 2005. This meant people were at risk of receiving care which was not in their best interests.

People told us the food was good. The service employed a chef who was aware of people's individual needs. However, people who needed support to eat did not receive effective care.

The service had good links with healthcare professionals; they spoke positively about the care people received.

**Inadequate**



### Is the service caring?

The service was not consistently caring.

The majority of feedback we received from people and their relatives about the care they received was positive.

However we saw some examples of poor care where action was focussed on the task rather than the needs and dignity of the people requiring support.

Relatives told us they were welcome to visit the service whenever they wanted.

**Requires improvement**



### Is the service responsive?

The service was not consistently responsive.

Care plans contained information about people's life experiences, their likes and dislikes and preferences in relation to their care needs.

We could not see evidence of people and their families being involved in reviews of their care. However overall people were happy with their care and relatives told us they were kept informed of any changes.

**Requires improvement**



# Summary of findings

Activities took place and people told us they enjoyed these. However, there was no planned activity programme so people did not always know what would be happening and planned activities did not reflect people's individual interests.

## Is the service well-led?

The service was not well led.

The leadership of the service was poor. The service continued to operate without a registered manager.

There was no robust system in place to audit the care people received and this meant the provider could not be assured people were being provided with safe and effective care.

Records in relation to the service overall and individuals were poor. The gaps in individual record keeping meant we could not be assured people were receiving the care and support they required.

Policies and procedures were out of date; this meant they did not provide staff with the guidance they needed to provide effective care.

**Inadequate**



# Riverside Court

## 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 2 November 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor who was a nurse and had experience in care of older people and quality assurance, and an expert by experience. The expert by experience had personal experience of caring for older people.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications we had received. A notification is information about

important events which the service is required to send to the Commission by law. We contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided. They did not provide us with any information.

During the inspection we spoke with 12 people who used the service, and because not everyone could tell us their views we spent time observing interaction between people and care staff. We spoke with three relatives.

We carried out a tour of the premises which included communal areas and people's bedrooms. We reviewed eleven support plans and other records which related to people's care.

We spoke with nine members of staff including the manager, care staff and ancillary staff. We looked at documents associated with the management of the home such as training records, audits, policies and procedures.

At the inspection we spoke with two health and social care professionals; a community nurse and a social worker.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “I know I can’t fully look after myself and need 24/7 care. I need to feel safe. This home is the nearest to my family that gives me that sense of safety.” Relatives agreed with these views. They told us, “I feel [relative] is safe here.”

At the last inspection on 29 May 2015 we found the environment was not safe, medicines were not safely managed and risk assessments did not provide staff with information about how to mitigate risk. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were wires on a corridor which posed a trip hazard. One bedroom was being renovated and a wall was in the process of being knocked, the room was unsecured. This posed a risk to people who could have accessed the room and injured themselves. Stairs risk assessments were not in place, and there was a large open staircase which people with mobility problems and dementia could have been at risk of falling down. A piece of skirting board was missing which meant central heating pipes were exposed. If someone had fallen they could have burnt themselves. The provider had not ensured that health and safety processes were being followed which in turn meant that people who used the service had been at risk.

At this inspection on 2 November 2015 we found the central heating pipes remained exposed. We showed this to the manager who arranged for the handyman to fix this whilst we were there. We were concerned that despite pointing this out at the last inspection the provider had not taken action to make this safe. In addition to this a window in a person’s bedroom on the second floor did not have window restrictors which were built into the new window structure properly set up. This meant the window could be fully opened. This meant someone could have fallen from the window. This was a particular concern as the person whose bedroom it was had been assessed as being at risk of trying to leave the service. They were a wheelchair user and the window was at sitting height which increased the risk of falling because the person was level with the open window. We raised this with the manager immediately. The manager also arranged for the handyman to fix this. The

window, which was new, had built in window restrictors but these had not been set up. We checked both issues before we left the service and assured ourselves these had been made safe.

At the last inspection on 29 May 2015 we found concerns in relation to the administration, recording and management of medicines. Medication administration records were not completed correctly and medicines were given to people from a staff member’s hand which posed an infection risk. We found out of date medicines. In addition paracetamol prescribed for one person was being shared between different people.

At this inspection we found some improvement with regard to medicines. We observed medicines being given to people. The member of staff took their time; they explained what the medicine was for and made sure people had enough to drink. This meant people were well supported to safely take their medicine. However, the member of staff gave medicines from their hand, failing to wash their hands before giving people their medicines. This was an infection control risk and of concern as we had raised this at the last inspection and the provider had not taken action to address this.

The service operated a monitored dosage system (MDS). This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. We saw people receive their medication at the time they needed them. We reviewed medication administration records (MAR) and found these were completed correctly. MARs showed that on the day of the inspection staff had recorded when people received their medicines and entries had been initialled by staff to show that they had been administered.

Most people had a dated current photograph attached to their MARs, to ensure there were no mistakes of identity when administering medicines. Four people had no photograph attached to their MARs, the manager told us one person had refused to have their photograph taken. However, we did not receive an explanation about the missing photographs for the other three people. We did not think this would have a significant impact as this is a small service with a stable staff team who knew people well.

The controlled drugs book was in good order and medicines were clearly recorded. Controlled drugs are

## Is the service safe?

licensed as liable for misuse and have more robust storage and administration requirements. Controlled drugs were stored safely and we saw that staff, who had authorised access, held the keys to the controlled drugs cupboard. Staff told us that a second member of staff witnessed a controlled drug administration. We saw that a check of stock balances was undertaken on 13 June 2015 and 6 September 2015 to ensure that the balance documented tallied with the actual quantity of controlled drugs available.

Some medicines were prescribed to be given as required (PRN). We saw PRN medicines were recorded on the MAR charts however, there were no specific PRN support plans to guide staff about what the medicine was for or what signs to look for to indicate when this was required by the person concerned.

The service had assessed risks to people and had recorded the control measures which had been put in place to manage these. However, these were not up to date in all of the care plans we looked at. We also saw information within people's care plans which conflicted with the information in risk assessments. For example in one person's care plan we saw three documents which all gave different information about the person's mobility and the aids they used to support this. This meant people could be at risk of not receiving the care or treatment they needed to support them to be safe and well.

We looked at the accidents and incidents book. The manager told us this information was reviewed on an individual basis every three months and was retained in individual people's care files. From the accidents/incidents record book we saw they had been appropriately dealt with in a timely manner.

At the last inspection we recommend the provider review their policies, procedures and guidance for staff regarding safeguarding adults. At this inspection the manager told us their assistant was in the process of updating the safeguarding policy.

There had been no safeguarding alerts since our last inspection. Staff we spoke with confirmed they had received safeguarding training and were able to describe different types of abuse and how they would make an alert.

The service had sufficient numbers of staff to meet people's needs. Although staff were busy throughout the inspection we saw people's practical care needs were met. For example we saw staff support people with their personal care, mobility and providing drinks. However, we did not see that staff had time to sit and talk with people. Staff told us they were busy but told us there were enough staff. They were supported by the manager who helped out during busier times of the day. We reviewed the previous four weeks rota's the staffing levels confirmed the levels the manager told us were needed to meet people's needs.

Generally people told us they did not have to wait for care staff to assist them. One person said, "At night I need to use my buzzer to call staff to use the toilet. They usually come between six to ten minutes of my calling them. There are always two staff as it takes that number to assist me. In the daytime though I can manage...But they do ask me to call them just in case I fall. It's all worked out ok." A relative told us, "They answer his bell very promptly. Someone's room bell rang just now and the staff member jumped up to deal with it." This indicated there were sufficient staff available to meet people's needs.

Staff were recruited safely. We saw checks were made through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with this client group.

The service employed cleaning staff who worked seven days a week. We found the communal areas; bathrooms and people's bedrooms were clean and free from odour. People were positive about the cleanliness of the service. Comments included, "My room is lovely. Nice and clean," "My bedroom's clean. The staff keep it clean. There's no smells in the toilets" and a relative said, "[Names] room is lovely. Clean, tidy, a nice en suite and lovely views out of the window."



# Is the service effective?

## Our findings

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 are called the Deprivation of Liberty Safeguards (DoLS).

At the inspection on 29 May 2015 we found the manager and their staff team did not have a clear understanding of the legislation. The manager's assistant was the only member of staff who had received training on the MCA and the manager and their staff team did not have an understanding of the legislation. We did not see mental capacity assessments in place and saw no evidence of best interest decisions being made on a person's behalf when it had been determined that they did not have the mental capacity to do so themselves. The service was not applying for DoLS authorisations in line with current legislative requirements. One person had an urgent authorisation which had run out, the initial request having been made at the suggestion of the local authority. The service had not applied to the local authority to extend the authorisation, nor had they removed the sensor mat which constituted constant supervision of the person. On the advice of the inspector the provider contacted the local authority to review the situation; however the service needed to be more proactive in ensuring that any deprivation of liberty is dealt with promptly in accordance with the relevant safeguards.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan telling us what they would do to correct the issues. However, at this inspection we found the service continued to be in breach of this regulation.

The service was not applying the principles of the Mental Capacity Act 2005. Although the service had completed

mental capacity assessments for some people the specific decision these related to was consent to have a photograph taken. For more significant decisions about consent to care and support we did not see any record of the steps taken by staff to determine whether or not the person had the mental capacity to decide on their care and support needs. We saw no evidence of mental capacity assessments or best interest decisions recorded within people's care plans where a person lacked capacity to make their own decisions. This meant the provider could not be assured they were delivering care which was in a person's best interests and in line with their previous wishes.

One care plan we reviewed indicated the person wanted to leave Riverside Court. It said, '[Name] will wander trying to open all of the doors. Please make sure all of the doors are shut. [Name] will use walking stick to keep the door open.' An application for an authorisation to deprive someone of their liberty had been submitted in June 2015. However, there was no record of whether or not the person had the mental capacity to decide whether they could leave the service or not. This meant the service had not assessed the person's ability to make an informed decision about leaving. They had applied to deprive the person of their liberty which can only be done if the person is unable to make their own decision and it is done in their best interests. We did not see records to show that any best interest decision making had taken place.

Staff we spoke with were unable to tell us what it meant to deprive someone of their liberty lawfully, and they could not tell us who had an authorisation in place. They told us they would prevent someone leaving if they considered it would be unsafe for them to do so. This demonstrated that they may act in the person's best interest but lacked a clear understanding about the legal basis on which they would be making this decision.

We reviewed the training matrix which was provided after the inspection and found staff had not received MCA training. As we had previously found only one member of staff had received this training, the manager's assistant. The provider had not made sure that staff were aware of current guidance about MCA and DoLS which meant that people who lacked capacity and who used the service were not protected from harm because staff were unaware of good practice guidance.

## Is the service effective?

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection on 29 May 2015 we were concerned about the level of training staff had received. We were particularly concerned because there was a lack of awareness of how to support people living with dementia. We made a recommendation that the provider review staff training to ensure care staff had the sufficient skills and knowledge to support the people they care for.

At this inspection the manager was unable to provide us with a copy of the training matrix. They told us this was managed by their assistant who was on leave. We contacted the manager's assistant after the inspection and they emailed us a copy of the training matrix. We reviewed the training matrix and saw all of the care staff had received training in caring for people with dementia. Staff also had access to regular supervision. They told us the manager was supportive and listened to them. This meant staff were now provided with some of the relevant training and support to ensure they had the skills to support people who used the service.

People told us they enjoyed the food. One person said, "The food is fine, with variety and plenty of it too. Yesterday, we had roast beef, veg and roast potatoes. If a resident doesn't like the main course the chef always gives them a good pudding to nourish them. Yesterday I think it was chocolate mousse and cream. Then at teatime I think we had two back bacon rashers in a wholemeal roll, salad and chocolate biscuits. I've not been hungry here." Other comments included, "The food is nutritious and good," "The food's lovely and fresh. I have cereals like muesli, and sandwiches for lunch" and, "The food is very good. And the meals are nice." A relative told us, "The foods good. [Name] enjoys his meals."

During our visit we saw people had access to drinks and biscuits in between meal times. One person said, "There's lots to drink during the day." A relative told us staff listened to their concerns about their relative, they said, "The food is good. I asked them to keep an eye out for [relative] as his appetite wasn't good. They did, gave him biscuits and kept checking up on him. They are very good."

The service employed a chef from 9am until 5pm seven days a week. They were able to explain to us about people's individual needs, preferences and specialist diets.

We saw they had a list which provided this information in the kitchen. However, there was no menu plan for the service, and the chef explained they usually decided what to cook the day before. On the morning of our visit we saw the chef speaking with people and asking them what they wanted to eat at lunch time. Some people were living with dementia and we did not see any pictures or other means of helping them make a choice.

The tables in the dining room were nicely laid with tablecloths, cutlery, glasses and small flower decorations. Twelve people ate their lunch in the dining room. People were relaxed and focused on eating their lunch. People were offered a choice of desert; tinned fruit and ice cream or apple turnover and custard. Although lunch was generally a pleasant experience for people we saw two people who needed assistance to eat being helped by two staff members who were also serving food. They did this whilst stood up and attending to other people's needs in the dining area. There was minimal interaction with people whilst they were being assisted and we saw one member of staff put food in one person's mouth whilst they were still chewing the last mouthful. Staff left people they were assisting while they completed other tasks, then came back to them and continued to assist with their meal. This meant people were not provided with the support they needed to eat and enjoy their lunch.

We spoke with the manager about our concerns. They told us normally another member of staff would be in the dining area assisting but they were speaking with a member of the inspection team. The manager had been assisting in the kitchen and did ask the member of staff to come back into the dining area.

People were supported to access appropriate healthcare based on their needs. People we spoke with told us staff were quick to respond to any concerns about their health. One person said, "I picked up a cold and because of my chest problems the doctor was asked to visit, I'm now on antibiotics and starting to feel better." They went on to say, "The staff here are also very good at getting the district nurse into see people. I'm also booked in to see the chiropodist." A relative we spoke with confirmed this, they said, "I believe the doctor visits every week so [relative] gets prompt medical attention. They've also had their haircut, is seeing an optician sometime soon and also a podiatrist."

## Is the service effective?

A visiting district nurse was very positive about the care and support people received. They said, “Staff refer to us appropriately and we have a good relationship. Staff are really good at seeking clarification from our team and are consistent in following our treatment plans.”

# Is the service caring?

## Our findings

At the last inspection on 29 May 2015 we saw care staff did not always take into account the needs or preferences of people who used the service.

At this inspection our observations overall indicated some improvement to the care provided. Generally staff were caring and routinely offered reassurance to people. People spoke positively about the service and the staff who worked there. Comments from people who used the service included, “The staff are very nice and caring. They look after me,” “The staff are kind and help me with things.” And “The staff are alright, pleasant and always smiling. A smile goes a long way.” One person said, “It’s super here. I get looked after 24 hours. We are all chums here.” The person was referring to staff and other people who used the service as ‘chums’.

We saw that in most cases people were treated with dignity and their privacy was respected. Staff routinely knocked on bedroom doors and waited for a response before entering. One person told us, “The staff here always give me privacy about using the toilet and always knock before asking if they can enter my room.”

We saw one person was assisted to move from their wheelchair to an arm chair. We observed the two care staff to be patient and careful with the person and they completed the transfer safely. Staff took their time and offered explanation and reassurance throughout the transfer. The person said, “Don’t rush me.” Staff continued to gently and affectionately reassure the person.

People looked well cared for, they were dressed smartly. The manager told us the importance they placed on good care. They told us because the service was small and family run they knew people well, and could provide care which was based on each individual’s needs, “We treat people as individuals. We provide one to one care.”

Staff knew people well and could tell us about their choices and preferences. We saw this information was recorded in

their care plans. One person told us they were supported to be as independent as possible. They said, “I can wander around anywhere including the gardens, by the river. I can also go into town and into Morrison’s.” Another person told us their choices were respected. Despite living in a communal setting they told us they valued their own space and this was respected by staff. They said, “I usually stay in my room until lunch then go down to have my meal downstairs and stay there until after my tea. I then return to my room where I enjoy reading and writing. I don’t interfere with anyone else and they don’t interfere with me.”

Relatives told us they were welcome to visit anytime. One relative told us, “It’s lovely here. I’m very pleased. [My relative] has settled very quickly. It’s ideal for [my relative]. I like the fact it’s small and personally run. That’s nice. I visit at different times of the day and staff are always friendly and very approachable.” Another relative said, “Access to the Home for relatives is very good. I can come whenever I want.”

Despite this we saw some areas of care practice which were not person centred, we saw some examples of poor care where action was focussed on the task rather than the needs and dignity of the people requiring support. We did not think the people who needed support to eat received a person centred approach from staff, as they were attending to other people and stood up whilst assisting people. They broke off to undertake other tasks. This was not a dignified experience for the two people who needed support.

One person described having to wait for staff to help them use the toilet. The impact of this was distressing to them. They said, “Sometimes the staff don’t come quickly enough. When they do arrive they sometimes say, ‘Can you hang on for another five minutes?’ But I can’t and have had several accidents.” This meant that although overall people were positive about the care this was not consistent across the whole service and there were some areas of care practice which required improvement.

# Is the service responsive?

## Our findings

At the last inspection on 29 May 2015 we found the service did not have up to date care plans and risk assessments to enable care staff to be clear about the care and support people needed. This meant people were at risk of receiving inadequate care.

We found care was not assessed, planned or delivered in a person centred way. Care plans were difficult to follow and did not contain detailed information to enable members of care staff to know how the person should be supported. Some care plans did not reflect the person's current needs and we could not see evidence of regular reviews or updates to care plans.

This was a breach of regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service sent us an action plan on 13 August 2015 telling us what they would do to correct the issues. We were told the issues would be rectified by 13 August 2015.

At this inspection we found an improvement in the way care was planned, delivered and reviewed.

We looked at 11 care plans and associated care records. Care plans contained information about people's likes and dislikes. They provided staff with guidance about how to support people and included specific details about their preferences. For example, what time they liked to get up and where they liked to eat meals. Care plans reflected people's current needs. They contained detailed information about people's life before they moved into the service such as information about their families, careers and what was important to them.

We saw reviews had taken place on a regular basis. Some care plans referred to people's families being involved in decisions about care, however we did not see evidence of this recorded within the review record. Despite this relatives told us they were kept informed of any changes. One relative said, "When we first came they told me they would ring me if there were any problems with [my relative] and they have done."

People told us their needs were responded to by staff. One person who had a hearing aid said, "Staff change the batteries as soon as the aid starts to fail." Another told us, "My bed's very comfortable. I have back problems and they [staff] changed the old mattress for a special one for me."

We received a mixed response regarding activities and stimulation for people. Comments included, "There are activities but not every day. I've not joined in any," "They do bingo and quizzes. Yesterday we sang for an hour" and "There's activities like hula hoops and games with wires." However, a relative said, "There are no activities for residents. Or put it this way it's very rare to see any activity. I think once a month there's a church service and I once saw a jigsaw activity. Sometimes they bring a donkey in and allow visitors to bring in family pets like their dogs and cats."

The manager told us the service did not have a structured activity programme. We asked about the planned activities for the week and the manager told us, "Today a quiz, tomorrow probably some games, Wednesday Keep Fit, Thursday probably some other activity. On Friday we were going to have a clothes party but that got cancelled so we've got the second world war singers." They told us a church service was held weekly at the service. During the afternoon of our visit we saw people enjoy a quiz which was run by the manager. Although activity took place there was a lack of structure to this or any evidence that activities were based around people's known interests and hobbies. Clear structure and regular activity helps people's well-being and enjoyment of life.

At the last inspection on 29 May 2015 we reported that we did not see the complaints policy being made available to people who used the service. At this inspection this continued to be the case. This meant the provider and manager had not taken action to address this concern which we had previously highlighted. This meant people did not have written information available, to make them aware of their right to complain and they were not supplied with information about how any dispute would be handled within the organisation. This showed the provider was not taking steps to ensure an open and transparent culture because they did not demonstrate a commitment to providing people with the information they needed to share their concerns.

Despite the lack of availability of the complaints policy, the service had received one complaint since the last inspection. This had been made verbally to the manager and had been investigated in a timely way. We could see a record to say the person who had made the complaint was satisfied with the outcome.



# Is the service well-led?

## Our findings

At the last inspection on 29 May 2015 we found the service did not have systems and processes in place to monitor and improve the quality and safety of service provision. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan on 13 August 2015 telling us what they would do to correct the issues. They told us the issues had been rectified by the end of June 2015. However, at this inspection on 2 November 2015 we found the provider and the manager had failed to take sufficient action and the service continued to be in breach of Regulation 17.

The service did not have a registered manager. This is a breach of Care Quality Commission (Registration) Regulations 2009 (5). The manager's assistant was on leave during the inspection, as a result of this the manager was not able to access some information we required. This was of concern as it demonstrated a lack of leadership and showed the manager did not have an overarching view of the service and how it was performing.

We contacted their assistant after the inspection and requested the information which they provided.

During the inspection we asked the manager for a copy of the service's policies and procedures. The policies we were given were dated 2003. We were told by the manager these were updated as required however, we did not see evidence of this. Policies were out of date and as a result of this staff did not have access to up to date guidance and practice. The provider and manager could not be sure they were delivering the best care and support to people who used the service.

The medication policy was dated 2012 and because it was not current it did not contain up to date good practice guidance. The manager told us their assistant had produced a new safeguarding policy. We were provided with a draft copy of this after the inspection. However, it did not contain any reference to the Care Act 2014 which brought in significant changes in safeguarding practices. This legislation came into effect in April 2015. This meant the provider could not be assured staff were following best practice guidance or up to date legislation.

We asked the manager about the results of audits which they carried out to evaluate the quality of the service. Although we were provided with some evidence of audits these were not being routinely completed. For example the last manager's monthly inspection had been completed on 24 June 2015, medication audits were last completed on 20 September 2015 and a 'bedroom checklist for resident's quality assurance' was completed on 7 July 2015. Where audits had taken place we did not see records of specific actions required, timescales, person responsible or signatures. This meant that there was no evidence of any learning from the audits or of any actions identified or taken to improve practice or the quality of people's experience within the service.

We did not see any evidence of care plan audits. This meant the manager and provider could not be assured people were being provided with high quality, effective care.

Records were poor and daily notes were stored in an unlocked cupboard in the dining area. This meant confidential information about individuals was not safely secured. Daily notes provide staff with key information about a person's wellbeing. The notes we reviewed contained basic information about people's needs, and they were repetitive. They were completed twice in a 24 hour period. Once overnight and once at 3pm. It would assist staff if these notes were updated during each shift to ensure staff were up to date with any changes in people's needs.

One person had been assessed as needing assistance to eat and drink, they had a food and fluid chart in place to record intake over a 24 hour period. The records contained significant gaps. This meant although we saw people had access to drinks the poor records meant we could not be sure people had been supported to drink an adequate amount of fluid. One person had been assessed as requiring checks every two hours overnight, we did not see evidence of records of the checks and there was only one reference to the overnight period in the person's records.

The poor record keeping meant it was difficult to assess the care people received. The lack of audits meant any issues had not been picked up by the manager and therefore there was no record of any actions taken to rectify them.

At the last inspection on 29 May 2015 we raised concerns that people had not been assessed as to their ability to use

## Is the service well-led?

call bells to alert staff if they needed help. At this inspection we did not see any action had been taken to address this issue. We spoke with the manager who told us staff knew who was unable to use the call bell and knew to check on them more regularly, but we did not see any evidence within care plans which referred to this. This meant people could be at risk of not being able to summon staff in an emergency and the provider had not assessed this or considered what other measures could be put in place to mitigate the risk. This demonstrated concern regarding the management of the service as we had previously raised this concern and action had not been taken to address it.

The manager was unable to provide us with a copy of the statement of purpose, they told us their assistant had completed a new one however we did not see a copy of this. This meant we were unsure of the vision and values of the service.

We were unable to see the previous inspection report on display within the service. When we spoke with the manager they told us they were not aware this had to be displayed. The manager agreed to display this. It is important this information is shared so that people and their families are aware of the inspection outcome. CQC ask the provider to share a copy of the summary with people and their relatives. As of April 2015 there is now a legal requirement for providers to display their rating.

Despite concerns about the leadership of the service we saw the manager had a good rapport with people who lived there. People knew who the manager was and overall provided positive feedback. One person said, "I know who the manager is. [Name] is very nice. I see them around the home a lot." Another person said, "The manager is fine. A lot of [managers] family run it. If I ask [name] to post a letter for me [name] will do it."

The manager had taken action to address some of the issues highlighted at the last inspection with regard to people's care and safety. They told us how important good care delivery was to them, and said 'paper work' was not one of their strengths. Staff told us they were supported by the manager. Overall people and their families provided positive feedback about the service.

We concluded the safety and delivery of care was reliant on an established staff team, who knew people and demonstrated a commitment to caring for people. It was not based on good leadership with robust policies, systems and record keeping which would enable the provider to assure themselves they were delivering high quality care or to improve the service provided. We did not see any evidence the manager had taken action to complete any additional learning or training since our last inspection. In addition the service remained in breach of regulations which we had been assured would be addressed behalf of people who used the service.

This section is primarily information for the provider

## Enforcement actions

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