

Tarvin Estates LLP

# Tarvin Court

## 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?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on 20 and 21 June 2016.

Tarvin Court provides accommodation for up to 28 older people who require nursing or personal care. It is situated in Littleton on a main bus route into Chester. The property is a two storey building with a single storey extension at the back. There are 22 single rooms and three double rooms. At the time of this inspection there were 22 people living at the service.

There was no registered manager in place at this service. The current manager who has been in post for seven months is in the process of applying to become registered with CQC. The manager was waiting the outcome of her application and interview. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 12 November 2015 we found that a number of improvements were required. These were in relation to the inadequate maintenance of equipment and premises and the registered provider had no quality assurance audit systems in place. We asked the registered provider to take action to address these issues.

After the inspection the provider wrote to us and told us what they would do to meet the legal requirements in relations to the breaches identified. They informed us that they would meet all the relevant legal requirements by the end March 2016.

During our visit we found a number of 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 back of the full version of the report. Two of these breaches are repeated from the previous inspection. These relate to the inadequate maintenance of equipment and premises and the quality assurance audit systems in place not identifying or effectively monitoring the safety and welfare of people who used the service.

The home was not always clean. Equipment and furnishings were not clean, two bedrooms had a strong smell of urine. There was a risk of cross contamination where fittings and equipment were chipped and damaged. The management of infection control was poor.

Although some refurbishment and redecoration had taken place within the home, communal areas had damaged walls and furniture that was in need of replacement. Externally the garden and pathways were overgrown with weeds, window frames had bare wood exposed and peeling paint and the patio was uneven which was a potential trip hazard.

The registered provider's quality assurance audit systems failed to monitor the quality of the service

provided. The systems in place did not always identify areas of concern or where improvements were required. Policies, procedures and other documents such as the service user's guide and brochure were not up to date and this meant that people who lived at the home did not have access to up to date information.

The manager had limited knowledge about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found 11 people who were living with dementia of which nine were being deprived of their liberty without appropriate authorisations being in place. Staff had completed DoLS e-learning training, however they told us that they did not really understand this and further training was needed.

Staff had completed a range of training courses, however, concerns remained that refresher training had not been undertaken to maintain and develop staff's knowledge and skill base. Staff had access to supervision sessions and staff meetings were undertaken.

Care plans identified where people required the use of an air flow mattress to aid their skin integrity. We found that details of these mattresses or the correct settings required were not recorded in the care plans. Robust checks were not completed. We looked at four people's mattresses and found that all were at the incorrect setting. This meant that people's skin integrity could be at risk by resting on a mattress that was not set at the correct pressure.

People, visitors and staff told us that the manager was approachable but that many people didn't know who she was, had not spoken with her or had the opportunity to meet her. On the days of the inspection the manager's presence was not evident within the main area of the building and staff and visitors were at times unaware she was in the building.

People received their medication as prescribed and medication administration was safe. Medication was stored in a safe and secure way.

Staff recruitment processes were in place which included checks of prospective employees. These included a Disclosure and Barring Service check and references. This meant that people could be confident that appropriate recruitment processes were in place.

People told us that they were happy with the care they received at the service. People told us that the staff were kind, friendly and caring towards them and supported them to meet their needs. However, we found that people did not always receive effective care.

People said they felt safe at the home with the staff team. Staff had been trained to recognise and report any signs of abuse. Safeguarding issues that had arisen at the service since the last inspection had been appropriately reported and actioned.

The staffing levels were not sufficient as there was an insufficient number of domestic staff working in the home to maintain adequate standards.

People told us the food was good and that they had access to drinks whenever they wanted them. Care plans showed that a nutritious diet was encouraged.

The display of rating following the previous inspection was not available when we arrived at the service. This was brought to the attention of the manager who said they would address this. On the second day of inspection this had been addressed and the current rating was displayed.

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.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

The service was not clean and infection control was poorly managed. The environment remained in need of refurbishment and redecoration.

Staff were trained and aware of how to protect people from abuse and harm. They knew how to report any concerns.

Risk assessments were centred around the individual and their specific needs.

Medication was safely stored and administered within the service.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff did not have up to date training to maintain and develop their knowledge and understanding of their role.

The registered manager understood the basic principles of the Mental Capacity Act (MCA) 2005, however she had not applied these and therefore some people were being deprived of their liberty without appropriate authorisations being in place.

People told us the food was good and that they could have food and drinks whenever they wished.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People's changing needs and wishes were not always taken into account which meant that people were not always supported and cared for in the way they wanted.

People's feedback about the caring approach of staff was positive and was described as "Very good".

Staff showed kindness and were friendly towards people who lived at the home.

### Is the service responsive?

The service was not always responsive.

Staff delivered people's care in a person-centred way and encouraged them to make choices about their daily lives. People's needs were not always met as sufficient information was not available within the care records, which meant that people were at risk of not receiving adequate care.

People told us they didn't have any complaints about the service. A complaints policy and procedure was in place for people to use if they wished to make a complaint.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

The quality assurance systems in place failed to monitor the quality of the service provided. These systems did not always identify areas of concern or where improvements were required.

Policies, procedures and other documents such as the service user's guide or the home's brochure were not up to date and therefore people did not have access to current information.

People who lived at the home, relatives and staff did not always know who the manager was or had the opportunity to speak to them. The manager's presence was not always visible within the service.

**Inadequate** ●

# Tarvin Court

## **Detailed findings**

### Background to this inspection

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

We inspected the service on 20 and 21 June 2016 and this visit was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. The expert by experience had experience of working in residential care settings.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding referrals, whether any complaints had been made and any other information from members of the public. Before the inspection we looked at notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We contacted the local authority safeguarding and commissioning teams and Healthwatch for their views on the service. The local authority safeguarding team had no current concerns and Healthwatch had not visited the service. The commissioning team had visited the service and had raised some areas of concern with the manager. This information was used as part of the planning for this inspection.

Before the inspection the provider completed a 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 used this information to help inform our planning of the inspection.

During the days of our inspection we spoke with seven people who used the service, four relatives, two visiting professionals, the manager and eight staff members. The staff members included nurses, care and ancillary staff.

We spent time at the service looking at records. This included four people's care and support records, three staff recruitment files, staff duty rotas, mediation administration and storage, policies and procedures, quality assurance documentation and other records relating to the management of the service.

## Is the service safe?

### Our findings

People told us that they felt safe at the service and with the staff team. They said "I feel safe", "I am well looked after" and "Oh yes I feel safe." Visitors told us they felt that their relatives "Were safe". However we found that people who used the service did not live in a safe and well maintained environment.

At the previous inspection in November 2015 we found that a maintenance plan was not in place and furnishings and décor were tired and dated. There was equipment that was broken and had not been mended. We completed a risk assessment of the service on 22 April 2016 and found that improvements had been made and that equipment had been mended or replaced. A maintenance plan was in place and the décor had improved in some areas of the home. The manager said that when a room was redecorated then furnishings were replaced if needed at that time. At this inspection we saw a number of bedrooms and communal areas had been redecorated since the last inspection. The manager confirmed this was an on-going plan and would continue until the environment was brought up to date.

During a tour of the building we looked at prevention of infection control. We found most of the home was free from offensive odours, however, two bedrooms had a strong smell of urine. The manager said that one of the rooms had a new carpet on order, however, the other room remained a concern and was brought to the attention of the manager. Some of the coverings on the profile bedside rails were worn and we were told the staff had tried to wash them and during the process the coating had come off. Whilst we found a number had already been replaced others still required replacing. We found one mobile commode that fitted over the toilet was in a poor state. The plastic on the back of the seat was ripped and could potentially cause an injury due to sharp edges and was also unhygienic as it could not be properly cleaned due to areas not covered with a cleanable material. We contacted the infection control and prevention team and notified them of our findings and they agreed to visit and inspect the service. Their findings confirmed our concerns and they told the manager that the contaminated mattresses must be replaced as soon as possible to ensure people's safety and reduce the risk of cross infection. They also recommended that all the mattresses are inspected by staff in the home and that a weekly mattress checklist is formulated and adhered to by staff. Following this visit the manager informed us that six new mattresses had been purchased and that all people had been reassessed as to the correct mattress they required.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not ensure that care and treatment was provided in a safe way for people.

Maintenance records showed that the handyman had recorded when issues had arisen around the home. For example several fire doors needed attention and the back rest on the seat used to help people in and out of the bath was cracked almost all the way across. This was a health and safety issue and was pointed out manager. The handyman had raised these issues with the manager and registered provider over the last six months, however, these had not been actioned or addressed. The electrical hard wiring safety certificate dated 2014 rated the home as unsatisfactory and no evidence of compliance with this was found. We spoke to the manager and they said were not aware of any problems and would look into this. The door into the staff room had a hole in it. This had a 'fire door' sticker on the door. It was pointed out to the administrator



and the maintenance man that the holes in door meant that it was no longer a fire-resistant. We raised this immediately with the manager that action must be taken to ensure that the door was flame retardant and that it was currently not functioning as a fire door. We contacted the fire officer regarding our concerns and they agreed to visit and inspect the service.

Following the inspection the manager emailed a copy of the electrical hard wiring safety certificate dated April 2016 which showed that the system was now satisfactory. However this had not been available at the home at the time of the inspection. We also received confirmation that the hoist used to help people in and out of the bath had been repaired and that that fire doors that needed attention had been completed following the inspection.

Within the Lounge/conservatory area some chairs looked shabby and one in particular had grease marks on the arms and where people's heads had rested. The wallpaper was peeling off where chairs had scrapped the walls. The carpet leading to the two toilets looked threadbare however we were informed that someone had spilt bleach and it had removed the pile. Some of the coverings on the profile bedside rails were worn, we were told the staff had tried to wash them and during the process the coating had come off. Whilst we found a number had already been replaced others still required replacing. The carpet outside the office was in need of replacement as black tape had been laid over it in two areas. We saw the corridor carpet near bedroom 1 was threadbare and dust and cobwebs were seen on some corridor lights. The small toilet near the communal area needed re-decoration the wall paper behind the toilet was peeling off the wall; the radiator cover was marked and needed repainting.

Hedges and borders to the front of the building were very overgrown with weeds. Paving was uneven and also overgrown with weeds which meant that people were at risk of falling should they wish to go outside. Some of the window frames to rear of building had bare wood and were rotted which meant that people could be at risk of windows not working properly and being in a poor state of repair.

This was a repeated breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not ensure that the premises and equipment were kept clean, safe or well maintained.

One person told us they "Liked not having to worry about taking their medication". We saw people were given their morning medication by the nurse. The nurse stayed with the person whilst they took their medicine and then returned to the medication trolley to sign the Medication Administration Record (MAR) sheet. The trolley was locked between each administration. The nurse was caring and patient whilst administering the medications. Two medication trollies were used within the home and these were clean and well organised. A list of all nurses who had administered medication to people was seen and up to date which showed which staff members could administer medication to people who lived at the home. We discussed the routine for administration of controlled drugs (CDs) and it was clear that the nurse was experienced within this area. When not in use the trollies were stored in the medicines room. The room was locked, clean and tidy.

An up-to-date book to monitor the medication fridges and room temperatures on a daily basis was in place. Guidance was in place for staff to follow if the room temperature rose above 25 degrees. A small window would be opened and the temperature rechecked later that day. The nurse showed us a sheet that was in place to "hand over" the CD's between the nursing staff. This demonstrated good practice as these medicines were checked at the beginning and end of every shift which would alert the nurses quickly to any errors. A copy of the medicines policy was kept within a file the medication room and the nurse's office which meant it was easily accessible to the nursing staff.

Staff told us how they would keep people safe from harm. They said they would look for physical evidence of harm such as people having unexplained bruising or being withdrawn. This meant that staff were aware of things to look for to help ensure people were kept safe from harm. Staff said they would report any concerns to the manager or nurse on duty. Safeguarding policies and procedures including the whistle blowing policy were available and staff confirmed they were aware of them. One staff member said they "Were aware of safeguarding procedures in that they would go to manager, directors and social services if necessary" another said "If she saw that a person was at risk from abuse she would immediately tell the manager". Other staff said "If there was a safeguarding concern it should be reported to social services immediately" and "A whistle-blower is a staff member who reported abuse or neglect". Staff told us they had completed e-learning safeguarding training. The training matrix confirmed that this training had been completed but that refresher training in this area had not been completed in line with the registered provider's policy which stated that this should be completed annually. The manager explained the process she would undertake to report a concern which included contacting social services or the police if appropriate. She also explained that she completed "low level" safeguarding concern forms on a monthly basis which were sent to the safeguarding team. This meant that low level concerns had been identified by the manager and reported as required to the safeguarding team. Low level concerns are those that fall below the safeguarding thresholds and are therefore recorded as such.

Some people told us that there were usually enough staff around, but that sometimes you had to wait for assistance. Comments included "Sometimes there is a lot of staff but sometimes not". They went on to say that they were lucky as they could take themselves to the toilet but the ladies sometimes were shouting 'nurse' (when they needed the toilet). Another person said there were "not really" sufficient staff on duty to meet people's needs. They went on to say that the night staff and day staff were all very good also that the agency staff was ok. We looked at the rotas and found that the laundry and domestic rotas were short of staff as the laundry was covered by the housekeeper who was on long term sick leave and one of the domestic staff members was on annual leave. This meant the home was short of staff in this area. Staff told us they had concerns about the staffing levels within the laundry and domestic staff. On the day of the inspection a care worker had come in on her day off to help out in the laundry as staff member on duty who was also the temporary housekeeper who could not manage all the duties. This person was undertaking the cleaning duties for the whole of the home. We shared these concerns with the manager who said she would look into the issues raised. However, the manager had not proactively covered the known sickness hours which meant there was a shortage of ancillary staff to cover the laundry and cleaning of the home.

Staff recruitment files showed that good recruitment processes had been undertaken. Prospective employee's completed and application form which included the person's employee history and references. Staff attended an interview and two references and a Disclosure and Barring Service (DBS) check were undertaken prior to employment. A DBS is undertaken to ensure that staff are suitable to work at the service. This meant that the people who lived at the home could be confident that staff had undertaken a robust recruitment process and were suitable to work at the home.

A fire evacuation register was in place which was situated in the hallway near the door. This contained information on how to evacuate people from the building in the event of a fire being raised. It contained people's names and room numbers; number of staff required to assist them and any equipment needed; and details of the person's next of kin and GP. The level of risk for each person and the criteria of this was also included. This meant that people could be confident that plans were in place to help ensure they were supported appropriately in the event of a fire.

## Is the service effective?

### Our findings

People told us that staff were very nice, kind and patient with them. Comments included "I am well looked after", "Generally everything was alright" and "They look after me well". However we found that people who used the service did not always receive effective care.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that 11 people were living with dementia and nine people did not have appropriate authorisations in place. The manager told us about these people and acknowledged that she had received training in MCA "Some time ago". She had obtained some information about MCA and DoLS but had not read this yet. Also she had been told by an MCA advisor that these people needed DoLS authorisations to be submitted. However, as yet she had not done this. This meant that some people were being deprived of their liberty without proper authorisations being in place. Staff had undertaken e-learning training in DoLS. However one staff member said "There needed to be more training with regard to MCA and DoLS" and another said "They didn't really know anything about best interest meetings, MCA or DoLS".

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not ensure that people remained safe whilst receiving care.

Two people had authorisations in place to restrict their liberty. Mental capacity and best interest's assessments had been carried out for both people and one person had an advocate in place. The advocate was a paid Relevant Person's Representative (RPR) whose role was to ensure the rights of the person was protected. However, the other nine people did not have any mental capacity assessments or best interest meetings in place. Care plans indicated brief information about how to support these people and staff told us about the ways in which people's choice was sought. For example when supporting a person to get dressed they would show them two outfits and the person would choose one of them. Staff also explained that relatives had talked to them about the person and what they had liked in the past and staff had used this information to base the care and support on.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not ensure that care and treatment was not provided with the consent of the relevant person.

Staff told us that they had completed some e-learning training and that this had been useful. Topics included fire safety, food hygiene, health and safety, safeguarding, medication, dementia care and advocacy. The training matrix confirmed that staff had attended courses, however the registered provider's policy was that refresher training should be updated for key topic on an annual basis and this had not occurred. This meant that staff did not have access to up to date information to develop and maintain their skills in relation to their role.

We spoke with staff about the support they received from the management team. Staff said that they received supervision. However, one nurse told us that they didn't receive clinical supervision. We spoke to the manager about this and she confirmed that there was no system in place to ensure that all staff received clinical supervision. Records showed that the rest of the staff team received supervision sessions and that annual appraisals were being undertaken. The manager said that staff were encouraged to attend meetings. We saw minutes of meetings which showed that some nurses, care staff and ancillary staff had attended meetings in February 2016. This meant that the staff had the opportunity to discuss their work and training needs with their line manager.

Staff confirmed that they had undertaken an induction programme at the start of their employment. This included getting to know the people who lived in the home, the staff team and about the service in general. Staff had access to a range of e-learning training that was relevant to the job role and was followed by shadowing an experienced staff member. Staff had access to the staff handbook which detailed employment information about the service and other key information with key policies noted.

People told us they enjoyed the food and that they had a choice of what to eat. One person said they were given a choice at meal times. It was usually the Chef who went to them and asked what they wanted. However, they said 'they had enjoyed their lunch' and the dessert was 'lovely'. Other people said its good not having to "Worry about making meals" and "The food is very good".

Some people sat in their wheelchairs at the dining table and we asked staff about this and were told that there was no room in the dining room for a hoist if that was what people needed. However we saw that people were always assisted into lounge chairs during the day. Some people ate their meals in their rooms. One person said "I prefer to spend most of my time in my room and staff bring meals to me".

There were table cloths and cotton serviettes on the tables along with cutlery and a glass. Everyone was offered a glass of orange juice no other alternative was offered to people. People were prompted or assisted with their meals where required. The kitchen was clean and tidy and temperature checks were undertaken on hot food, fridges and freezers. This meant that food was stored and served at appropriate temperatures. We saw a noticeboard in the kitchen which showed the types of meals people required, for example diabetic diets and mashed or pureed meals.

People told us they had access to a range of healthcare professionals and that they could see their GP or request other professionals when needed. For example the optician and chiropodist visited the service as requested. The local GP or nurse practitioner visited the home on a weekly basis to see people who had non-urgent issues. However, the GP would be contacted and visit in an emergency. People commented "My GP visits when required" and "[Name] had seen a local doctor who was a lady and she had been to give them a check-up". Records showed a range of professionals visited the service, these included GPs, district nurses, continence advisor, tissue viability nurse, social workers, infection control nurse, optician and chiropodist. Two visiting professionals told us they had come to review two people at the home. They said following their visit they had discussed the needs of these two people with the nurse on duty and thought the nurse had suggested 'good ideas' to support people. They went onto say that they had "No concerns

from what they had seen today".

## Is the service caring?

### Our findings

People told us that they were well cared for at the home by the staff team. They said the staff were very caring and friendly. Comments included "I am well looked after", "Generally everything was alright" and "They (staff) look after me well". However we found that people did not always receive good care.

People said that staff respected their privacy and dignity when they were being supported. We saw that one female person was supported with personal care tasks by two male care assistants. The person told us that they were happy with this and that they had been asked if they minded about having male care assistants attending to their personal care.

Three people were being nursed in bed due to their extreme frailty. Some people told us that they sometimes spent a day in bed because they wanted to or due to feeling 'tired'. This helped to promote people's choice to do as they wished. Some people spent time on their beds in the afternoon, again either due to personal preference or to help promote pressure area care. One person who was being nursed in bed looked comfortable and they told us they "Were alright". We saw the interaction between the person and the nurse. The nurse spoke to them in a friendly and caring manner and the person acknowledged the nurse and smiled.

During the day we saw that staff interacted well with people who lived in the home. Staff were kind and friendly towards people and there was a happy and positive atmosphere within the home. People said staff were 'kind', 'caring' and 'very nice'. One person told us it was "Home from Home" here.

We looked at how end of life care was promoted within the home. The home used a "pathway of care" for people which included all relevant information needed to support that person. The initial part of the document was completed by the GP and it enabled medicines to be prescribed and made available prior to the individual needing them. The care plan showed the initial assessment that had been carried out prior to admission and showed the person was aware that they needed 24 hour support and noted that they didn't want to remain in hospital. The family members were fully involved and supported the person with their preferred wishes. Cultural preferences and needs were documented and preferred funeral directors details were noted. A relative wanted to tell us about how well they had cared for their loved one. They said "[Name] couldn't have been in a better place and the staff have been wonderful".

Visitors told us that they were made welcome at the home. One person said that they were "Able to go to her [name's] room as and when they wanted and that there were no restrictions" (with the person's agreement). They said they felt welcomed. Another visitor said that "Sometimes there were not enough chairs available for visitors and that this had been brought to the attention of the manager". However, they also said they can use the quiet lounge or bedroom if they wished to and staff will assist.

People showed their appreciation of the care and support they had received. A wide range of cards and letters were seen. Comments included "Simply the best", "Thank you for the birthday celebrations, you made it special and the buffet was delicious", "Thank you for the wonderful care", "Thank you for all the

kindness and consideration" and "Thank you for the kindness and tender care you showed [name]".

We looked at how information about people was stored and kept confidential. Care plans were stored in a locked filing cabinet near to the senior care office. Charts which detailed information on repositioning people and personal hygiene were seen stored outside the door of people's bedrooms. This meant that personal and potentially sensitive information about people was not kept confidential as anyone who was in the corridor could view it.

People had access to a range of information about the home. The brochure gave details about what to expect and pictures illustrated some of the events that occurred at the home. A service user's guide was also available which included the statement of purpose, general information about the home, a schedule of activities and some useful addresses. However, the information about the registered provider, manager and staff team was not up to date. A previous manager's name was included and some staff members had changed. This was brought to the attention of the manager who said they would get it brought up to date. Copies of Care Quality Commission reports from previous years were on display in the hallway, however, the most recent report was not available. Again this was brought to the attention of the manager and by the end of the inspection an up to date report was available.

Advocates from Age Concern were accessed when requested or required for people who lived in the home. One person was currently using this service. The manager said that an advocate would be sought on behalf of people who didn't have significant others involved in their lives.

## Is the service responsive?

### Our findings

People and relatives told us that they didn't have any concerns about the service. Comments included "No complaints of any sort" and "I don't have a complaint". One person said if they had any concerns they would tell one of the nursing staff. One relative said they were "Not aware of a complaints procedure but that they would soon find out if necessary" and another relative said that they felt comfortable in raising any concerns but not had any. They were not aware of the 'official' complaints procedure but would first go to office and if really had concerns they would go to social services. However, we found that the staff were not always responsive to people's needs.

We looked at pressure area care and noted the care and treatment of pressure ulcers was well documented and improvements had been made in people's skin condition. However, we saw that 11 people were using pressure relieving mattresses. Regular checks were not undertaken to ensure the mattresses were at the correct setting. We looked at four and found that three were set and the incorrect pressure for the person who used it. With one person's needs we were unable to determine if it was set correctly as staff had not recorded their weight. The type of weighing scales used at the service did not meet the needs of all the people who lived there. The staff had to use arm measurements for some people. We were told that there were seated scales but that there was no charger for the battery. This was brought to the attention of the manager.

Care plans did not contain information about the type of mattress used or the correct setting for the individual. The manager was made aware of our concerns. This meant that people's skin integrity could be at risk by resting on a mattress that was not set at the correct pressure.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not ensure that care and treatment was provided in a safe way for people.

We looked at four people's care plans and associated documents. Some areas of the care plans identified people's needs and how they should be met, however, some parts of the care plans did not. Care plans included information about personal care needs, moving and handling, management of pressure areas and nutrition. Do Not Attempt Resuscitation (DNAR) authorisations were in place for some people. We noted that people and their families where appropriate had been involved in these authorisations. Staff knew who had a DNAR in place and where these records were kept.

Daily notes showed good information was recorded about people who lived in the home during the day and night. For example "A settled night for [name], repositioned regularly and appears comfortable". Prompts to remind people to use equipment were noted to ensure people remained safe and as independent as possible. For example "[Name] remains mobile with their Zimmer frame, but they need reminding to use it".

People told us they were well cared for and that calls for assistance were answered promptly. One person who preferred to stay in their room said that they "Saw the staff about every two hours but that they had been told to ring the bell at any time". They went on to say that "Sometimes they had to wait if the staff were



in the middle of seeing to someone else". A staff member told us the nurse call bell automatically went to the emergency frequency if it had been ringing for three minutes. They said that "All staff are very good at answering the call bell". We observed the "emergency bell" sounding during our inspection and noted that staff went immediately to the response of the person.

People told us that activities were available in the home and they had the choice of joining in or not. Several people told us about the owls that came to visit the home and that they could look at them and hold them if they so wished. People were delighted to see them and one person said were 'lovely'. However, some people were concerned that the activities co-ordinator had recently resigned and they didn't know if they were going to be replaced. The previous activities co-ordinator had agreed to work a couple of mornings a week to help out until someone new was appointed. We asked the manager about this and they said they had advertised but as yet had no applicants. Activities included quizzes, basket making, manicures, arts and crafts, crosswords, reading, films, exercises and cheese and wine afternoons. People told us that families or friends helped them with any official post they received and people had regular visitors who would also take them out. One person said they "Mostly watched TV. They said they used to read but now found it difficult to hold a book for too long". People who preferred to spend their time in their own rooms told us that staff 'popped' in to see them and brought meals to their rooms. However, one person said that "Staff didn't specifically sit and talk with them". This meant that people could be at risk of social isolation when they spent most or all of the time in their own rooms.

## Is the service well-led?

### Our findings

There was not a registered manager in post. The previous registered manager left two years ago. The current manager had applied to register with the Care Quality Commission (CQC) and had recently attended an interview. The manager had worked for the registered provider for seven months and was a registered nurse.

At the previous inspection in November 2015 we found that the registered provider did not have any quality assurance audit systems in place. At this inspection we found that quality assurance audits had been set up by the manager and were completed on a monthly basis. These included medication, catering, infection control and walks around the building. We saw that these had been completed in June 2016 and where issues were noted an action plan had been completed. However, the infection control and walk around audits had not identified areas of concern we noted at this inspection and failed to identify where improvements were required. For example the environment was dirty, the grounds were unsafe and the bath hoist was cracked and dangerous. There were insufficient numbers of domestic staff working in the home to maintain adequate standards. Also pressure mattresses were incorrectly set and authorisations to deprive people of their liberty had not been undertaken. These issues showed a lack of oversight at the home by the manager and registered provider.

Specific audits on the environment and health and safety were not undertaken. This meant that some areas of the service were not robustly audited or reviewed by the manager. The manager told us that the responsible individual did not carry out any quality assurance audits or monitor the audits completed by the manager.

Other audits completed included accidents and incidents, falls and injuries. These contained information on the accident, how, where and at what time it occurred and if the person was taken or admitted to hospital. The manager explained that this information gave her the opportunity to look for trends and to seek further advice and intervention when needed. Data regarding the service was collated and submitted on a monthly basis to the local Clinical Commissioning Group (CCG). This included information on quality assurance, pressure area care; safeguarding referrals, complaints, and other medical information. This meant that information was shared with other professionals as required.

The manager said she was in regular contact with the owners of the home. They had visited twice since she was appointed. A directors visit report was completed, however, they often visited at the weekend when the manager was not on duty. The last visit was in February 2016 and we noted that the report was short and included brief information on the premises, records and standards of care. It did not include information about the monitoring of quality assurance audits within the home.

We looked at the service's policies and procedures, service user's guide and brochure. We found that some information included was out of date and inaccurate. For example the previous registered manager was included on several documents and information about the staff team was out of date. This meant that people who used the service and staff did not always have access to up to date information.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not ensure that robust systems and processes were in place to assess, monitor and improve the quality and safety of care.

People and visitors told us their views of the service and the manager. People said that they knew there was a new manager, but some people had not met her and didn't know her name. One person said that if she was not happy with anything she "Would tell the nurse [name] 'Who listens to what they has to say and does what they can'". They went onto say that "They had never seen the owners and was not sure of the name of the new manager but that she was very nice". Relatives said that "They felt that the home needed some decoration" but said "We are pleased with the care which is important to us". Another visitor commented that they "Have as yet not been asked for their views and opinions. They said that they knew who the manager was but could not think of her name. They thought that the home was well managed from what they had seen up to now".

Staff were aware of the roles of the management team and told us the manager was 'approachable'. Several staff members told us that they didn't have confidence in the manager. They said the manager did not address issues that they raised with her and that they had not had the opportunity to meet with her. Staff said that management of the service was not great and could be better. Staff also stated that they did not consider the owners to be supportive as they rarely visited the service.

People, relatives and staff all raised concerns that they had not had the opportunity to get to know the manager or the owners and that their presence in the home was not always evident. We found during the inspection that although the manager was in the building she was not a visible presence within the main part of the building. This meant that people, visitors and staff were not always aware that they were in the building as the manager's office was in the top floor of the home.

On our arrival at home we found that the performance assessment which was rated in November 2015 was not displayed prominently. We raised this immediately with the manager. We saw that the current report was not available to people, however, previous reports were available. This meant that people did not have access to the most up to date information about the service. By the second day of inspection the current performance rating was displayed in the hallway.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not ensure that the performance assessment rating was prominently displayed at the service.

We found that the manager was not always proactive in responding to concerns about staffing levels within the home. We found there was a lack of ancillary staff available to meet the needs of the service and some of the absences were pre-planned. However, the manager had not proactively covered the known sickness hours which meant there was a shortage of ancillary staff to cover the laundry and cleaning of the home.

The manager regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. These were sent shortly after the incidents occurred which meant that we were being notified in a timely manner.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The provider did not ensure that care and treatment was not provided with the consent of the relevant person.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	The provider did not ensure that people remained safe whilst receiving care.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider did not ensure that care and treatment was provided in a safe way for people.
Treatment of disease, disorder or injury	

### The enforcement action we took:

We issued a warning notice and told the registered provider to be compliant by 11 October 2016

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The provider did not ensure that the premises and equipment were kept clean, safe or well maintained and the provider did not ensure that people remained safe whilst receiving care.
Treatment of disease, disorder or injury	

### The enforcement action we took:

We issued a warning notice and told the registered provider to be compliant by 11 November 2016

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not ensure that robust systems and processes were in place to assess, monitor and improve the quality and safety of care.
Treatment of disease, disorder or injury	

### The enforcement action we took:

We issued a warning notice and told the registered provider to be compliant by 11 November 2016