







Four Seasons Health Care (England) Limited Springfield Care Home

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection which took place on 6 and 7 January 2015. The service was last inspected on 4 April 2014 when we found it to be meeting all the regulations we reviewed.

Springfield Care Home provides accommodation for up to 65 people who have nursing or personal care needs including those with dementia, mental ill health needs and rehabilitation needs. There were 61 people living in the home at the time of our inspection, over four different

floors. The 61 people were accommodated in different units for dementia/mental health needs and for short, intermediate, long term rehabilitation and low dependency.

The service does not currently have a registered manager in place. 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

Summary of findings

service is run. The provider had recently employed a new manager who had applied to be the registered manager with CQC and had been in post for approximately two months.

During our inspection we also found improvements needed to be made in some areas. You can see what action we told the provider to take at the back of the full version of this report.

We found the service had policies and procedures in place in regards to safeguarding. However we noted that these were out of date and should have been reviewed in March 2014. There was a whistleblowing policy but this was dated June 2006 and we found no evidence that this had been reviewed since this time. However, we found that the majority of staff had completed safeguarding training and were able to tell us what action they would take if they had any concerns in relation to abuse. We found staff had a good understanding of the responsibilities in relation to safeguarding and whistleblowing.

Moving and handling equipment was in place however, we found people had not been assessed for individual slings when being hoisted during moving and handling procedures. We found wheelchairs and pressure cushions were dirty and had not been cleaned effectively.

We found people who used the service were struggling with their mobility in and out of chairs in the lounge due to the absence of chair raisers, which were available around the service but had not been utilised.

We saw that in two bedrooms the flooring was dirty.

We observed the housekeeper to clean the toilet and sink with the same cloth causing a risk of cross infection.

We found there was not always enough qualified staff on duty during the night.

There was no encouragement or support for people to undertake activities either inside or outside of the home. No activities were provided to help promote people's well-being.

We saw that staff members did not receive regular supervision and the qualified occupational therapist and physiotherapist did not receive clinical supervision.

We found that people on the dementia unit had not received foot care and had long toe nails.

We found people's privacy and dignity was not always maintained. We observed people's bedroom doors were open whilst they were in bed. There was no evidence of people consenting to this in their care plans and this posed as a risk in the event of a fire.

We found the service had a robust recruitment process in place to ensure that suitably experienced and trained staff were employed.

We found the quality of the food was of a good standard. We saw that people were given choices of what they would like to eat and alternatives offered.

The service offered staff a range of training courses; these included mandatory courses that all staff had to complete as well as other courses relevant to the service, such as dementia training.

The service actively sought the opinions of people who used the service, relatives and staff members through the use of surveys.

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?

We found the service was not always safe.

We found that equipment and rooms were not always cleaned sufficiently to prevent infection control issues.

People who used the service told us they were happy living at Springfield Nursing Home and that they felt safe.

We have made a recommendation the service seeks guidance from the local fire authority in relation to doors being wedged open.

Requires improvement



Is the service effective?

We found the service was not always effective.

We found people did not receive adequate foot care whilst residing at Springfield Nursing Home.

We found people's needs were assessed prior to moving into the service. This meant the service actively ensured they could meet the needs of people prior to them moving into the home.

We found that staff had received an induction prior to commencing employment and that continuing professional development was encouraged through a range of training courses on offer.

We have made a recommendation about removing stored items from a bathroom so that this can be put back into use as a bathroom for the people who used the service.

Requires improvement



Is the service caring?

We found the service was not always caring.

We found people's privacy and dignity was not always maintained. We observed bedroom doors open whilst people were in bed.

We observed staff members did not always promote people's independence on the rehabilitation unit.

We observed staff speaking to people who used the service in a kind and respectful manner. We observed staff smiling when supporting people who used the service.

Requires improvement



Is the service responsive?

We found the service was not always responsive.

We found the needs of people with dementia were not always met in a responsive manner.

Requires improvement



Summary of findings

We found there were little or no suitable activities within the home. We observed people sleeping in their chairs for long periods of time. People told us they had nothing to do during the day.

We looked at care files for people who used the service and found these were person centred and included information about people's histories.

Is the service well-led?

We found the service was not always well led.

We found the majority of policies and procedures within the service were out of date and had not undergone a review for some time.

We found the service actively encouraged people who used the service and their relatives to give feedback on the experiences of the service.

We found complaints were not being documented correctly. This meant the manager was unable to evidence learning from these complaints and any actions that they had taken.

Requires improvement



Springfield 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 checked 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.

The inspection took place on 6 and 7 January 2015 and was unannounced.

The inspection team consisted of two inspectors and a specialist advisor who was familiar in the care of people with dementia and occupational therapy.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform what areas we would focus on as part of our inspection. We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We also contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Healthwatch informed us they had not received any comments or concerns in the past 12 months regarding Springfield Care Home. The local safeguarding team informed us they had received some complaints in the past 12 months and the local commissioning team informed us they had undertaken a quality assurance inspection within the last 12 months. Issues raised with us prior to the inspection included concerns regarding the safe practices and administration of medicines, staffing levels and small portions of food being given to people who used the service.

We spoke with eight people who used the service and six relatives. We also spoke with four staff, the deputy manager and the new manager.

During the inspection we carried out observations in all public areas of the home and undertook a Short Observational Framework for Inspection (SOFI) observation during the evening meal period on one unit of the home. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for six people who used the service and the medication for a number of people. We also looked at a range of records relating to how the service was managed, these included training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

We found the service was not always safe. This was because people were not being assessed for correct slings to be used during moving and handling procedures, nurse call cords were tied out of reach of people, people who used the service did not have a personal emergency evacuation plan (PEEP) in place and staff were not always receiving supervision on a regular basis.

We noted that hoists were being used around the service. We looked at records to see if people had been assessed for moving and handling by a hoist and sling and if it had been identified which sling to use to complete this. We found there were no assessments in place and people did not have their own slings. This meant people were at risk of moving and handling procedures being undertaken using incorrect equipment.

We saw that the chairs in some of the lounges had chair raisers to raise the height of the chair for comfort and independence. One person we spoke with told us “I find it very difficult to transfer out of the chair as it is too low”. We also observed a care staff member speak to the same person and made the comment “This chair is too low”, yet later in the day the staff member returned the person to the same chair. Another person we spoke with also told us their chair was too low and that “Staff have told me there are no chair raisers left”. However on our tour of the service we found chair raisers available but not being used. We informed the occupational therapist were they were located and we spoke with the new manager. They informed us they would look into why this had occurred

During our inspection of the bathrooms we noted that many toilet seats were loose causing a risk of people slipping off these, although there had been no reports of this type of accident prior to our inspection.

We observed that equipment such as wheelchairs and pressure cushions were being stored inappropriately in communal areas where they could cause a tripping hazard. We observed that many nurse call cords were tied up in bedrooms and communal areas and nurse call cords were in places that people may not be able to reach or tied to equipment/furniture. This meant that in cases of emergency or situations where people needed support, they may not be able to alert the staff members.

We found these matters were a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the cleaner whilst they were cleaning a bathroom and noted that the same cloth was used to clean both the toilet and sink. We also noted that the toilet pedestal was not cleaned and was visibly dirty.

Records we looked at showed that cleaning was carried out throughout the home on a daily basis. All the records relating to the cleaning of the home had been completed and signed. We also noted there was a nominated individual responsible for infection control within the service.

We noted pressure cushions were in use throughout the service, however we saw that some of these were dirty. We observed one person on the dementia unit had been incontinent of urine whilst sat on a dining chair on the morning of our inspection. We returned later to find the same chair had not been cleaned as there was a visible stain and a distinctive odour. People were also not protected from infection control issues due to the slings in use not being person specific and wheelchairs we looked at were dirty.

We looked in one bedroom and found the carpet to be stained and in another bedroom we looked in the floor was linoleum and this was dirty. The new manager informed us that some bedroom carpets had been identified as requiring replacement and it was not confirmed the carpet we saw was due to be replaced.

We found these matters were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people who used the service did not have personal emergency evacuation plans (PEEPS) in place. We discussed this with the new manager who informed us they would ensure these were put in place as soon as possible. This meant that people who used the service may not be evacuated effectively in the event of a fire situation.

We also found that some bedrooms doors were wedged open whilst people were in their rooms. This could be a

Is the service safe?

significant risk in the event of a fire situation. We recommend the service consider contacting the local fire authority for further advice on this and act in accordance with their recommendations.

We found this matter was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with who used the service told us they felt safe in Springfield Nursing Home. Comments people made to us included “I feel safe living here, it’s a nice place” and “I feel safe, they are looking after me”. One visitor to the service told us “I think the care is safe”.

We saw that the service had an internal operational safeguarding vulnerable adults policy in place which was dated April 2013 and highlighted a review should have taken place in March 2014. We found no evidence that this review had been completed. The policy provided information for staff regarding the different types of abuse, how to report concerns regarding abuse and also suggested further reading for staff, including the Health and Social Care Act (2008) and “No Secrets” (2000).

We found the service did not have the local authority safeguarding policy in place. The new manager recognised the need to have this in place and told us they would make sure they actioned this promptly. This document would give staff further contact details should they have any concerns they needed to report.

Records we looked at confirmed 88 out of 91 staff had completed safeguarding training. All the staff we spoke with confirmed they had completed this training and they knew what action to take if they thought a person who used the service was being abused or at risk of harm.

The service had a whistleblowing policy in place dated June 2006, which gave staff clear steps to follow should they need to whistle blow (report poor practice). Within the policy a telephone number was detailed for staff to ring with concerns, this number was one that the company had set up for all whistleblowing concerns. Staff we spoke with told us they were aware of the whistleblowing policy and knew what to do if they had any concerns. They told us they would approach the manager or another member of the management team and felt confident to do so.

Records we looked at showed that people had risk assessments in place. We saw risk assessments regarding falls, pressure sores, pain and choking. We found these to be fully completed and directed staff on how to manage the risks identified.

We also saw that further assessments were completed that also highlighted possible risks. These included bedroom assessments, which alerted staff to possible risks for each person within their bedroom environment. These informed staff on moving and handling procedures, including how many staff members were required to undertake any moving and handling.

People who used the service told us they felt there were always enough staff on duty and they did not have to wait long if they used their buzzer or asked for something.

On the day of our inspection we found a total of 21 staff on duty, this included two qualified nurses and nineteen care staff. Also on duty were an Occupational Therapist and a Physiotherapist who were also employed by the service (on a part time basis) and the new manager and deputy manager, who were also qualified nurses, were also available to assist throughout the day.

We looked at the rotas and found the staffing levels during our inspection were similar to those on the day of our inspection and the previous week. The new manager informed us that they currently had a vacancy for a night staff and that they had recruited for this position and the new qualified nurse was due to commence employment on the 16 January 2015. In the meantime the service is manoeuvring staff shifts to ensure there is adequate staffing during the night.

We spoke with staff members on duty on the day of our inspection and asked them about the staffing levels in the home. One staff member told us “There is sometimes enough staff on duty but sometimes we are short, it depends if people ring in sick”. All the staff we spoke with told us that the service did not use agency staff and if necessary they would move staff around the service to accommodate any sickness.

We observed that supervision records were in place for all staff. However we noted that ten staff members had only received one supervision within a twelve month period. The occupational therapist and physiotherapist that were employed by the provider were also not receiving any form of clinical supervision. The new manager informed us that

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supervisions should be held every eight weeks and they were aware of the need to ensure these were brought up to date. The lack of regular supervisions meant there was a lack of opportunities for staff to reflect on and learn from their practices as part of their continuing professional development.

The new manager and deputy manager informed us the service operated an on call system 24 hours per day. This provided staff with added support during times when the manager or deputy manager were not on duty in the event of an emergency situation. All the staff we spoke with told us they were aware of the on call system and felt confident that support would be received if they needed to use this.

The entrance of the service had a keypad lock in place. This meant only people who knew the door code could access the premises. This ensured the safety of the people who used the service.

The service was reasonably well decorated and provided ample personal and communal space for people who used the service. The communal space was large enough to comfortably allow people to sit and dine in comfort. The furniture was domestic in character and provided a homely atmosphere. Curtains and other fittings such as light fittings were in good working order. The bedrooms we visited had been personalised and one of the people who used the service had brought their own furniture into their room from home.

We observed window restrictors were in place on all the twelve windows we checked to prevent the windows on the upper floors from opening too wide. All had a working device to ensure people could not fall out and were safe. The window restrictors on the ground floor rooms also kept people safe from possible intruders. However we noted that the maintenance checks of these did not include a year date for when they were checked so we were unable to identify if these had been undertaken in recent months.

Records we looked at showed that all incidents were recorded. We saw evidence that the service informed all the necessary people if an incident/accident had occurred, for example we saw that a recent fall had been notified to CQC and the local authority. We found full details of incidents were recorded as well as the details of any investigations that had taken place.

We observed some people who used the service were using walking aids to assist them to mobilise around the service.

We saw that these were in good condition and were clearly named for individual people. Some people had their own personal wheelchairs and there were also generic wheelchairs around the service.

We also looked at the records relating to the maintenance of the premises. We found that all maintenance relating to fire was up to date and records had been completed. We saw that fire drills were taking place on a regular basis, control panels and some break glass units, fire doors, emergency lighting and door closers were checked on a regular basis. We saw that all incidents and faults were documented, including what the service did about them.

We also looked at the maintenance records for the whole of the service, including gas, electric and PAT tests and found that these were being completed, although the full dates of these checks were not being documented (no year being placed). This meant that we could not confirm through the documentation that they had been completed recently.

We checked the water temperatures in 14 sinks and four bathrooms and found the water was within acceptable ranges. This meant people who used the service were protected from scalds when bathing/washing.

People told us they were confident they were cared for by staff who had the knowledge and competence to support them. Relatives told us they were confident in the skills and abilities of staff employed in the service.

The new manager informed us they ensured they employed people with the right qualifications, skills and experience to meet people's needs effectively. They told us this is done through the interviewing of people, an induction, a 13 week trial probationary period and references. There was also an expectation that staff completed all mandatory training within a three week period.

The service had a recruitment policy in place dated 2007. This gave clear guidelines on the recruitment of staff and the necessary pre-employment checks that must be undertaken.

We looked at files for four staff employed at Springfield Care Home. We noted robust recruitment processes were in place for care staff, including pre-employment checks. We

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found there was a system in place to ensure that nursing staff employed in the service were registered with the Nursing and Midwifery Council and that this registration was renewed on a yearly basis.

People told us they received their medicines at correct times.

During our inspection we observed a medicine round. We noted one person was responsible for holding the keys to the medicine trolley throughout the shift. These were then handed over to the person taking over the responsibility on the next shift. The medicine trolley was securely attached to the wall for safety. We noted the staff member administered the medicine in the correct and safe manner, ensuring they remained with the person until they had taken all their medicines. All medicine administrations records sheets (MARS) had a photograph of the person on the front for identification, their full name, their named nurse and any allergies they had.

We found medicine administration records were completed accurately and had been signed. We found all hand written prescriptions had been signed by two staff members to minimise the risk of errors occurring. There was also a staff signature record in place which provided an audit trail for any errors that may have occurred.

We observed one member of staff discussing pain relief with a person who used the service and making arrangements for a medicine review to be completed. This meant the service was actively reviewing people's medicine's to ensure they were effective and suitable for the person.

We saw checks were undertaken on the temperature of the room where medicines were stored. These were completed on a daily basis and documented. This ensured the medicines within the service were stored at the correct temperature.

Records we looked at showed a medicine policy was in place which had last been reviewed in January 2013. The policy referred to the Standards of Medicine Management (NMC, 2007), which gives standards by which practice should be conducted. We found that each unit manager is responsible for ensuring these standards are followed, auditing the medication and ensuring each staff member was competent to administer medicines. The new manager was responsible for assessing the unit manager's competencies to undertake this role.

The policy covered many aspects of medicines, including the preparation to administer medication, a list of 21 checks to be undertaken, record keeping, controlled drugs, disposal of medicines, covert medicines and self-administration of medicines. From our observations we found staff were following the best practice outlined in the company policy.

The service employed a house keeper to undertake the cleaning of the home. On the day of our inspection there was one housekeeper on duty for the whole service.

People told us they felt the home was clean and that the cleaner often came into their rooms to clean. Relatives we spoke with also told us they felt the home was clean.

During our inspection we saw hand sanitiser positioned on the walls throughout the home for people who used the service to use as well as staff and visitors. This should reduce the risk of cross infection throughout the service.

We found the service had an infection control policy in place which was up to date. The policy covered areas such as the prevention of cross infection, hand washing, protective clothing and laundry management. We found specific infectious diseases had been identified with instructions for staff in dealing with outbreaks, including the cleaning of baths, bedding and sinks etc. This also included information on the type of infections staff were expected to stay away from work for and for how long.

We looked at the cleanliness of the main kitchen where all the food was prepared prior to being transferred to satellite kitchens on each floor. We found this to be very clean and tidy. We noted the service had obtained a 5 star rating from the environmental health which meant the storage, preparation and serving of food was safe. We found all the necessary checks such as, temperatures of food and equipment such as fridges and freezers were being undertaken. We observed staff members put on a white overall prior to entering the kitchen and that hand washing facilities and gel were used before entering.

We looked at the laundry during our inspection and found there was sufficient washing and drying equipment to meet people's needs. There was a clear pathway to take dirty laundry in and laundered items away. There was also sluicing and hand washing facilities within the laundry. The service employed a dedicated member of staff to do the laundry.

Is the service effective?

Our findings

The service was not always effective. This was because people's health care needs were not always met.

Records we looked at showed us that prior to being admitted into Springfield Care Home people's needs were assessed to ensure these could be met by the service. The pre-admission assessments covered many areas about the person, including the person's health history, current medication, mobility, capacity, nutrition and personal hygiene needs. This should ensure that staff caring for people who used the service knew what level of support each individual required.

Whilst on the dementia unit we saw several people had extremely long toes nails. We saw the service had leaflets around the home advertising a foot care service that came into the home to cut toe nails. However the new manager could not provide evidence that anyone on the dementia unit had been seen to have their toe nails cut.

All the staff we spoke with told us they had received an induction when commencing employment at Springfield Care Home. This consisted of the new staff member being given a mentor who supported them during the first few weeks of their employment. All new staff were expected to also complete the eight induction booklets provided by the company.

Training was delivered to staff through online courses and booklets. Completion of courses was monitored by the new manager and through the regional manager to ensure that staff members were up to date with their training.

Nursing and care staff were expected to complete training on numerous courses including mandatory and other courses. Some of the courses available to staff included basic life support, equality and diversity, control of substances hazardous to health (COSHH) and dementia. We looked at the training matrix and found most staff were up to date with their training and had completed mandatory training and the further training provided.

We asked the new manager how things were communicated to staff members, service users and relatives. They informed us that they have regular meetings (staff, service users and relatives), handovers on a daily basis and that they had just introduced communication books for staff to use. We saw evidence that there had been

two staff meetings, one on the 10 and 22 December 2014 for staff and there had been a service user and relatives meeting on the 16 October 2014. Minutes from these meetings were made available to us on the day of our inspection.

One relative told us that staff were good at communicating changes with their relative. One comment we received was "They contacted me when my relative had a fall".

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

We asked the new manager what action they had taken to ensure people were not subjected to unnecessary restrictions, and where necessary what action the new manager had taken to ensure that people's rights were protected.

The manager informed us that they had recently made eight DoLS applications and were awaiting a response from these. They also informed us that they had more DoLS applications to complete and were doing these on a priority led basis.

We found the service had a Deprivation of Liberty Safeguards (DoLS) policy in place. This gave staff information on what DoLS were and what they should do if they felt someone was being deprived of the liberty within the service.

Staff told us they had completed training on the Mental Capacity Act 2005 and DoLS. This training should help staff understand that assessments need to be undertaken to determine if people have capacity to make informed decisions about their care, support and treatment. Also it should help staff understand that if a person is deprived of their liberty, they need special protection to make sure that they are looked after properly and are kept safe. All the staff we spoke with told us they knew what to do if they thought a person who used the service was being deprived of the liberty.

Is the service effective?

Records we looked at showed people's capacity to consent was assessed through the use of a mental capacity assessment. We noted in one person's care file that staff were to involve the person in all decision making, to promote independence and provide choice, respecting those decisions that were made. We also noted that one person whose capacity was fluctuating was assessed on a monthly basis to ensure the level of capacity was documented and staff were informed. This meant the service was actively assessing capacity and consent to ensure that people's rights were not compromised.

Records also showed that people had signed their care plans to confirm that they consented to the care and treatment they were given.

We looked at one person's care file and noted a best interests meeting had taken place regarding decisions around surgery. We saw that people involved in this meeting included the GP, Independent Mental Capacity Advocate (IMCA) and next of kin. An IMCA is someone who provides support and representation for a person who lacks capacity to make specific decisions. We found all necessary paperwork was completed and was reviewed on a regular basis. This showed the service considered the rights of people who lacked capacity to consent.

We noted one bathroom on the dementia unit had a sign on to state this was a bathroom. This was unlocked and filled with equipment, such as wheelchairs, a hoist and laundry bags. We asked the unit manager why equipment was being stored there. They told us the bathroom was currently not in use. We discussed this with the new manager and how this may impact on those people on the unit with dementia. The new manager immediately removed the sign and arranged for the room to be locked. This meant that added pressure was placed on the remaining bathrooms. We recommend that the service consider clearing this bathroom of all items being stored and that this is placed back in service for people to use.

People we spoke with told us they were able to make choices and were asked before something was undertaken by the staff. Comments we received included "I can choose when to have a bath or a shower" and "I can go to bed when I want". However, one person told us "They listen to what they like".

We observed that people were offered choices throughout the day. We saw staff asking people what they would like to eat and drink and asking people if they would like support or assistance.

People told us the food was good. We observed the cook speaking with people about the choices for meals for the following day. We saw that two main choices were given to people and if people did not like any of them they were given further choices.

We observed that there were drinks machines around the service so that people could help themselves to fluids whenever they wanted to. There were also fruit baskets on each unit so that people had access to fruit whenever they wanted it.

We observed the kitchen and found adequate supplies of food, including fresh meat and vegetables as well as frozen food items. The cook informed us they had a food delivery three times per week to ensure food was brought into the service as fresh as possible. We checked the food stocks with the menu and found all necessary food items were available.

We spoke with the cook who informed us that people had a choice of various items for breakfast, including porridge, cereals, bacon, toast and a choice of eggs. For lunch the cook informed us that they gave two options for people to choose from. If people did not like any of the choices sandwiches or other meal options were given. The evening meal was a lighter choice and included soup and sandwiches. For supper people were given the option of having a sandwich if they wished.

During a mealtime service 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. We observed the mealtime was a relaxed and pleasant atmosphere. Music was playing in the background and tables were laid with napkins and flowers. During the lunch time we noted that one person informed a staff member they no longer wanted what they had chosen for their lunch the previous day. We observed the staff member give the person further choices of meals until there was something they wanted.

One person told us "The quantities of food are over-facing" whilst other people told us they had enough to eat. At lunchtime we observed staff serving meals on the rehabilitation unit. We saw that people were not asked

Is the service effective?

about the portions sizes they were given or if they wanted the full choice on offer. For example we saw that everyone was given their meal with gravy without being asked if they wanted this. We also saw many people had food left on their plates, indicating that they may have been given too much or they did not like it.

Records we looked at showed people who used the service had a nutritional care plan in place. This included a record of monthly weights, oral assessments (including any swallowing difficulties) and choking risk assessments. We also noted a diet controlled diabetic plan in place for one person, which directed staff on suitable meals and low sugar alternatives. All records were reviewed on a monthly basis and evidenced changes that had occurred.

On the rehabilitation unit there was a separate, small kitchen. This was for people who used the service to use to

make snack type meals and use the microwave. Staff assessed their abilities in the kitchen and would support people with any needs prior to them moving back to their own homes.

We spoke to people who used the service about how their health needs are met. One person told us “The doctor is here every day and we have a nurse”.

The new manager told us that a GP visited the rehabilitation unit on a daily basis and if they were concerned about people’s health needs they would ask the GP to assess them. All the people who used the service were also registered with their own GP. The service also employed qualified general nurses who were able to assess people’s physical health needs, a physiotherapist and an occupational therapist. We noted that district nurses, speech and language therapists and dieticians also visited the service to meet people’s needs. We also noted that one person’s care plan documented they had a memory clinic appointment.

Is the service caring?

Our findings

The service was not always caring. This was because people's privacy and dignity was not always maintained,

During our inspection we observed a number of bedrooms doors open whilst people were sleeping in bed. We asked the unit manager if consent had been sought from people to leave their bedrooms doors open. The unit manager informed us they had verbal consent but confirmed they did not have this written in care plans or documented. This meant the service may not always be sensitive to people's privacy and dignity.

We observed people's independence on the rehabilitation unit. All but one person we spoke with on the rehabilitation unit told us they were supported to be independent. However all of them told us they were not engaged in therapy and they spent long periods sat in the lounge.

We observed a notice on the rehabilitation unit that stated visitors could only visit during certain times of the day. We asked why the unit did not have open visiting times and were informed that due to the therapy session throughout the day, it was agreed that this would take priority over visitors.

We arrived at the home at 7:30am. We observed that there was no pressure by staff to get people up for breakfast. People appeared well dressed and cared for. We spoke with six people to ask if they felt the staff were caring. Five of the people we spoke with felt the staff were very caring. One person who used the service and their relative told us that a staff member had "Been nasty". We asked if any complaint had been made to the service and we were informed that the relative had sought advice from an external source regarding this rather than discussing this with the manager or staff members. We spoke with the manager who was not aware of this complaint.

People we spoke with told us that staff were caring and respected their privacy and dignity. Comments we received included "Staff encourage me and often give me praise" "I can have quiet time in my room" and "They always knock when they come to my door". One person told us they were able to choose who supported them with their personal care. We noted this was documented within their care plan.

Records we looked at showed four staff members were identified as dignity champions within the service. These

people had received enhanced training in this area. It was their role to encourage staff to think about and respect the privacy and dignity of all the people who lived in the home. We found a notice board in the main reception area of the service. This contained factsheets about dignity in care, focussing on choice and control and pain management for people who used the service and their relatives.

We observed staff speaking to people who used the service in a kind and respectful manner. We observed appropriate body language and staff smiling when supporting people. We asked a relative if they felt their relative was cared for by staff members who knew them well. The relative told us "I really feel the staff know my relative and this has made the experience feel much better".

We observed handovers were undertaken every morning on each unit, to ensure that staff members were aware of any changes in care being delivered. The staff we spoke with told us they ensured they had knowledge about the people they were caring for by reading through care plans. One staff member told us "I read people's care plans every day when I first started working in the home".

Records we looked at showed there was consistency in relation to staffing on the units. This ensured that people who used the service and staff members were able to build therapeutic relationships. It also meant that staff knew the people they were supporting.

People told us they felt as though staff listened to them and they acted on any requests made. We observed staff asking the opinion of people who used the service and respecting their decisions at lunchtime. We saw that people were asked what they would like to drink and people were offered alternative foods at lunchtime if they did not want what was on offer. If people did not want to eat everything, staff respected their decisions.

We observed that the service had arranged for an Independent Mental Capacity Advocate to come into the service to support people who lacked capacity. We also saw leaflets in the main reception area about advocacy and how it is available to everyone within the service.

We looked at the care files of some people who had capacity, to identify if they had accessed the advocacy service. We did not find any evidence that these people had utilised this service or that this had been offered to them.

Is the service caring?

The manager informed us that they did not currently have anyone within the service who was receiving end of life care. However staff had e-learning courses available to them on end of life care but the manager told us this was not a mandatory course.

We saw that the service had a palliative and end of life policy in place. This was date 2010 and had not been reviewed. The policy made reference to the preferred priorities of care document that the service uses during end of life care which included cultural issues, liaising with the GP, and funeral arrangements.

Is the service responsive?

Our findings

We found the service was not always responsive. This was because the service did not provide activities for people throughout the day, meaning people were spending long periods sat in chairs. We also found that complaints were not being documented in the complaints log and therefore did not evidence any learning from these.

People told us that there were no activities available to them. People said they watched television or listened to the radio. We asked if people were given a choice of what they wanted to watch on the television but no one felt they were watching programmes they would like to. One person commented “It is difficult to watch the television whilst the radio is also on in the room”.

We observed a staff member asking someone who used the service if they wanted the television switching on. The staff member did not wait for a response and turned the television on without asking for a preference of channel to watch or the volume they would like it on.

Whilst on the dementia unit we observed that people were sleeping in chairs or had gone to their bedrooms to sleep during the day. We also found no stimulation throughout our inspection for people with dementia. There was music playing and the television on which may have caused too much auditory stimulation. We saw there was a notice board in the communal area, which displayed the wrong date and day. This had been left from the previous day and may have been confusing for some people.

We spoke with the manager regarding the lack of activities throughout the home, in particular the lack of facilities for people with dementia. The new manager informed us that they had recently employed an activities coordinator who specialised in meeting the needs of people with dementia. The new activities coordinator had not commenced employment at the time of our inspection but was visiting on the day of our inspection and spoke to us regarding the plans they had for introducing a full activity programme within the service.

The current lack of meaningful activities within the service meant that people may become bored, isolated or frustrated within their surroundings.

We found these matters were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (1)(b)-(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they ensured people were involved in the planning of their care by staff talking to them and finding out their likes and dislikes and how they would like to be care for whilst residing in the home. The manager informed us they were looking to extend this to include people’s sexuality as this had not been covered in the past.

Records we looked at showed that care plans contained history about the person, including what they used to do for employment, their past hobbies and interests they had in the past. This was particularly important for people with dementia and staff being able to build a picture about the person and how they used to be. This also evidenced that people had been involved in the planning of care, support and treatment. We also noted that some families had been involved in the planning of care for their relative, particularly if they had not been able to communicate their wishes.

Some of the people we spoke with told us they were aware they had a care plan, whilst other did not know. One person told us “I was told what I needed to do to go home”. We observed one staff member discussing aspects of care with a person who used the service on the rehabilitation unit.

We looked at a total of six care files for the whole of the service. The care plans within one file included person centred information such as the type of pyjamas the person liked to wear and that they liked the light to be kept on at night time. We also found in all the care files a “My choice, my life” document. This provided full family histories, religion, what a good day and bad day looked like, what and who was important to the person and how they would like to be supported on a daily basis.

Records we looked at indicated a person who used the service did not have hearing difficulties, however we observed them to be wearing a hearing aid. It was clear this person could not hear without this as they requested it to be put in prior to speaking with us. There was no documentation to support this within the care plans.

We asked the manager what provisions they had in place to meet the religious needs of people who used the service. The manager told us that they met the religious needs of

Is the service responsive?

people who used the service through vicar's, priests and a nun visiting the service on a regular basis. We looked at records that showed people had been offered the opportunity to visit a mosque and have halal food, although this had been documented as refused. This meant the service was meeting the religious and cultural needs of people within the service.

People who used the service told us they knew who to approach if they wanted to make a complaint. One person told us "I would speak to the managers, they often come down to ask how things are going". Another person told us "All the staff are approachable" if they wanted to make a complaint.

Four of the five relatives we spoke with told us they knew who to approach if they had any concerns or complaints but they had never had to do so. One relative told us "There is no point raising a concern with the staff" and that they had been to an outside agency to seek support regarding a concern. We spoke with the manager regarding this and they informed us they were not aware that any relative had made a complaint in the short time they had been in position. However, they informed us they would ensure that complaints were taken seriously and that the correct procedures for documenting, reporting and learning from these were followed in the future.

Is the service well-led?

Our findings

There was no registered manager in place at the time of our inspection. The service had been without a registered manager in place for five months.

On the day of our inspection the manager informed us they had been in post for two months. The manager informed us they had submitted their application to register with the Care Quality Commission (CQC) and were awaiting their interview. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We looked at a range of documents and records within the service, including information about the service, care plans and quality assurance and found these were fully completed, up to date and reviewed. However the majority of policies and procedures we looked at were out of date and had not been reviewed.

We spoke with the manager regarding the policies and procedures we had looked at during our inspection and that the majority of them were out of date. The manager informed us the policies and procedures were standard company documents and they would ensure that these were brought up to date within the service. This meant that staff had limited up to date information to refer to in order to ensure they provided quality care to people who used the service and act in accordance with the provider's standards.

We found that complaints were not being documented effectively. We had noticed some records contained information about complaints/issues that people who used the service had made or their relatives. However, these complaints/issues had not been documented in the complaints log. The registered manager has since informed us that complaints/issues are initially dealt with at unit level; however we did not see a record of these during our inspection. This meant the service was not identifying lessons learned or improvements made as a result of complaints.

Staff told us they felt the new manager was approachable and that they felt able to seek their support if they had any

concerns. One person told us "We can talk to the manager regularly, not just at supervision". The manager informed us they operated an open door policy so that staff could approach them any time to discuss issues.

The manager told us that since they had been in post they had identified areas that needed improving and that they had acted upon them. They told us they had increased the staffing levels, improved the environment through re-decorating and having a new bathroom installed. They also informed us that they had employed a new activities person which would result in more activities being offered to people who used the service. The manager also informed us that they met with the unit managers each morning to discuss where improvements could be made.

The dementia unit and rehabilitation unit are areas specifically where the manager told us improvements had been made and further improvements were necessary.

People we spoke with told us they had never had to make a complaint but they knew who to approach should they wish to. We found the complaints policy and procedure was available throughout the home. The copies that were located within the reception area were available in numerous languages including English, Polish, Urdu and Chinese. This meant the service was actively ensuring that all the people who used the service and their relatives knew how to make a complaint if they wished to.

We found the rehabilitation unit had recently had a resident's meeting. We looked at the notes from this meeting and found that five people had attended. The meeting looked at the service being provided and gathered people's views on this. People thought the service was good and the rehabilitation programme was excellent. One person complained that the cutlery they had been given to use was dirty. The new manager assured this person that this would be discussed in staff supervisions. The chef had also attended the meeting in order to talk to people about quality and choices of food.

We also saw that a relatives meeting had been held on the 16 October 2014 where five relatives had attended. During this meeting one of the relatives complained to the new manager that their relative appeared to be offered the same desert on a daily basis. It was recorded and the new

Is the service well-led?

manager stated they would look into it. During our inspection we noted that choices were given to people who used the service in relation to their deserts, indicating that the issues had been dealt with.

Records we looked at showed the service had recently undertaken satisfaction surveys with people who used the service. We looked at the surveys relating to the rehabilitation unit for which six people had completed. 99% of people who had completed the survey stated they would recommend the home to other people, the other 1% felt that the home can be “chaotic at times”. We noted the survey sought people’s views on how they were treated within the home, the cleanliness of the home and if people were aware of their rehabilitation goals. This meant the service was actively involving people who used the service to provide feedback on what it is like to live in the home and seek opportunities to improve.

We saw that surveys were also given to relatives. We found that 61 surveys had been sent out to relatives of people who used the service, however the service had only received three (5%) of the surveys back. Out of the surveys returned 67% of people stated they would recommend the service to other people and 33% were undecided. The

surveys asked people’s opinions on the activities provided, cleanliness of the home, communication, food and care. This meant the service was actively seeking to gain the perspectives of relatives in order to improve the service.

We saw that the service had a robust auditing system in place covering many areas such as food, medication, care plans health and safety and training. We noted that all the audits had been completed and were up to date. This meant the manager should be aware of the quality of service being provided and where any improvements are required.

We observed information leaflets throughout the reception area of the service. These provided people who used the service and their relatives with information on incontinence, funerals, foot care services, rights and information, bereavement and a brochure for the service.

We observed thank you cards around the service from relatives and friends of people who used the service. Some of the comments we observed included “Thank you for your care and kindness”, “Thank you for being so nice to us when we visited” and “Everyone cared for [relative] in a kind, caring and dignified way”.

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 15 HSCA (RA) Regulations 2014 Premises and equipment

People who use the service were at risk from equipment not being used correctly and there was a lack of suitable equipment to meet people's needs.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People who used the service were at risk of receiving care or treatment that was inappropriate or unsafe.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

People who used the service were not always protected against identifiable risks of the spread of infection.