

Laudcare Limited

# Osborne Court Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 2 and 3 March 2015 and was unannounced. The previous inspection was carried out on 15 September 2014 and there had been a breach of legal requirements at that time. This was in relation to regulation 20 records, as not all records and monitoring charts were completed consistently. This posed a risk of unsafe or inappropriate care and treatment being delivered. During this inspection we saw some improvements had been made and overall records were more consistently recorded. Although some actions remain to be embedded in practice and further action is required to meet the legal requirements.

Osborne Court is registered to provide personal care and nursing care for up to 68 people. On the first floor of the home care is provided to people with living with dementia and is split into two areas. One providing nursing care and the other providing for personal care needs only. The ground floor accommodated people with both personal care and nursing needs. At the time of our inspection there were 47 people living in the home.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

# Summary of findings

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.

Systems were in place to safely manage people's medicines however improvements needed to be made in this area that included the storing of creams and ointments. Accurate records were not kept of the application of these medicines.

While the organisation had infection control policies in place. Best practice guidance had not been followed. Staff did not follow the latest guidance in relation to handling used laundry. Personal protective equipment (PPE) was not always used by staff. For example plastic aprons were not always worn by care staff when handling used laundry. Therefore the organisation's infection control policy was not always followed.

Staffing levels were not sufficient during our inspection. Some people were left unsupported for periods of time in shared areas that posed a potential risk to their safety and well-being. Other people did not receive interactions from staff or activity for periods of time.

Staff received training and some staff understood their obligations under the Mental Capacity Act 2005 and how it had an impact on their work. However we found the staff had not always acted in accordance with legal requirements when decisions had been made, where people lacked capacity to make that decision themselves.

Some staff had attended Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who lack mental capacity and need to have their freedom restricted to keep them safe. However some staff needed training updates to ensure their skills and knowledge was kept up to date. No one living in the home was subject to DoLS authorisation.

Some people's care plans lacked evidence of effective monitoring of pressure areas to ensure people received the correct care. This was because some documentation was not always completed fully.

We found the provider had systems in place that safeguarded people. One person we spoke with told us "yes it's as safe as houses here". Another person told us "they are nice and if I didn't feel safe I could say so".

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively. Training was provided and staff we spoke with were knowledgeable about people's needs. One member of staff told us "we get plenty here. I enjoy doing it but it takes up a lot of time. But we need to learn best ways of doing things".

Staff meetings took place and gave staff opportunities to share ideas and be updated on quality and care delivery.

Quality and safety in the home was monitored to support the registered manager in identifying any issues of concern. The registered manager and regional manager undertook regular audits however didn't identify the infection control concerns we found.

There were systems in place to obtain the views of people who used the service and their relatives. Meetings and satisfaction surveys were used. Surveys were provided to people living in the home and their relatives.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

There were not sufficient numbers of staff to meet people's care needs and ensure their safety in shared areas.

People were not fully protected from the risks associated with medicines. Suitable arrangements were not in place for storing creams and ointments. Accurate records were not kept of the application of these medicines.

Best practice guidance had not been followed in relation to infection control. Staff did not always follow the organisation's policy. Some staff did not use personal protective equipment, such as plastic aprons.

The provider had arrangements in place to respond to suspected abuse. Staff received training in safeguarding adults and a clear policy was in place for staff to follow.

Inadequate



### Is the service effective?

The service was not fully effective.

People received care from staff that were appropriately trained however some staff were in need of updates in training in relation to infection control and the Mental Capacity Act (MCA) 2005.

Some MCA documentation was not completed fully in line with the legal requirements that protects people's rights.

People were at risk of unsafe or inappropriate treatment arising from a lack of information contained in their care and treatment records. People's wound management plans were not comprehensively completed to guide staff and ensure sufficient monitoring.

Not all staff received one to one supervision in line with the organisation's policy to help them do their job well.

People's on going health needs were managed. People could see a GP and other medical professionals as they required it.

Requires improvement



### Is the service caring?

The service was caring.

People told us staff were caring and sensitive to their needs and felt the staff treated them with dignity and respected their privacy. However not all staff respected this and failed to knock before entering people's rooms.

Staff had a good knowledge of peoples' likes and dislikes. Staff demonstrated a good understanding of people's preferences.

Good



# Summary of findings

## Is the service responsive?

The service was not always responsive.

Some wound management care plans lacked information to effectively monitor this area of need.

We saw that people's relatives were involved in reviews of their relative's care plans.

A complaints procedure was in place and the registered manager responded to people's complaints in line with the organisation's policy.

**Requires improvement**



## Is the service well-led?

The service was not always well-led.

Views in relation to the management team in the home were mixed. Some staff felt the registered manager was approachable and some felt there was an inconsistent approach.

Some relatives felt the management team listened to them but didn't really enact change.

There were quality assurance systems in place and a regional manager undertook regular visits to the home to support the registered manager.

**Requires improvement**



# Osborne Court Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 2 and 3 March 2015 and was unannounced. The inspection was undertaken by four inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of our inspection 47 people lived at home and 12 people were able to tell us their experience of the service.

We also spoke with 16 members of staff that included the registered manager and other members of the management team. Seven relatives were visiting at the time of our inspection and spoke with us.

We reviewed the support plans of nine people who used the service and reviewed documents in relation to the quality and safety of the service, staff training and supervision. We made observations in shared areas to see how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Staff told us that no-one living in Osborne Court was able to look after their own medicines so all were looked after and given by qualified nurses. We found the arrangements in place for storing creams and ointments were not sufficient to ensure people's safety. Some people were prescribed creams and ointments. These were kept in people's rooms and applied by the care staff. Staff told us they signed a record sheet when they had applied these preparations. We looked at the supplies, storage and application records for three people living downstairs and one person living upstairs.

For example one person was prescribed four different preparations for treating various skin conditions which were not hygienically stored. Some tubes of cream, including one with no lid, were stored on top of the toilet cistern. Some others were stored on a shelf with the person's toothpaste and other personal hygiene items. There were several tubes of the same cream opened and partly used. One tube of cream was recommended to be stored below 15 ° C but was kept in the bathroom with other creams, where the temperature was not monitored and would be higher than 15degrees. Another bottle of lotion had no pharmacy label so it could not be confirmed who it belonged to. We also saw a large, partly used pot of cream in a shared bathroom which had been labelled for an individual but their name had been removed.

We saw record sheets for staff to complete when they applied these preparations. These records were incomplete. It was not clear the medicines had been applied as prescribed for effective treatment. Records of the application of these medicines were not accurate to enable staff to monitor the correct application of creams.

We saw examples of four people prescribed medicines to be given covertly. This meant, if the person declined their medicines, staff disguised them in food or drink to make sure they were taken. There was no clear information with each person's medicines administration record to inform staff how they should administer the medicines, to ensure the person would take them.

Medicines requiring additional security were stored correctly. Records showed they had been looked after safely. However we saw two examples where the disposal record had not been completed fully and did not show that the medicine had been disposed of in the correct way.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Suitable arrangements were in place for the ordering of medicines. Records showed people's medicines were available for them. The pharmacy provided printed medicines administration records for staff to complete when they had given people their medicines. Records showed that, apart from skin preparations, people had been given their medicines as prescribed.

Suitable storage arrangements were in place for medicines given by the nursing staff. Records showed medicines were stored at a safe temperature. Records were kept of the disposal of unwanted medicines but the date of disposal was not recorded so it was not clear which medicines were still in the home.

People were not protected from the risks of cross infection. Best practice guidance had not been followed in relation to infection control. The registered manager did not have a copy of 'Code of Practice on the prevention and control of infections and related guidance 2010' (code of practice). The registered manager had not checked that the systems and practices in place for infection control within the home, complied with the code of practice or similar guidance for the protection of people.

The provider's infection control policy was dated 2010. The policy included hand hygiene, laundry management, safe disposal of waste, the management of care equipment and required audits that should take place. We were told these audits took place every six months and would highlight any areas of concern. However one had not taken place since July 2014.

Some areas of the home presented risks to people of cross infection. These included used laundry items, personal toiletries, prescribed creams and sprays left in shared bathrooms, which could be shared by people. We found

## Is the service safe?

clean towels placed in a sink and on top of a toilet lid. Some items that should have been placed in waste bins such as used gloves and used hand towels were found on the floor by the bins.

We observed a member of staff carrying used laundry in their arms against their uniform, walking through the home touching the door furniture and surrounding areas. No sealed bag was used to transfer this linen; this presented a risk of cross infection. The registered manager told us staff were aware of the correct way of handling used laundry which included using personal protective clothing (PPE). This was also confirmed in staff minutes that we read. However this was not followed at all times during our inspection.

The policy was to provide all staff with infection control training. However we found not all staff were up to date with this to ensure their practice was current. Records that we viewed confirmed that some staff training was due for renewal, expired or in progress. This included members of the management team, catering, domestic and care team.

Practices in the laundry did not follow guidance to reduce the risks of cross infection. There were no clear segregation procedures for clean and dirty laundry. We were told this was due to the lack of space in this area. Clean linen was being stored in the same areas where dirty laundry was being separated to be washed. This method of handling dirty linen was insufficient to prevent cross infection between laundry items. We were told by a member of staff that one of the washing machines used for soiled laundry was not working to the temperatures being set. This presented a risk of infected laundry not being effectively cleaned at the correct temperature.

All of these incidents increased the risk of the spread of infections; people were not fully protected because appropriate guidance was not being followed. The provider had failed to ensure that working practices and standards of cleanliness and hygiene were being maintained.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us a staffing dependency tool was used to ascertain the numbers of staff required based on people's needs. This was to identify the required

numbers of staff were on duty to meet people's needs. The rotas we saw showed they were staffed to their dependency tool assessment level. However the registered manager told us sometimes they may be short staffed due to short notice absence and if agency cover could not be found. However we observed and heard from relatives and staff that there were not sufficient staff available at all times.

The staffing levels were not sufficient to support people safely. People felt there were insufficient staff to meet people's needs safely in some areas of the home. Care staff told us and the care plans recorded, that most of the people on one unit needed two staff to support them with personal care. On one occasion we observed two care staff were in a person's bedroom assisting them with their personal care and the registered nurse was in the clinic involved in the administration of medicines. During this time we observed one person in a reclined chair eating their breakfast on their own, but regularly coughing whilst being unable to stop eating. During another observation we saw a person pulling at another person who responded by throwing their food and fork. The person also threw a mug of tea. We remained in the lounge with the two people until a member of the care staff arrived. The care worker proceeded to try and defuse the situation with comments such as "no, please no, no, please calm down". People were not supported appropriately during this time to ensure their safety and well-being.

Most staff and relatives told us there were not enough staff on the upstairs unit to meet people's needs. One staff member told us "sometimes we can just do the minimum" whilst another told us "sometimes there is not enough of us to give the proper care." The current staffing arrangements meant that people on the unit were sometimes placed at increased but avoidable risk. Relatives comments included; "there is not enough staff up here. Many times people are left on their own in the lounge and they argue. It's dangerous". Another person said "they do their best but there is just not enough of them. I can never find them when I need to ask them things. Yet they told us before [name] moved in there would always be a member of staff in the lounge. This doesn't happen but staff should be there for safety reasons".

## Is the service safe?

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had arrangements in place to respond to suspected abuse. Staff received training in safeguarding adults and a clear policy was in place for staff to follow. Staff we said they were clear about what action to take if they suspected abuse and how to report any concerns. Staff told us they expected any allegations of abuse to be investigated to ensure people were protected and were prepared to take it further if concerns were unresolved. One staff told us “I would report any concerns to management and if they did not do anything about it, I would take it further.”

Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way. This is a process for staff to raise concerns about potential malpractice in the workplace.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used

the service. Emergency contingency plans were also in place and regular fire alarm testing took place to ensure all equipment was fit for its purpose and staff were aware of the procedure in place. The equipment included pressure mattresses, hoists and assisted baths. The equipment was labelled that it had been tested. We noted from the care records that the maintenance person had checked people’s pressure relieving mattresses weekly to check they were working correctly.

People had risk assessments in place to support their needs. We saw monthly reviews of risk assessments for moving and handling, people falling and weight loss. Where risk to people’s well-being were identified, the care plans provided information to staff on how to minimise the risks. We saw that people at risk had food and fluid charts and repositioning charts in place to monitor their care.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager audited all incidents to identify any particular trends or lessons to be learnt.



# Is the service effective?

## Our findings

People's rights were not fully protected when decisions were made on their behalf. A capacity assessment that had been used to assess the need for a person to have bed rails had only been partially completed. The person was assessed as not having the mental capacity to make the decision however there was no record of the best interest decision made for the person or the details of those who were involved in making the decision. We also saw that on another record the dates of a best interest decision had not been recorded. Some people did not have MCA assessments undertaken when they were unable to make a decision in relation to taking some medicines. While we saw the GP had been involved MCA assessment documentation had not always been completed.

We found that people were at risk of unsafe or inappropriate treatment arising from either a lack of information in respect of their care and treatment or records not being maintained accurately. It was not possible to ascertain from the records if some people had received care in line with their identified need. Therefore this could have an impact on the care and treatment that people received. For example we saw a 'do not attempt resuscitation' (DNAR) form had been completed by a person's GP. However there was no evidence on the form that the person's relatives had been consulted about the decision although their feelings were later noted in the care file. These notes did not correspond with the DNAR form. Therefore the information in relation to the person's and their family wishes may not be followed. The registered manager agreed to follow this up.

Staff told us they had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. However staff meeting minutes that we viewed dated January 2015 showed 15 members of staff required this training. The MCA is legislation to protect people who may not be able to make certain decisions for themselves. We saw information in people's support plans about mental capacity assessments and DoLS authorisations that had been applied for. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity

to make certain decisions and there is no other way of supporting the person safely. The registered manager confirmed that four applications had been made but no outcomes had yet been received.

Not all staff were able to demonstrate an understanding of the MCA and how this impacted on their work. For example, staff were unable to explain how people were legally protected by the Deprivation of Liberty Safeguards as set out in the Mental Capacity Act 2005. One member of staff did say "we are here to help them and not tell them what to do and sometimes we have to make a decision for them".

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received monitoring of their on-going health needs. Some care records we looked at showed peoples were losing weight. Where staff had noticed a significant drop in one person's weight the GP had been contacted and the person was on additional food supplements and their recording charts were completed for monitoring purposes.

The home involved external health professionals to help ensure people's healthcare needs were met. The care records showed that the GPs regularly visited the home and the outcomes of their visits were written into the care records. We saw entries from the podiatrist, opticians and there were letters from the Memory Clinic that the service liaised with when people experienced a change in their memory.

Staff we spoke with and records confirmed that on-going one to one supervision was not provided to all staff to support their work and development. The supervision planner confirmed that only 18 out of 57 staff had received a one to one supervision since the registered manager was in post. The registered manager told us this was correct and stated that all staff should have at least two one to one supervisions and an appraisal a year. They told us "I am working through this but there is a lot to do but it is work in progress".

Not all staff had received update training to support them to maintain the skills to perform their work. Training was provided in a range of subjects however records showed that some staff were in need of updates in line with the organisation policy that included; infection control, manual

## Is the service effective?

handling and food hygiene. The registered manager told us the training required was in the process of being arranged. Some staff told us they had been on a recent two hour dementia awareness training course which they said helped them see people's experiences from a different perspective. Two staff told us they hoped there would be more specialist training on how to provide dementia care for people on their unit.

The provider had a system in place to support staff and provide opportunities to develop their skills. Some staff members told us how they were supported to undertake a diploma in care. They told us how they felt this helped them to improve their skills and knowledge.

Menus were in place and flexibility and choice was available. People in the downstairs area of the home told

us, "yes I get plenty food here they ask what I would like" and "its good quality it's like home cooked". There were 10 people sat in the dining room at 12.25 however the main courses were not starting to be served until 12.45. A few people were getting restless having to wait with no real explanation. During this time staff were supporting people in their rooms with their meals. Eventually all staff returned to the dining room to support people and the process quickened.

**We recommend that the service provider reviews its supervision arrangements in line with current guidance and best practice and the organisation's policy.**

# Is the service caring?

## Our findings

People's privacy and dignity was not always respected. In one area of the home we observed staff did not knock before entering people's bedrooms when the door was open. However some people we spoke with told us staff had respected their privacy and dignity and treated them with respect. One person in the downstairs area of the home told us "Yes the girls are lovely. They are really caring to me like daughters! They do knock on my door and I shout come in".

One relative told us they felt there was very good liaison between the home and the family. They told us they were always called when their relative had been poorly or the GP has been called.

Many compliments were received by the service. Some people sent thank you cards following their stay at the home. Comments included: "thank you for all the care and love you gave to [name]" and "nothing was too much trouble for the caring staff".

Some staff were seen to interact with people in a caring manner, although most interactions were task orientated. Staff spoke kindly with people and we heard staff regularly talking and reassuring people. For example staff were encouraging people to take drinks or eat their meal. We heard staff saying "are you going to come and have some breakfast" and "do you want to come with me and sit in the lounge and sit in a more comfortable chair?" A visitor told us "it's nice here. The staff are alright." One relative told us "Carers are respectful and considerate when talking to or helping residents and we have always found the home very clean and odour free".

Staff had a good knowledge of people's likes and dislikes. Staff were able to tell us what each person would like. For example, we asked staff how they would decide what meal to give to people who could not say what they wanted. Staff told us they would observe people's responses to the meals offered and share that information with their colleagues.

As part of the provider's quality monitoring, people's opinions were sought through surveys on a yearly basis and resident and relatives meetings. Minutes were viewed dated 6 September 2014 and detailed people were asked for their feedback on the quality of the service and improvements that had been made. People were also asked for ideas on how the service could be improved. Comments were made by some people to say there was not enough staff on the floor to support people. The registered manager responded to people and explained that sometimes people may need two members of staff to support them and that was the reason staff were not around. This was confirmed during our inspection.

People were supported to maintain links with their families and friends. We were told people could have visitors throughout the day in the home with the agreement of the person. One relative told us they had a busy schedule demanding that they needed to visit at different times including some later evenings. Another relative confirmed a family member visited during the evenings and were always made to feel welcome.

# Is the service responsive?

## Our findings

During our last inspection we found that not all care records had been completed consistently. During this inspection we found improvements had been made however further work was underway to improve this area. For example, We found that the records of some people who needed their position changing to prevent skin breakdown were not recording that they received this care if they were asleep during the day but they were at night. The registered manager confirmed a system was now in place to check records were completed daily. They told us “staff do it but sometimes forget to write it down when they are busy”.

Staff we spoke with understood the basic principles of preventing pressure ulcers, which included repositioning, exercising and ensuring people had a nutritious diet. Care plans we viewed all recorded that the person had skin tissue damage. We did not see photographs, measurements or clear descriptions of the damage to people’s skin recorded in the care records. This lack of information on the monitoring of the size, depth and condition of the skin damage meant that people were at increased risk that skin damage would not be treated effectively without clear monitoring.

Some people in the upstairs area of the home did not always receive social interaction or attention for long periods of time. One person was involved in an activity with a member of staff in the lounge. However the other four people received little attention during this time. One person was slumped and doubled over their chair rest asleep. Staff passing this area failed to notice this person’s poor posture. Other people present were observed to receive no interaction at all. One person who left the lounge several times was brought back. They said “I don’t want to sit here”. The member of staff replied “but I am bringing you a drink now”. This person appeared agitated by another person who was tapping their side table and singing and shouting. This went unnoticed by anyone and no action was taken to support the person who was upset. Staff were not always available to support them.

People’s support needs were assessed before they came into the service. Assessments were undertaken by people’s social workers. The registered manager told us they also assessed people to ensure they could meet their individual needs. Care files contained documents covering a range of

people’s care needs and were recorded on the organisation standardised paperwork. However some care plans were duplicated or not stored in the correct sections of the file. Therefore there was a risk of the incorrect information being used to support their needs.

People’s care plans were reviewed on a monthly basis. We saw that people’s relatives were involved in care plan reviews. The records contained the relative’s signature and their comments were recorded.

Staff had an understanding of how to offer people choices. One member of staff told us “people have a choice of what they want to eat, when to get up.” When we suggested that not all the people would be able to express their choice, the staff member told us they would speak to the relatives. We noted a board in place that enabled people to decide on the choices that were available to them. However on day one of our inspection this did not correlate to the choices available. This meant that some people could get confused because the food they received at lunchtime was not the same as the meal displayed in the dining room.

A notice was viewed on the wall in the downstairs office that didn’t demonstrate that people had choice in their bathing and dressing routine. We discussed this with the registered manager who told us “oh yes everyone does have choice in their routines. This has been written in a rush and doesn’t read correctly”. They removed the notice immediately and agreed to discuss with staff in relation to the inappropriateness of the wording. People who were able to tell us, confirmed they did have choice in their routine and if they wished to get dressed early in the morning before their bath, they could.

A dedicated activities person was employed at the home. The activities displayed on the notice board were mainly one to one (individual) sessions. We observed the activities person spending time with people and offering them activities which appeared to engage and interest them. They told us they undertook one to one sessions in the mornings in the upstairs area and communal activities in the downstairs lounge during the afternoon. They confirmed their working hours were Monday to Friday 9am to 3.30pm and did not cover weekends. Some people felt more activities would be beneficial. One relative told us “in the afternoon not a lot goes on and people just wander around. I wish there was more”. In the sample of care files

## Is the service responsive?

that we looked at no formal evaluation took place of the activities offered to monitor how many people actually received one to one activity throughout the month or if they felt it was meaningful to them.

People who were able to tell us told us they knew how to make a complaint and felt able to approach staff with any concerns. The service had a complaints policy and procedure which gave people and staff clear guidance to

follow. We looked at the complaints log that evidenced people's complaints were responded to in line with the organisations policy. For example one relative raised a complaint of people getting ready for bed too early at Christmas time. The register manager formally investigated this and responded to the person with the action they had taken.

# Is the service well-led?

## Our findings

Views in relation to the management team in the home were mixed. Some staff said the service was well-led and the registered manager had a visible presence in the home and they were approachable. However some staff also told us they felt a lack of consistency was present across the staff team and they felt their efforts were not always acknowledged. Some relatives felt the registered manager did listen to their concerns but nothing really changed. One person said “I have raised it a number of times about missing clothing and yet this doesn’t seem to cascade down to the staff”. Another person said “[name] told us a member of staff would always be in the lounge at all times and this isn’t the case. This was one of the reasons we chose this home”.

The provider had a system to regularly assess and monitor the quality of service that people received. However audits were not always robust as they failed to identify some of the areas of concern that we highlighted such as infection control procedures and medicines shortfalls. The registered manager told us a full infection control audit should be undertaken six monthly, however one had not been undertaken since July 2014. While this audit had highlighted some of the issues that we had identified, the monthly reviews that had taken place failed to action the areas that required improvements.

A system was in place to monitor care delivery and ensure any changes were highlighted to staff. The documentation was called a ‘24 hour handover’. The registered manager told us part of their role would be to check this was completed. However the section for the registered manager to check and sign wasn’t completed. Without full completion for auditing purposes, the registered manager could not be assured this system was effective.

The registered manager told us they undertook a daily ‘walkabout’ of the home to highlight any environmental concerns and then immediately report this to the maintenance team to resolve. Documentation that we saw confirmed this. Areas covered were checking the home was clean and tidy, did people look well cared for and well, checking recording charts and speaking with a member of staff and asking if they were ‘happy’. The registered manager told us “this is rolled out in many of the homes and it seems to work well”.

We spoke with the registered manager throughout the day and asked them how they felt about the standard of service that was delivered. They told us a lot of work had been undertaken for example in the recruitment of staff and not so many agency staff were used. They said “things have improved here under my management. We have more team spirit but we still have a lot of work to do with some people and embed all the changes. I am confident we will do it”. Some staff we spoke with told us they had made some changes but needed to listen to people’s concerns about the staffing levels.

The regional manager undertook visits to the home. This was used as an opportunity for the regional manager and registered manager to discuss issues related to the quality of the service and welfare of people that used the service. The regional manager undertook a ‘monthly visit report’. This audit ensured the manager had undertaken regular monitoring and reviews of the service in line with the provider’s policy. Audits included; training, maintenance, meetings, medication, care plans and health and safety. All were recorded and any actions noted would be followed up the following month. Records that we saw confirmed this.

The management team communicated with staff about the service to involve them in decisions and improvements that could be made. Staff meetings took place and minutes that we viewed confirmed and detailed the discussions that took place. Minutes dated 22 January 2015 showed a high number of staff attended the meetings and discussions included: improvements required in documentation, confidentiality and reminded staff of policies in relation to bullying and harassment in the staff team. Actions required were recorded that included the need for a number of staff to undertake their MCA and DoLs training as soon as possible. One member of staff told us “we are starting to have these meetings and they are useful. We can raise ideas. One nurse shared her recent training experience and that was very useful to us all”.

Yearly satisfaction surveys took place to help develop and improve the quality of the service. The last one dated December 2014 was viewed. 41 surveys were sent out and 20 were returned. Survey questions included: the environment, staffing, care, food and activities. Overall 53% of people rated the home as good or very good and many areas fell below the organisations expected percentage.

## Is the service well-led?

The document stated the results would be shared with the people living in the home, staff and relatives. Following which an action plan would be compiled. This action plan was not available at the time of our inspection.

An electronic system was in place that ensured incidents and accidents were reviewed and monitored. We saw that the registered manager was required to review incident and accident forms and put in place actions where appropriate which reduced the risks of these occurring again. We saw where actions were recommended people's care plans were updated to reflect this. This information was also shared with the regional manager at their monthly visits to the home.

The registered manager was aware of when notifications had to be sent to CQC and had submitted these as required. These notifications would tell us about any events that had happened in the home. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

**We recommend the provider reviews the effectiveness of some of its auditing and monitoring systems.**



This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Suitable arrangements were not in place for storing creams and ointments. Accurate records were not kept of the application of these medicines.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

There was an increased the risk of the spread of infections; people were not fully protected because appropriate guidance was not being followed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People's rights were not fully protected when decisions were made on their behalf. This was because some did not have mental capacity assessments completed where they were required.



This section is primarily information for the provider

## Action we have told the provider to take

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of staff were not on duty to safely meet the needs of people and to provide meaningful stimulation.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.