

Abbeyfield Society (The) Downing House

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Inadequate ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

A comprehensive inspection took place on 9 March 2018 and was unannounced. Downing House is located in Withington, Manchester. The home provides residential care and support for up to 23 people in single occupancy bedrooms. It has two floors, with lift access. There are communal bath and shower rooms located on each floor. On the day of our inspection there were 17 people living at Downing House, providing care and support for people with residential needs including people who were living with dementia.

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

When we completed our previous inspection on 1 and 2 August 2017 we found the registered provider had not taken appropriate steps to ensure care provision was appropriate for people and care plans accurately reflected the current needs of people, equipment was not maintained, accidents and incidents were not analysed, regular checks of aspects of the home's fire protection systems were not always taking place and systems to assess, monitor and improve the quality and safety of services provided to people at Downing House were not robust. We told the registered provider they needed to take action; we received an action plan. The purpose of this inspection was to see if improvements had been made and to review the quality of the service currently being provided for people. We also wanted to look to make sure people were safe following a recent incident.

At the inspection on 9 March 2018 we found some areas had improved, which included checks of the home's fire system and the provision of care was appropriate. Although, we found people's care plans had not been sufficiently updated, some areas of risk, medication management and infection control were not well managed. The programme to assess, monitor and improve the quality of the service was not robust or always effective.

At the time of our inspection the home had a registered manager in place who had been registered since 17 October 2017. Although we did note a further two people were still registered with CQC as manager. We spoke with the current registered manager who told the business manager was in the process of addressing this. 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.

Risks to people were not well managed and some areas of the premises did not comply with current Health and Safety guidance. We saw some bath and shower rooms were not clean and effective systems were not in place to reduce the risk and spread of infection.

People were not protected against the risks associated with medicines as appropriate arrangements were

not in place to manage medicines safely. Staff had not had their competency assessed to administer medicines.

Quality assurance systems were not working well and were not effective to ensure people received safe quality care. People had the opportunity to comment on the quality of service through meetings.

There were sufficient staff on the day of our inspection, although, we noted the numbers of staff on some shifts were not at the levels stated by the registered manager. The registered provider had effective recruitment procedures in place. We received mixed views about feeling supported by the registered manager and staff did not always receive appropriate training and ongoing supervision.

Staff could describe signs that may indicate someone was at risk of abuse or harm, although, some staff had not received safeguarding training.

The principles of the Mental Capacity Act 2005 were applied. Although, some care plans did not contain a comprehensive set of mental capacity assessments. DoLS applications were not made timely following the completion of some of the mental capacity assessments.

People looked well cared for and people and relatives we spoke with were happy with the care provided. The manager explained they provided a person-centred approach to end of life care. Care plans we sampled did not always reflect the involvement of the person or their family members in their development. We observed people's privacy and dignity was respected. People's care plans did not always contain sufficient and relevant information to provide consistent, care and support.

People received good support which ensured their nutritional and health care needs were met. Activities and daily pastimes were available, although, limited when the activity co-ordinator was not at work.

Relatives and staff we spoke with were happy speaking with the registered manager if they needed to discuss any concerns. However, acknowledgements and detailed final outcomes had not been sent to the complainant and the service could not evidence complaint response timescales were being met.

Further work was required by the registered manager to be compliant with Accessible Information Standard.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their

registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.

Risks to people were not well managed and some areas of the premises did not comply with current Health and Safety guidance.

People were not always protected by the way the home handled medicines and effective systems were not in place to reduce the risk and spread of infection.

There were sufficient staff on the day of our inspection and effective recruitment procedures were in place. People told us they felt safe and staff we spoke with knew what to do if they witnessed any abuse or harm.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not given the opportunity to attend regular supervision and not all staff had received appropriate training.

People's nutritional needs were met and records showed people had regular access to healthcare professionals.

The principles of the Mental Capacity Act 2005 were applied. Although, some care plans did not contain a comprehensive set of mental capacity assessments. DoLS applications were not made timely.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Care plans did not always reflect involvement of the person or their family member.

People looked well care for and we saw positive interactions between and staff and people who used the service.

Staff understood how to treat people with dignity and respect

and were confident people received good care.

Is the service responsive?

Inadequate ●

The service was not always responsive.

Care plans did not always reflect people's needs, preferences, choices and personal histories. Activities and daily pastimes were available.

There was a complaints procedure in place, although, detailed final outcomes had not been sent to the complainant.

The registered manager explained they had a person-centred approach to end of life care.

Is the service well-led?

Inadequate ●

The service was not well-led.

We received mixed views about the management of the home.

The programme to assess, monitor and improve the quality of the service was not robust or always effective.

Regular meetings had been held with people who lived at the home, relatives and with staff.

Downing House

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.

A comprehensive inspection took place on 9 March 2018 and was unannounced. The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls from moving and handling equipment. This inspection examined those risks. The inspection team consisted of two adult social care inspectors.

On 9 March 2018 there were 17 people living at Downing House. We spoke with two people who used the service, one relative, two care staff, one senior care staff member, the chef, the deputy manager and the registered manager. We observed care interactions in the communal lounge and observed the lunchtime meal. We spent some time looking at the documents and records that related to people's care and support and the management of the service. We looked at four people's care plans in detail and a further one person's care plans for specific information. We looked also looked at people's medication administration records.

Before our inspections we usually ask the provider to send us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR prior to this inspection. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority commissioning and contracts department and Healthwatch to assist us in planning the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Is the service safe?

Our findings

At the last inspection in August 2017 we rated this key question as requires improvement. We found the registered provider had not taken appropriate steps to ensure people's safety was protected, regular checks to the home's fire protection system were not undertaken and 'as required' medication protocols were not in place for all appropriate medicines. Following the last inspection the registered provider sent us an action plan which identified how they were going to improve the service. At this inspection we found improvements had been made to checks of the home's fire systems, although, we still identified risks to people and 'as required' medication protocols were not detailed.

We looked at the arrangements in place to safely manage levels of risk appropriately and found these were not satisfactory.

Some windows on the upper floor of the home did not have restrictors which complied with Health and Safety Executive guidance. We highlighted our concerns to the registered manager who told us they would arrange for the maintenance person to look at fixing appropriate restrictors to the windows immediately. People were able to access the stairs to the upper floor where the sluice and laundry rooms were located. The door to both of these rooms was meant to be locked but the lock was broken and the registered manager was not clear how long the lock had been broken or whether it had been reported. We saw floor grills in the corridor areas of the home were protruding and some flooring was missing around a shower area, which were potential trip hazards for people. A radiator in one of the bathrooms, which people had access to and were able to sit on was very hot and we saw cleaning products were stored in one communal toilet area. There were no risk assessments in place for these areas. This meant the registered manager did not always ensure risks to people posed by the building were minimised. The registered manager told us they would address these concerns immediately.

We looked at safety certificates for the home and found the electrical safety certificate was in date; however, the gas certificate had expired in 2015. The registered manager told us they had a current gas certificate but was unable to find this on the day of our inspection. Following our inspection the registered provider submitted a worksheet and landlords gas safety record dated 27 December 2017.

The registered manager told us hoists and slings used to support people to mobilise had been LOLER (Lifting Operations and Lifting Equipment Regulations 1998) checked, although they were unable to provide certificates to demonstrate this. The Lifting Operations and Lifting Equipment Regulations 1998 states checks on equipment used as part of hoisting people should be tested every six months to ensure it is safe to use. This meant people may not be kept safe during moving and handling procedures. Following our inspection the registered provider submitted LOLER through examination records for the moving and handling equipment and slings.

We saw falls sheets had been completed for January and February 2018, although, the information recorded was just a duplicate of the accident/incident form. We asked the registered manager if accidents and incidents were analysed for trends and if identified changes were implemented. They said they had not carried out any analysis of the accidents or incidents. This meant the registered manager may not take

appropriate action to make improvement for people safety following the review of accidents and incidents. Following our inspection the registered provider told us the organisation's health and safety manager reviewed all accident and incident data and completed a robust analysis of national and service level trends. The most recent report had been issued to all business managers for cascade on 5 March 2018 for the previous three months; however, this had not been cascaded at the time of the inspection. Although we noted the report provided, only showed January and February 2018 analysis and 'North Division', this was not specific to Downing House.

We noted some people used pressure relieving equipment. For example, an air flow pressure mattress. One person's air pressure cushion was set to firm and their air flow pressure mattress was set to medium but there were no settings recorded in their care plan. The registered manager and deputy manager told us the district nursing team set the cushions and mattresses once the person had been assessed as needing these items.

People had a personal emergency evacuation plan (PEEP) in place which identified the type of assistance they needed in the event of an emergency.

Care plans we looked at showed people had risks assessed which included fire safety, pressure sore prevention, falls and moving and handling. We saw risk assessments had been carried out to cover activities and health and safety issues. Although, we noted one person's fire risk assessment had not been reviewed since May 2017. Another person had been prescribed emulsifying ointment which stated 'fire hazard with paraffin based skin products and dressing and clothing', we did not see a risk assessment in place for this person. This meant people's risk assessment may not provide staff with the most up to date information to support people to take responsible risks as part of their daily lifestyle. One staff member told us, risk assessments were in people's care plans and they had to read them before working with people. They said, "We are very careful to prevent falls, try to be extra careful."

Records showed regular inspection of fire alarm call points, fire alarm tests, emergency lighting checks and fire extinguishers. Water taps, outlets and shower heads were cleaned monthly.

Risks to people were not always robust and effectively managed. We concluded this was a breach of Regulation 12 (1) and (2)(a)(b): Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe living at Downing House. One person said, "I've felt safe in every place."

The registered manager told us they had only been one safeguarding incident which had been reported to CQC since the last inspection. Staff we spoke with were aware of the different types of abuse and could identify types of abuse and knew what to do if they witnessed any incidents. We saw not all staff had attended safeguarding vulnerable adults training in 2017.

We looked at the management of medicines and found this was not always safe.

Most medication was administered via blister packs supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual packs in separate compartments. People's medicines were locked in a trolley, stored in the staff office. We noted the office was not always locked but trolley was. The temperatures of staff room and medicines fridge were recorded daily and were with the recommended range.

Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. MARs had a picture of the person, allergies and the GP's name. The MARs showed staff were signing for the medication they were giving.

Protocols for the use of medicines prescribed for use 'as required' (PRN) were not always in place or this information was not detailed. For example, we saw one person had been prescribed Doublebase gel PRN but there was no PRN protocol in place. Another person had been prescribed Paracetamol tablets which stated 'take two every four hours when required'. There was a PRN protocol in place, although, there was insufficient guidance for staff as to when this should be offered. This meant people may not receive their medicines correctly or consistently.

We found the topical medication administration records (TMAR) were in place, although, body maps and instructions on the TMAR did not guide care staff where to apply creams. For example, we saw one person was prescribed Sorbaderm cream, but there were no instructions on the MAR or TMAR of where or how often to apply the cream. When we looked in the person's room we found three tubes of cream which were not boxed and did not have a prescription label on. This meant the system to manage the applications of creams was not robust.

Some medications on MAR's had been recorded as 'A' meaning refused or 'N' meaning offered but not required. We saw one person had been prescribed Paracetamol tablets which stated take two every four to six hours up to four times a day. The MAR had been recorded as 'N' since 26 February 2018, although there was no evidence the GP had been contacted to see if this medication was still required. We saw some entries on MARs had been transcribed without a second signature to check if this had been transcribed accurately. For example, we saw one person's MAR stated 'Paracetamol 500mg take two every four to six hours up to four times a day'. The prescription label on the box stated, Paracetamol 500mg take two every four to six hours up to four times a day including night time dose'. This meant people may not receive medicine as prescribed.

Current NICE (National Institute for Clinical Excellence) guidelines for managing medicines for adults receiving social care, advises staff 'have an annual review of their knowledge, skills and competencies'. The registered manager told us they had not completed medication competency checks for staff members who were responsible for the administration of medicines.

We saw the registered manager had carried out a medication audit in August 2017 and January 2018, although, when asked, they said they were unsure what NICE guidance was.

We concluded the management of medicines was not carried out in a safe way. This is a breach of Regulation 12(2)(g); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked around the home and found some areas of the premises were not clean. We saw a domestic work plan schedule was in place which highlighted the areas to be cleaned each day. On 5, 6, 7 and 8 March 2018 the ground floor bathroom and shower room were on the schedule to be cleaned. We looked in the shower room on the ground floor and found several areas had not been cleaned, for example, the slots underneath the chair in the shower were dirty and the toilet support was not clean. We saw bedding and towels stored on open shelving and a bar of soap in the shower soap dish. This meant people may be a risk of cross contamination.

We observed different thickness of wheelchair cushions were stacked up in the reception of the home. The

deputy manager told us, "We just use any cushion in any wheelchair to transfer from lounge to dining room." We saw a cushion with [name of person] had been used most recently, the deputy manager told us this person had not lived in the home for over eight years. We removed the cushion cover and found staining on the inside. We removed a second cushion cover, which had two people's names on and found this was also stained. The deputy manager said the two people no longer lived at Downing House and could not describe how the cushion covers were cleaned. They went on to say the district nurses gave people wheelchairs and cushions and then when the person no longer needed these they used them for other people. This meant people may be a risk of cross contamination.

We saw not all staff had received training in infection control during 2017. The prevention and control of infection audit carried out by the registered manager in January 2018 had not identified the areas of concerns that were found during this inspection.

We concluded the risk of preventing, detecting and controlling the spread of infection was not safely managed. This is a breach of Regulation 12(2)(h); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with told us there were enough staff. Comments included, "Yes, enough staff to look after people, they do a good job generally" and "Carers come when I need them."

Staff we spoke with told us there were generally enough staff. One staff member said, "Staffing levels are sufficient." Another staff member said there were not enough staff when people needed two care staff to support their care needs, but they went on to say, "These levels were the same when we had 25 residents, we lost three residents at Christmas and the pressure has eased now."

The registered manager told us there were one senior staff member on each shift with three care staff in the morning, two care staff in the afternoon and one care staff member on the night shift. They told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff. The registered manager told us they did not use a dependency tool to assess the staffing levels needed but did state the levels were dependent on people's needs and the number of people in the home.

Although, when we looked at staff rotas for February 2018 we noted on two separate days there were only two care staff working the 8am to 3pm shift. The staff rota for the night shifts showed on three separate nights there was no senior staff member working.

On the day of our inspection we found staffing levels were sufficient to meet the needs of people who used the service. We observed on several occasions peoples call bells sounding, and saw staff responded timely to make sure people were safe.

We looked at recruitment records for three new staff members. All the records contained an application form, interview records and references. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS) and proof of identification and right to work in the UK. The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We asked the management team how lessons were learnt in the home. They said some people were on observations; they would raise awareness with family members and provide sensor mats to support people that were unable to use the call bell system. Although, we did not see any actions taken or changes made in

relating to accident and incidents and complaints.

Is the service effective?

Our findings

At the last inspection in August 2017 we rated this key question as requires improvement. We found the registered provider had not taken sufficient steps to ensure staff received regular supervision. Following the last inspection the registered provider sent us an action plan which identified how they were going to improve the service. At this inspection, staff supervisions were still sporadic and not all staff had completed training.

Staff we spoke with told us they had completed training in first aid, moving and handling, infection control and the Mental Capacity Act 2005. One staff member said, "Training is put up on a board in the staff room, someone comes and trains everyone." Another staff member told us, "Training is online like food safety and data protection. Safeguarding was discussed in induction but also online training is planned. I have not had training about the Mental Capacity Act, this will be done online."

We looked at staff training records which showed some staff had completed a range of training sessions, which we were told by the registered manager, were conducted face to face. These included health and safety awareness, dementia awareness, fire awareness and infection control. The staff training records also showed not all staff had completed every training session. For example, eight out of 31 staff had completed Mental Capacity Act/Deprivation of Liberty Safeguards training in 2017 and 10 out of 31 staff had completed safeguarding vulnerable adults training in 2017. We also saw some training was optional and these included end of life care and dementia awareness. The registered manager told us they did not have competency checks in place to assess staff member's levels of knowledge and understanding following the completion of training. This meant people may be cared for by staff who had not maintained their skills.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. When we looked in staff files we saw staff supervision was infrequent during 2017. For example, one staff member had started at the home in January 2017 and had received supervision in May 2017 and February 2018. The registered manager told us they had created a supervision spreadsheet for 2018 to enable all staff to receive supervision six weekly. From the matrix we saw six staff had not received supervision in 2018. One staff member told us, "I have not had any one-to one or supervision meeting." We saw some staff appraisals had been completed in 2018, although the registered manager told us they were behind schedule with the some appraisals. One staff member said, "I had one appraisal this year, previous one was last summer, during this I was asked about any problems with managers, do other carers help with the residents, what I'm happy with and asked if I was up-to-date with training." This meant staff were not given regular opportunity to discuss their learning, personal development and training requirements.

Staff were not given the opportunity to attend regular supervision and not all staff had received appropriate training. This is a breach of Regulation 18(2); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One staff member told us the registered provider's induction programme was very thorough, they were

given a manual to read, was shown around the home, shown the fire system and introduced to all the people. They said, "Induction covered how to deal with residents with dementia and mental capacity." We looked at staff files and were able to see information relating to the completion of induction.

We asked the registered manager how they ensured people's care and support was delivered in line with current legislation, standards and evidenced based practice. The registered manager told us they worked with Mental Capacity Act 2005, the Care Act 2015, data protection, health and safety executive guidance and skills for care guidance. When we asked if they were aware of the CQC's key lines of enquiry and the National Institute for Health and Care Excellence for the management of medicine, they said they were not. This evidenced the registered manager used some national guidelines to inform care and support practice at the home.

People we spoke with were happy about the quality and quantity of food offered. One person said, "The food is adequate."

We observed the lunchtime meal in the dining room and saw this was not rushed and background music playing. Tables were set with tablecloths, placemats, crockery, cutlery and flowers, salt and pepper. Trays and food covers were used to take meals to people who wished to eat in their room. Where people asked for further helpings this was provided. People were offered a choice of water or three different flavours of juice, tea or coffee and we saw people were encouraged to drink. Meals were nicely presented and people were given a choice of whether to have gravy. We saw most people ate independently, but where people did require support this was offered in a respectful and encouraging manner.

We saw snacks and drinks were available throughout the day with fresh fruit also available in a bowl in the reception area.

We spoke with the chef who was knowledgeable about each person's dietary needs and kitchen procedures. Although, we noted they were not aware one person had an egg allergy, which we saw recorded in their care plan. They told us there was no one who required a special diet, such as vegetarian or for religious reasons, however, there had been people with specific dietary requirements previously and gave examples of how these were met.

A four weekly menu rota was in place, each meal had two choices and a salad option. The chef told us they always made more of both choices so people could change their mind. We saw the chef interact with each person and clearly knew them well and was friendly and chatty. They told us, twice a year people and their family members were asked what they would like to see on the menu.

The kitchen was clean and tidy, everything was stored appropriately and there were clear records of food and equipment temperature checks being carried out.

The registered manager told us staff attended daily handover meetings at the beginning of each shift, which included discussion about people's current health and care needs. Staff worked well together as a team, helping each other in order to make sure people's care needs were met.

We saw evidence in the care plans that people received support and services from a range of external healthcare professionals. These included the district nurse, podiatrist, GP and optician. We saw people had hospital passports which included 'must know' information about the person for other healthcare professionals to be aware in the event they needed to go to hospital. This helped ensure people's health care needs were being met.

Adaptations to the home had been made, especially for people living with dementia. People had different coloured bedroom doors and bedrooms were personalised with pictures and photographs. This helped to make each room homely. Dementia friendly signage was used around the home to help people navigate, which included signs on bathroom doors and on corridor walls for access to lounge and dining room. We saw objects around the home for people to touch and use which included scarfs and bags that were hung up in the reception area. This can help people who may have a cognitive impairment orientate themselves in the home.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We observed staff supported people to make choices throughout the day. Some staff had an understanding of the MCA and the DoLS procedure. One staff member told us, "Residents can't make a decision for themselves." Although, not all staff had completed MCA and DoLS training.

The care plans we looked at did contained some appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. However, we saw not all the care plans we looked contained a full list of decision specific assessments. For example, the assessments for one person had not been completed for health and physical well-being, mobility fitness and falls prevention, sleeping and night care and personal safety and risk.

We saw DoLS request for a standard authorisation had been completed following a mental capacity assessment and had been submitted to the local authority. Although, we noted the DoLS applications had not been made at the time the mental capacity assessments had been completed.

The registered manager was not aware DoLS application needed to be submitted to CQC. The care plans we looked at did not always contain a decision specific mental capacity assessments and DoLS applications were not made timely. This is a breach of Regulation 11; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

At the last inspection in August 2017 we rated this key question as requires improvement. We found the registered provider had not taken appropriate steps to ensure people's dignity was not potentially compromised as health professionals administered injections whilst they were sitting in the communal area. Following the last inspection the registered provider sent us an action plan which identified how they were going to improve the service. At this inspection we found improvements had been made as screens had been purchased to provide people with privacy.

People looked well cared for, were smart and clean in their appearance which was achieved through good standards of care. We saw people were wearing shoes or slippers and had their hair combed. One person told us, "I've not needed anything but presume if I did they would look after me." A relative we spoke with told us they were happy with their family members care. They said, "Happy with care? Definitely, the home is good at choosing staff. [Name of person] came here and straight away settled in, I was surprised as they were a home bird. [Name of person] is quite content; staff have helped them a lot."

Staff we spoke with told us they were confident people received good care. One staff member said, "I know to talk to residents to calm them down and know to watch for changes in their behaviour. The carers have consciences, they work hard and they are caring." They also said person-centred care meant they concentrated solely on that person's needs, for example, to know exactly how they liked their drink. One staff member told us, when asked if they would like a family member to live at the home, "This place is clean and the staff are caring, I would highly recommend."

We witnessed good practice from members of staff who knew people well and were aware of individual's likes and dislikes. Staff were caring and approachable, chatting to the people as they supported them. We observed one staff member brought a person a cardigan as they said they were cold, the person did not want to put this on so the staff member brought a blanket which the person was happy with. Another staff member brought a cushion for one person who was sleeping in a chair to better support them. There was a relaxed atmosphere in the home.

We saw staff at the home had received written compliments from family members. For example, 'thank you for looking after her in ways I couldn't and didn't'.

Care plans we sampled did not always reflect the involvement of the person or their family members in their development. One relative we spoke with told us they were not asked about [name of person] or their likes or dislikes before they moved in to the home. This meant people and/or their relatives were not always involved in their care planning.

We recommend the registered manager considers involving people and their family members when reviewing people's care records.

We observed the registered manager and staff team treated people with privacy and dignity. As we looked

around the home, we saw staff members knocked on people's bedroom doors, and waited for a response before asking if they could enter. The wishes of people who preferred not to be disturbed were respected. Although, one person told us, "Carers don't knock when they come into the room, I would prefer for them to do this." Staff had not received equality, diversity and respect training.

Within the registered providers statement of purpose 'respect' was one of the registered provider's organisational values. It stated, 'people will be treated with respect and the care they receive will promote their privacy and preserve their personal dignity'.

We saw relatives and visitors were able to visit without restriction. Advocacy was available to people living at Downing House. An advocate is a person who is able to speak on another person's behalf when they may not be able to, or may need assistance in doing so for themselves. At the time of our inspection no one was currently supported by an advocate. This meant people had access to independent support with decision-making if they needed it.

People were able to attend a monthly church service if they wished. People's care plans contained information regarding what was important to them. For example, one person liked the priest to attend, another person asked to be taken to church each Sunday and a third person asked to attend Methodist services. The staff supported people with whatever spirituality meant to them as an individual. We saw information displayed in the reception of the home regarding the monthly church service. This helped to support people's spiritual, religious and cultural needs.

Is the service responsive?

Our findings

At the last inspection in August 2017 we rated this key question as requires improvement. We found the registered provider had not taken appropriate steps to ensure people's care plans accurately reflected their care and support needs and improvement was needed to ensure people had opportunity to pursue hobbies and interests. Following the last inspection the registered provider sent us an action plan which identified how they were going to improve the service. At this inspection we found an activity co-ordinator had been employed, although, they were on holiday at the time of the inspection and work was still needed to people's care plans to make sure they reflected people care and support needs.

People had their needs assessed before moving into the home. A pre-assessment was completed prior to them moving into Downing House. This helped to ensure people's needs could be met. We looked at four people's care plans in detail and a further care plan for specific information.

The four care plans we looked at contained people's likes and dislikes, a life history and 'this is me' document. Although we saw one person's life history and 'this is me' document had not been completed.

Care plans we looked at did not always reflect the care needs of people who used the service. For example, one person's care plan showed they needed a sensory mat next to their bed, but there was no evidence of this in the person's room. Another person's pressure area risk assessment had been updated in March 2018 but the score had not been totalled. We saw the risk assessment stated 'since 2017 pressure areas were monitored by district nurses, staff to prompt repositioning every two hours'. There was no record of this in daily records or on the night staff checklist, only that night staff had checked and recorded whether they were awake or asleep every two hours.

We saw one person had stated they wished to be checked hourly during the night, however, the night staff checklist recorded as taking place every two hours.

The home operated a key worker system which involved mainly ensuring a person's personal care and effects were appropriate and in order and liaising with their relatives and health professionals. One person's care plan showed the last 'one-to-one' session with their keyworker was on 18 October 2017, although, these were scheduled to take place monthly. Another person's care plan showed the last keyworker 'one-to-one' session was dated 1 November 2017. We saw care plans were being reviewed approximately monthly.

We saw one person's care plan showed they should be given choice of a bath or shower and the preferred frequency on care plan was shown as Wednesdays and Sundays. A separate bath and shower record showed there was a rota for people to shower or bathe twice a week on certain days. The days on the rota did not correspond with person's care plan. We spoke with the deputy manager who said the bath and shower rota was a guide, stating, "Most residents don't want one twice a week." We spoke with one person who told us they were not asked if they would like a shower.

We found the daily records were not completed with sufficient detail. For example, one person's daily notes

dated 13 January 2018 stated 'assisted with personal hygiene by night staff'. Although there were no other details about continence checks during the day.

Care plans not reflecting current needs meant people may be at risk of not receiving the appropriate care and support they required. We concluded concerns around the efficiency of audit at the home demonstrated a breach of Regulation this was a breach of regulation 17 (2)(c); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had an activities co-ordinators in post and people living at the home were offered a range of social activities. We saw a noticeboard for up and coming events at the home, which included art and crafts, drawing, painting, ball games and cards. We saw games and DVD's were available in the lounge if people wished to use these. We saw people spending time in their room or in the lounge areas. People were watching TV or reading the newspaper. One person told us, "I can't think of any activities we do. I spend a lot of time in the lounge with other people, I like being with other people." On the day of our inspection the activity co-ordinator was not available and there was a noticeable lack of activities taking place. We spoke with the registered manager who told us care staff usually provided activities when the activity coordinator was not working. They said they would review the activity provision.

One person we spoke with said, "I have nothing to grumble at." A relative told us they saw the manager often and would be comfortable talking with to them if they had any problems. A staff member said, "I follow the hierarchy of the home but have approached the manager direct, anything I need to raise I raise with the deputy."

We saw the complaints policy and procedure was displayed in reception area of the home. We looked at the completed complaint file. We saw one complaint dated December 2017 had been received from a family member. There was no evidence of an acknowledgement to the complaint, no final outcome noted or evidence of a letter or communication detailing the actions undertaken. The registered manager told us they had spoken with the family member but had not documented this.

Complaints were received but there was no evidence of response letters being sent or actions taken. We concluded concerns around the efficiency of audit at the home demonstrated a breach of Regulation this was a breach of regulation 17 (2)(a); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us there was no one living at Downing House at the time of this inspection who was approaching the end of their life, although, people's wishes were recorded in their care plans. We saw one person's care plan recorded their 'preferred choices' which included advanced decisions information.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services.

At the time of the inspection the registered manager and deputy manager were not aware of the Accessible Information Standard. We saw a braille copy of the complaints procedure in the reception area of the home. We saw people had some communication care plans in place which described if they had any hearing aids. Further work was required by the registered manager to be compliant with Accessible Information Standard.

Is the service well-led?

Our findings

At the last inspection in August 2017 we rated this key question as requires improvement. We found the registered provider did not have robust systems to assess, monitor and improve the quality and safety of services provided. Following the last inspection the registered provider sent us an action plan which identified how they were going to improve the service. At this inspection we found the registered provider still did not have robust quality management systems in place.

We received mixed views about the management of the home. Comments included, "I am very well supported by the manager. The senior carers are good they have responsibility to direct and advise on how to do things" and "I don't feel supported by the manager. We have a good team, it's a shame that half the team are looking for other jobs because the manager is no good. We are all here for the service users but it's really sad the manager is not understanding."

The registered manager told us they consulted with people regularly through residents' and relatives' meetings and surveys, to seek their views about the service and if there were any areas that could be improved. We looked at the minutes from the December 2017 and February 2018 residents' and relatives' meeting and saw discussions had included Christmas party, structural changes, food, cooked breakfast, showers and gardening. Relatives we spoke with said they felt they could voice their concerns if they had any. One relative said, "They put it on a board that they're having a meeting, I've never been to one because the staff set the standards and keep to them." This meant the management team actively sought feedback to help improved the service provided.

Records showed staff meetings were meant to be monthly, although, we did see staff meeting had taken place every two to three months. We looked at the February 2018 meeting minutes, discussions had included, online training, laundry baskets, cleaning standards and annual leave. One staff member we spoke with told us, "There's no point in attending a staff meeting if the manager does not listen, talks down to us, doesn't want to know, I'm not allowed to have an opinion. I have stopped going to staff meetings, we are not allowed to swap shifts, things keep changing, it's not clear."

A staff survey had been carried out in October 2017, but the registered manager told us the organisation had not yet analysed the survey results and cascaded the output.

Systems and procedures in place to monitor and assess the safety and quality of the service were not robust. We saw the audit file contained a schedule setting out which audits would be completed in which month. We saw some audits had been completed including care plans and medications, although, these did not identify the concerns found at this inspection. We saw some actions had been recorded in the six monthly medication audit for January 2018 but these did not identify who was responsible for completion and the timescale for this. We saw the care plan audit had identified actions, timescales and the person responsible, but there was no monitoring in place to make sure these actions had been appropriately completed.

The 'house managers' monthly health and safety checklist had been completed in February 2018 and this was this first for the year. We noted it had been completed by a senior care staff member who had only started working at the home in January 2018. We saw 'yes' had been ticked to the point which stated 'radiators and towel rails are thermostatically controlled or covered to prevent burning'. Although, we noted a radiator in one shower room was very hot and was at a height people could sit on.

The business manager completed a monthly audit check. We looked at December 2017, January and February 2018 audits which identified the same points in all the three months. For example, in December 2017 it stated 'no audit tool in use for care plans'. This was also identified in the January and February 2018 audit. The January 2018 audit identified staff medication competency assessments were required. At this inspection staff medication competencies still had not been completed.

We saw accidents and incidents were logged each month which recorded date, time, location, person's name and the injury severity. The registered manager told us they sent the accident and incident information to head office each month. They said they had not carried out any analysis of the accident and incident information to be able to identify any patterns or trends. We noted from the information sent to head office that no accidents or incidents had been submitted for February 2018, although when we looked at accident records and saw 12 falls had happened during this period.

We spoke with the registered manager and reviewed the action plan which was submitted following our inspection carried out in August 2017. The registered manager told us they had completed the actions, although, we found some of the actions had not been fully completed. For example, one action was to 'organise a workshop for senior staff to clarify content and quality of care plans' which was due to be completed by end of September 2017 which had not yet been arranged. Another example, we saw the action to 'carry out monthly accident report audits for trends and re-occurrence' had been scheduled to be completed by September 2017, although we found analysis of accident had not been completed. We noted there was no evidence of where any lessons were learnt when things go wrong. Following our inspection the registered provider told us the organisation's health and safety team at head office provided a robust analysis of accident and incident of national and local trends which was last issued to all business managers for cascade on 5 March 2018 for the previous three months. Although we noted the report provided, only showed January and February 2018 analysis and 'North Division', this was not specific to Downing House. The registered provider went on to say they had a new electronic system for reporting accidents to allow this analysis to take place. They also stated the health and safety manager issued notices and memos to all care home managers following analysis of accident data to implement lessons learned. The example provided was for 'working at height safety memo August 2017'.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents and changes to the service. During our inspection we identified the registered manager had not submitted notifications to CQC regarding DoLS standard authorisations application that had been submitted to the local authority.

We concluded the programme to assess, monitor and improve the quality of the service was not robust or always effective. The registered manager did not have general oversight of the service. This was a breach of regulation 17 (2)(a)(b); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered manager was not aware DoLS application needed to be submitted to CQC. The care plans we looked at did not always contain a decision specific mental capacity assessments and DoLS applications were not made timely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not given the opportunity to attend regular supervision and not all staff had received appropriate training.</p>

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people were not always robust and effectively managed.</p> <p>The management of medicines was not carried out in a safe way.</p> <p>Risk of preventing, detecting and controlling the spread of infection was not safely managed.</p>

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Care plans not reflecting current needs meant people may be at risk of not receiving the appropriate care and support they required.</p> <p>Complaints were received but there was no evidence of response letters being sent or actions taken.</p> <p>The programme to assess, monitor and improve the quality of the service was not robust or always effective.</p>

The enforcement action we took:

Warning notice