

Westlands Care Home Limited

Westlands Retirement 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 12, 13 and 14 July 2017 and was unannounced. Westlands Retirement Home is registered to provide accommodation and support to 51 people some of whom were living with dementia; they are not registered to provide nursing care. At the time of the inspection there were 48 people living there.

The service had a registered manager. 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.

People told us they received their care safely. Although most risks to people were well managed staff did not consistently recognise or proactively respond to some potential risks to people. We found staff had not acted to sufficiently reduce potential risks for two people. Staff were not always provided with sufficiently detailed guidance with regards to people's individual care needs to enable them to manage potential risks safely.

Not all required safety checks on the environment had been completed to ensure peoples' safety. People told us the service was clean and the communal areas, bathrooms and people's bedrooms were seen to be clean. A new kitchen was due to be fitted however; the current kitchen had not been cleaned or maintained to the required standard to ensure safe food preparation. During the course of the inspection the provider took immediate action to ensure the kitchen was cleaned to the required standard.

The providers told us that following a medicines safe incident actions had been taken to improve medicines safety and people confirmed they had seen improvements. However, we still found some aspects of medicines management were not being managed safely for people.

Audits were not consistently completed in accordance with the provider's audit schedule nor were they fully effective; they had not identified or fully addressed all of the issues we found. The providers did not always take prompt action in relation to issues identified either internally through their own audits or through external feedback or audits. People's records were not always kept fully up to date as required. Robust processes were in place to document and analyse incidents.

During the course of the inspection the providers started to take action on the issues we identified. Following the inspection they submitted an initial action plan based on the written feedback provided at the end of the inspection. This set out the actions they had started to take or planned to undertake, this has served to lower the level of the above risks identified.

Staff had undertaken relevant safeguarding training and understood their role and responsibilities. However, further improvements are required to ensure that actions taken in response to safeguarding alerts

are fully effective in preventing the risk of reoccurrence for people.

Although not all people felt there were enough staff we found there were sufficient staff deployed to meet people's needs. Staffing requirements for the service were kept under regular review and adjusted accordingly. Relevant checks had been made in relation to staff's suitability for their role.

At our previous inspection of the service we found the providers had failed to follow the requirements of the Mental Capacity Act prior to making an application to deprive people of their liberty or when determining if the use of bed rails was in their best interests. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this legal requirement had been met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Further time is required for all staff to undertake the planned Mental Capacity Act training to ensure they can apply this in their day to day work with people.

People told us they were very happy with the care staff provided. Staff training was being transferred from e-learning to face to face training and arrangements were underway to ensure all staff completed their required training, which will take further time. Staff were supported in their professional development. The frequency of staff supervisions was variable and could be improved but staff reported feeling supported in their role. People's care was provided by adequately supported staff.

People told us they were satisfied with the meals and choices provided. They were provided with a choice of food and drinks that reflected their preferences. If people did not like the meals on offer then alternatives were available. People living with dementia cannot always recall what they have chosen and would benefit from choosing at the point of service.

Records showed people had seen various health care professionals. A concern had been expressed by a professional regarding staff skills and training in when to making appropriate referrals to emergency healthcare services and further training had been arranged. After the inspection the registered manager told us a recognised tool for making referrals to external services would be implemented to support staff consistency when making decisions. This still needs to be embedded in practice, which will take time and the provider will need to be able to demonstrate how effective this development has been for people.

People told us of staff "They are all very caring –They have excellent staff in general." Staff were observed to speak in a friendly manner to people whilst they provided their care. They were kindly and caring in their approach to people.

People told us they felt listened to and that their views about their care were respected. Staff were observed throughout the inspection to consult people about their care and to respect their wishes. Couples were accommodated in their own bedroom to ensure they remained together and new friendships between people were respected.

People told us staff respected their privacy and dignity in the delivery of their care. They said that the staff were hard-working people who were always polite when dealing with them.

People told us they had been involved in both planning and reviewing their care, they felt consulted and listened to. Records demonstrated people's care needs had been assessed and regularly reviewed. People and their relatives were also involved in regular reviews of their care. There was a record of people's preferences about their care.

Action had been taken to ensure people were provided with sufficient levels of social stimulation. There were now three activities co-ordinators including a new full-time co-ordinator who had just commenced their role. They ran the programme of activities and one to one activity sessions for people.

Processes were in place to seek people's views of the service and issues raised were noted and acted upon to improve the service for people. There were processes in place for people to make complaints and these were actioned for people.

People told us the service was well managed and that it was improving. Although the general manager had provided stability and leadership to the service fulfilling the vacant registered manager's role, the service needed a permanent manager. Despite there being a clear leadership structure in place and processes to aid communication, staff did not always complete delegated tasks as required for people's health and welfare. Senior staff did not feel they had sufficient time to complete all of the required checks or to be fully effective in their role. This was due to the demands of arranging people's medicines and healthcare appointments, which the providers are taking action to address.

The objectives of the service were to provide a 'Standard of excellence which embraces fundamental principles of good care practice.' Although the providers strived to meet this objective further work was required. There was a culture of openness with staff regards the current issues and they were included in discussions regarding the development of the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the providers to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Although most risks were well managed, staff did not consistently respond to some potential risks to people, due to a lack of clear written guidance for staff.

Not all relevant environmental safety checks had been completed to ensure peoples' safety.

The current kitchen had not been maintained or cleaned to the required standard to ensure safe food preparation; this was due to be replaced. During the course of the inspection the provider took immediate action to ensure the kitchen was cleaned to the required standard.

Arrangements for the management of people's medicines were still not fully safe, despite recent improvements.

During the inspection the providers started to take action on the issues identified and following the inspection they submitted an initial action plan. This set out the actions they had started to take or planned to undertake; this has served to lower the level of the risks identified.

Improvements are required to ensure that actions taken in response to safeguarding alerts are fully effective in preventing the risk of reoccurrence for people.

There were sufficient numbers of staff to provide peoples' care. Staff had undergone relevant recruitment checks to assess their suitability for their role.

Requires Improvement 

Is the service effective?

The service was not consistently effective.

Legal requirements had been met in relation to the Mental Capacity Act, but further time was required for all staff to complete the planned training in this area.

Staff felt supported in their role. Further time was required to

Requires Improvement 

ensure all staff completed the planned training sessions and to ensure all staff received regular supervisions.

People were provided with a choice of nutritious food and drinks that reflected their preferences.

Records showed people had seen health professionals.

Further time was required for staff to complete planned training regarding emergency referrals to healthcare professionals and to implement this training for people.

Is the service caring?

Good ●

The service was caring.

People experienced positive and caring relationships with the staff who provided their care.

People were supported to express their views and to be involved in making decisions about their care.

Couples were accommodated in their own bedroom to ensure they remained together as per their wishes.

Peoples' privacy and dignity were protected and promoted by staff in the delivery of their care.

Is the service responsive?

Good ●

The service was responsive

People told us and records confirmed people's care needs had been assessed and regularly reviewed with them.

Sufficient staff were now in post to provide the planned schedule of activity sessions for people's social stimulation.

Processes were in place to seek people's views of the service and issues raised were noted and acted upon to improve the service for people.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Audits were not consistently completed in accordance with the provider's audit schedule nor were they fully effective.

The providers did not always take prompt action in relation to issues identified either internally or externally.

People's records were not always up to date as required.

The general manager has provided stability to the service in the registered manager's role but the service needs a permanent manager.

Management structures and communication processes were in place but these were not fully effective due to senior staff's time being spent on medicines and healthcare issues.

There was a culture of openness with staff regarding the current issues and they were included in discussions about the development of the service.

Westlands Retirement 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 12, 13 and 14 July 2017 and was unannounced. The inspection team included two inspectors, a specialist advisor, a pharmacist and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people.

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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with a GP, a social worker and a pharmacist about the service. We also received written feedback from a health and safety officer, a representative from the ambulance service, a quality assurance officer from the local authority and a nurse. During the inspection we spoke with 15 people and six visitors. We spoke with six care staff, the care co-ordinator, the chef, the maintenance person, a housekeeper, the deputy manager, the registered manager and the providers.

We reviewed records which included eight people's care plans, four staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected on 01 and 02 August 2016 when one breach of regulations was identified.

Is the service safe?

Our findings

People told us they received their care safely. Their comments included "I feel safe here and they look after us very well indeed" and "They help me walk about on my frame." Risks were identified and safely managed overall for people; for example in relation to their mobility, risk of falling and the number of staff required to support them. Since the last inspection peoples' bedrooms had been fitted with an electronic sensor which staff switched on at night to alert them when people got up in case they fell. Measures were in place to protect people from the risk of developing pressure ulcers and any equipment people needed was provided for their safe care.

However, staff did not always recognise or proactively respond to potential risks to people. Although staff told us they would refer any concerns regards people's fluid intake to the GP, records showed that for one person, staff had failed to robustly follow up the two faxed GP referrals they had made with a telephone call, to ensure they had been received and reviewed by the person's GP. Staff had not been provided with a detailed care plan in relation to this person's hydration needs which set targets and aims based on the information about their individual fluid requirements provided at their initial assessment. Clear guidance would have enabled staff to understand the importance of sufficient hydration for this person and the need to ensure the GP referrals were followed up; and more detailed information provided to enable the GP to assess if the person had become dehydrated and therefore required further treatment. This meant people could potentially be at risk of deterioration in their health due to dehydration.

During the inspection the providers started to take action on the issues we identified. Following the inspection they submitted an initial action plan outlining the actions they had started to take, or planned to undertake based on our feedback. This has lowered the level of the above risks identified. The failure to ensure risks to people were fully mitigated or to ensure staff had sufficient competence and skills to provide safe care were still breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We used a hand basin in the foyer and found there was no hot water, only cold. We reviewed the checks completed to ensure the safe management of legionella which is a water borne virus and found this sink was not included; therefore any potential risk was not monitored. The providers took the sink out of commission during the inspection and informed us afterwards it had been removed. There was a lack of a maintenance programme as required to check the safety of the thermostatic mixing valves, which ensure the hot water runs at a safe temperature for people. Since the inspection the providers have assured us they are taking action to address this for people. Two burners on the gas cooker were not working; records showed the cooker had not had a safety check as required since 16 July 2014. The providers told us this was due to be replaced as part of a planned refurbishment; however safety checks should have still been completed.

The failure to ensure all safety checks were completed was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The providers told us that following a recent medicines safety incident actions had been taken to improve

medicines safety. Measures taken included for example: additional staff training and competency assessments, although we noted two of the ten staff competency assessments had not been completed within the last year as required. Other actions taken included: the suspension of a member of staff from administering medicines whilst they undertook additional training. More protected time for senior staff to order and check medicines and additional checks on controlled medicines which require a greater level of security.

Although most people told us they received their medicines as required and we found medicines were in stock and available for people at the time of the inspection. A person told us "I have waited two to three days for my medication and that upsets me and makes me anxious. This has happened one or two times and I don't think this is right. I think that for a home like this they could do better because they are genuinely nice people." Another person commented "There used to be delays in medication but things are getting better. I like to get my medication early, delaying or missing makes me worried and very anxious. However they have improved a lot in the past month or so." Staff confirmed there had been issues with medicines not always being available at the start of the medicines cycle, indicating ordering processes were not sufficiently robust to ensure consistent availability of medicines as required at all times.

We saw that a person had tablets in their bedroom. We checked their medicine administration record (MAR) and saw staff had signed to say they had administered them, when they had just left the medicine with the person to take later, which is not safe, as unauthorised people could have gained access to them. Following the inspection the registered manager provided evidence this issue had been addressed with the staff member through a supervision. We saw a person's thick n' easy thickener for liquids was unsecured and accessible to people. A patient safety alert was issued by NHS England in February 2015 regarding the danger of asphyxiation from the ingestion of thickener powder. Although staff later removed the container, this should be stored safely at all times.

We saw that a person had topical creams which were not labelled with the date of opening to enable staff to identify whether they were safe and effective for use and when they should be disposed of. There was also a topical cream with the label partially missing so we could not identify if it was actually prescribed for the person. Staff had not consistently documented when they had administered peoples' topical creams as required to provide an accurate record of their administration. Following the inspection the registered manager produced evidence of the actions they are taking to ensure staff complete the topical cream charts as required. Care staff had not undertaken training in the application of topical creams for people to ensure they understood how to apply them and the importance of recording their correct application. Following the inspection the registered manager provided written evidence this training had been booked for staff. A weekly audit of boxed medicines had recently been introduced. However, this did not provide a running balance of the boxed medicines held to enable staff to account for stock daily and to aid stock management. The GP had not been alerted when a person consistently refused to take their covert medicines, to determine if any actions should be taken. People did not all have 'PRN' guidance in place for those medicines they took 'as required' in order to instruct staff regards when to administer them. Although improvements had been made, medicines management for people was still not fully safe.

During the inspection the providers started to take action on the issues we identified. Following the inspection they submitted an initial action plan outlining the actions they had started to take, or planned to undertake based on our feedback at the inspection. This has lowered the level of the above risks identified. The failure to ensure the proper and safe management of medicines was still a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the service was clean. Their comments included "I have got a nice and clean room. They keep it clean all the time." The service was seen to be visibly clean in the communal areas, bathrooms and

people's bedrooms. Housekeeping staff confirmed they cleaned these in accordance with their cleaning schedules. Staff had access to personal protective equipment and wore it. However we observed that the kitchen environment was not well maintained and was visibly dirty. We saw mould, cobwebs, greasy tiles, black grouting around tiles, the cooker was dirty, there were screw holes in some of the walls and some of the cupboard doors and drawer fronts were missing or the facias were lifting. The provider told us and records confirmed a new kitchen was due to be fitted with work scheduled to commence on 5 September 2017. However, in the interim there was a lack of evidence that cleaning had been completed as required. The provider took immediate action to ensure staff cleaned the areas highlighted and introduced a new cleaning schedule. These measures need to be sustained as the kitchen needs to be consistently cleaned in accordance with legal requirements.

Staff spoken with understood their role and duty to report any safeguarding concerns and training records indicated that all staff had received safeguarding training within the last year. Staff had access to relevant guidance and policies, however, the service's safeguarding policy had not been reviewed since 2014 to ensure it provided relevant and up to date information for staff. Since April 2017; three professionals had raised safeguarding alerts regarding people's care to the relevant authority for further investigation. The registered manager was able to tell us about the actions they had taken in response to these in order to improve peoples' care. Processes were in place to safeguard people from the potential risk of abuse and the providers have fully co-operated with safeguarding investigations. However, as detailed in relation to medicines, although actions have been taken to prevent the risk of reoccurrence they have not always been fully effective for people.

People told us they would like to see more staff. Their comments included "They could do with more staff" and "They have good staff but I think that they have a lot to do." A visitor commented "We think that they could do more with additional staff." Staff told us that they thought there were enough staff to support people effectively. The registered manager assessed people's needs on a regular basis and records showed they provided suitable levels of staff to support people accordingly. There were 12 staff on duty in the morning (including one staff providing 1:1 care), 10 staff in the afternoon (including two staff providing 1:1 care) and four staff at night. Rosters supported this level of staffing overall. Staff deployment during the day included a team leader and a senior care staff on each unit. Night staff included a senior care staff. The service used agency staff on occasions to cover staff absences. We observed that there were enough staff on duty to attend to people's needs, and sufficient staff were deployed to assist people as required.

Staff recruitment files contained relevant information including an application form with employment history, references, photographic identity, health declaration, security checks, contract of employment and a record of interview notes. Relevant checks had been made in relation to staff's suitability for their role.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our comprehensive inspection on 01 and 02 August 2016 we found that the providers had failed to follow the requirements of the MCA prior to making an application to deprive people of their liberty or when determining if the use of bed rails was in their best interests. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found legal requirements had been met.

People's capacity to consent to their care where it was suspected they lacked capacity had been assessed and where any restrictions amounted to a deprivation of liberty a DoLS application had been made. The DoLS application demonstrated who had been consulted about what was in the person's best interests, however, records of these discussions needed to be documented in order to provide a full record of their content. Processes were in place to monitor who was subject to a DoLS and when their application required renewal. Where people received covert medicines the MCA assessments had been completed, to ensure legal requirements were met. Where people used bed rails and lacked the capacity to consent to their use, there was evidence the relevant MCA assessment and consultation with relevant parties had taken place. Legal requirements had been met for people; but some aspects of recording required further improvement.

Although 12 of the 15 senior staff had received MCA training 18 of the 24 care staff still needed to undertake this training, six of which had already been booked to attend. Pocket reference cards had been issued to staff with the principles of the MCA. However, few of the care staff spoken with were able to outline these principles. Those staff who were responsible for undertaking more complex MCA assessments had undergone relevant training, however, further time is required to ensure that all care staff complete this planned training, to ensure they have a clear and demonstrable understanding of the MCA in relation to their day to day work with people.

People told us they were very happy with the care staff provided. One person commented "I have every confidence in the carers." New staff underwent an induction to their role and those new to care undertook the Care Certificate which is the industry standard induction. The staff training matrix showed staff were required to undertake the provider's required training and additional training was available in areas such as challenging behaviour, end of life care and diabetes for example, although only three staff had completed end of life care to date. Following the inspection the registered manager provided written evidence this

training had been booked for staff. The provider was introducing face to face training using an in-house trainer rather than the existing e learning system. Staff were positive about this change as they thought it would deliver more effective learning and provide opportunities for questions, reinforcement and assessment of knowledge levels. Not all staff were currently up to date with the provider's required training, but records demonstrated staff were being booked onto training. Arrangements were underway to ensure all staff underwent relevant training for the provision of peoples' care.

Records showed staff were receiving supervisions, although not all regularly. For example: 14 staff had received only one supervision in 2017, seven had received two and eight staff had received three. Although not all staff had received regular supervisions, people were supported by staff who reported that they felt supported in their role; this requires improvement to provide all staff with regular supervision.

Records demonstrated staff had been supported to undertake professional qualifications in social care. Nine staff had completed at least one National Vocational Qualification and a further six were in the process of doing so. Staff were supported in their professional development.

People told us they were satisfied with the meals and the food choices provided. Their comments included "I get enough food to eat and drink." "The food is alright. We get good food and enough to eat and drink all day." "We have good choices and good variety of food to eat."

People's records reflected their dietary preferences and staff were familiar with people's food preferences. For example, staff knew that one person liked gravy with all meals, so they went and obtained some from the chef. People were provided with a choice of main meals and desserts. We saw that if people did not want either of these options then staff suggested alternatives which were provided to ensure people had a meal that they liked. People were observed to be regularly offered drinks across the inspection and these were placed within their reach.

We observed people were asked mid-morning what they would like for their lunch. Most people had the ability to make this choice. However, people living with dementia cannot always recall what they have chosen and would benefit from choosing at the point of service.

If people required a pureed diet, or a high protein diet or a high calorie diet this was documented in their records and the chef alerted. We observed that people who required a pureed meal were provided with one and each element of their meal had been pureed separately as required, to aid the presentation of the meal and for the person to be able to identify the different elements. Meals were fortified where required with grated cheese to increase their calorific content for people. People who required support to eat their meal received patient assistance from staff.

People told us they were supported with their healthcare as required. Their feedback included "I know that if I ever needed a doctor or nurse, they will make sure that I get one" and "I have seen the doctor on occasions but I don't think they like calling the doctor much." Records showed people had seen various health care professionals including for example: GP's, district nurses, speech and language therapists. A professional had expressed concerns about staff skills and training, regarding when to access emergency healthcare services. Although there was a basic GP referral form and basic guidance for staff with regards to when to make a referral to 111 or emergency healthcare services. We found there was a lack of effective and detailed guidance for staff, to ensure they knew when to refer and what information to pass on to services. Records provided following the inspection, demonstrated three of the senior staff had undertaken a workshop regarding the documentation for calling emergency healthcare services, 111 or the GP, which included the use of the Situation, Background, Assessment and Recommendation (SBAR) tool. This is a recognised aid to

decision making and the effective transfer of crucial information from residential homes to health care services. However, staff were still not actually using it to support their decision making. There was a potential risk that without relevant guidance staff could potentially not call emergency services when required or call them unnecessarily. The registered manager told us further training was booked for 10 and 11 August 2017, which records confirmed. After the inspection the registered manager told us the SBAR would be implemented to support staff consistency in making decisions regards when to call health care services. Use of this tool still needs to be embedded into practice for people, it will take time to do this and for the provider to be able to demonstrate how effective this development has been.

Is the service caring?

Our findings

People told us "They are all very caring. They have excellent staff in general" "They treat me well but of course it may at times vary from carer to carer." "The staff are really good and caring people." All people and visitors spoken with apart from one person who wanted to see communication improved, felt people enjoyed positive relationships with the staff who provided their care.

Staff were observed to speak in a kindly, caring and friendly manner to people whilst they provided their care. They used touch where appropriate to communicate with people and to provide reassurance. For example, one person was extremely anxious and care staff sat with them gently stroking their hair which the person appeared to find calming. Other staff were seen to bend to people when communicating with them to ensure they were on the same level and could maintain eye contact. Staff were mostly observed to chat to people as they provided their care.

It was apparent that staff were aware of people's different needs, abilities, preferences and personalities and took time to acknowledge and accommodate their needs. Staff were observed showing an interest in people's comfort and welfare, checking they were seated comfortably and had what they needed such as their preferred reading materials for their enjoyment.

Staff provided re-assurance to people as required; for example, they were heard to say to a person that they did not need to eat more of their lunch if they had had enough. People were observed to feel at ease in the company of staff and to approach them at will with any queries or questions.

People told us they felt listened to and that their views about their care were respected. Their comments included "They listen to me which is good." "I prefer to be attended to by a female carer and they make sure that I get this service. Unfortunately this at times leads to delays to the time I get attended to." "They listen to me and respect what I say to them for example on food choices or what I want to wear." "Yes they do ask me before they do anything like waking up in the morning or dressing up." "One person told us "I drink a can of beer a day and they make sure I get that." A relative commented "They do indeed listen to the residents."

There was guidance in people's care plans regards how staff should respect peoples' choices. Staff were observed throughout the inspection to consult people about their care. For example, they asked people whether they were ready for their breakfast and consulted them about where they wanted to eat. Although people resided in either the purple or green side of the building they were able to choose where to spend their time. Staff checked with people if they had finished their meal before removing their plate. Staff explained to people what they were doing as they transferred them. Staff were heard at the shift handover to discuss a person's wish to have a bath and that they were to be supported to do this by a female care staff as per their wishes. People were informed about their care and their views taken into account regards how their care was provided.

People's communication needs were documented both in terms of their hearing, whether they communicated verbally and how their body language might present in relation to different emotions. Staff were provided with sufficient information about how people communicated.

Couples were accommodated in their own bedroom to ensure they remained together. Two relatives commented to us how pleased they were that their loved ones wishes had been respected. One relative commented "I am also happy that they accepted them both and they live in one room. I feel that this is remarkable because separating them would have made them stressed." Another relative told us "We are glad that they were both taken in at the same time and that they live in one room. We really appreciate that." Staff recognised that people wished to be cared for as 'a couple,' sitting together, having meals together and spending time together. Where people formed new friendships staff had considered any potential vulnerability or risks, but also respected people's right to spend time with whom they chose to. People were supported to maintain relationships and to form new friendships.

People told us staff respected their privacy and dignity in the delivery of their care. They said that the staff were friendly and hard-working people who were always polite when dealing with them. Their comments included, "I feel that they respect me." "Yes they do respect me and give me the dignity of another human being in their course of work."

We observed that people's privacy and dignity was respected and staff ensured that bedroom and bathroom doors were closed when delivering personal care. We saw that staff always knocked on bedroom doors before entering. Staff explained how they ensured they always asked for consent and covered people as far as possible when delivering personal care to promote dignity and respect.

When people were transferred from a wheelchair to an easy chair or vice versa in the communal areas, staff ensured they used a privacy screen in order to maintain the person's dignity. A person did not want to receive unannounced visitors and there was clear guidance regards this, the person's wishes regards their privacy were respected. Staff were observed to respect peoples' decisions and if people told them to go away then they respectfully withdrew. Staff were aware of and sensitive to peoples' right to privacy and dignity.

Is the service responsive?

Our findings

People told us they had been involved in both planning and reviewing their care and that they felt consulted and listened to. Their comments included "I know I have a care plan which is kept in the office. They take care of that but also consult me about my care." "Yes, I am aware of my care plan. They will talk to me if there was any changes." "They (staff) have talked to me about my care plan."

Records demonstrated people's care needs had been assessed prior to their admission and copies of assessments completed by other agencies were sought. People were involved in drawing up their care plans which encompassed areas such as: their personal history, communication, personal hygiene, skin care, mobility, diet, medical needs, interests and end of life arrangements. People's records demonstrated their care plans had been reviewed by staff on a monthly basis or in response to incidents where the person's care record required updating. People and their relatives were also involved in regular reviews of their care.

People's care plans reflected their personal history in terms of career and family. There was also a record of their preferences about their care, for example, if they preferred a shower or a bath and their preferred time of getting up and going to bed. Staff understood people's preferences and ensured for example, that they were provided with the newspapers and magazines if they liked them. We saw staff bring a person a copy of their weekly magazine. People's preferences were noted and met.

Care staff said they could reference people's care plans if they needed to but in practice did not usually have time to do this on a regular basis. However, they said that there was a care plan summary in each person's room which they could refer to for an overview of the person's care needs. This provided care staff with guidance regards how each person wanted their care to be provided and the support they required. The summary also detailed how to support the person with any signs of distress. Staff were able to explain the needs of different people that they cared for in the service and said that people's progress was discussed at handover meetings after each staff shift along with any concerns. They stated that they tended to ask senior staff about how to support those newly admitted to the home or if they were unsure about details of care for any person. This ensured they had access to relevant information about the person's care.

Where people's behaviours could challenge staff, there was evidence their behaviour had been monitored using a behavioural chart. People's care records provided staff with guidance regarding why people might present with challenging behaviours. People who needed one to one care to manage their behaviours were observed to receive this level of support from staff. Records showed a number of staff had recently undertaken training in managing challenging behaviours with people. Staff had either undertaken dementia training or this was being arranged for them to attend. We observed that staff responded appropriately to people when their behaviours became more agitated.

Staff were heard to ask people if they required support with tasks, rather than assuming they required assistance. We observed one incident where care staff supported a person in a manner that did not support their independence. We raised this with senior care staff who immediately addressed this with the staff member for the person.

We were told by staff that people were provided with a series of activities, tailored around their individual needs. There was an activities schedule displayed for the week to ensure people knew what was taking place. Activities were planned across the seven days of the week. They included for example: exercises, sing alongs, talks, craft, one to ones, games and going out in the garden. In addition there was a monthly communion, the hairdresser visited weekly and external entertainers were booked.

Activities co-ordinators were observed to provide both group and one to one stimulation for people. Most of those spoken with felt they were unable to participate fully in activities especially if these were physical, due to their disabilities, others were simply quite happy to read and watch television in their rooms. Some people said there were not enough activities and that they felt bored. Their comments included "They don't do a lot of activities with us but they are trying to make things better." "There are not many activities here and I think it is partly because there is shortage of staff." Evidence however, suggested that over the previous month or so, the service was actively introducing changes to include the introduction of new activities for people. The providers had recruited a new activities co-ordinator who was still under-going their induction, in addition to the two existing part-time co-ordinators. The new activities co-ordinator had many ideas and had spent the whole day assessing people's individual activity needs. They said, "Whatever activities we introduce, they must and should be focused on individual needs because not all of them are the same." Action had been taken to ensure people were provided with sufficient levels of social stimulation.

People told us they could make a complaint if required. Their comments included "If I had anything to complain about I would go to the manager or any or any of the care team and I know that they would listen to me" and "If there was anything, I would speak to the staff here and the manager."

The complaints procedure was clear and robust and outlined the system for making informal and formal complaints along with suitable time lines and contact numbers if a complaint was unresolved. An easy read version of the procedure was clearly displayed and available in the reception area of both units.

We reviewed the complaints file which contained six documented complaints during 2017, four of which related to a failure to answer call bells promptly. There had been a swift response to most complaints with a response within one or two days. All except one of the complaints were well documented with evidence of investigation, action taken and a clear response. There were processes in place for people to make complaints and these were acted upon.

People's views were sought via the resident's meetings, the last of which was held on 5 May 2017. People were asked for their feedback regarding what entertainers they wanted and their ideas for the open day, people had requested that animals should be arranged for the open day. A person wanted to see a prehistoric animal so in response an animal experience was booked and a lizard requested. Relative's views were also sought and the last relative's meeting took place on 5 June 2017. Relatives were invited to raise any issues they wished to with management.

People and their relatives had been asked to complete a quality assessment of the service in November 2016. The collated and analysed results demonstrated a good level of satisfaction with the service provided. Where people had identified issues these had been noted and responded to appropriately. For example, staffing had been increased in response to feedback and a new system for labelling clothes was introduced. People's feedback had been sought and acted upon to improve their experience of the service.

Is the service well-led?

Our findings

Processes were in place to document and analyse incidents. This information was collated alongside data on ambulance call outs, infections, pressure ulcers and DoLS applications into a monthly summary. This noted where people had experienced an increase in falls and the actions taken to manage these and an analysis of why infections had occurred. The summary would benefit from extension to include safeguarding's and complaints to ensure all relevant data was analysed for people.

However, quality and assurance audits were not consistently completed in accordance with the provider's audit schedule. Nor were they fully effective; they had not identified or fully addressed all of the issues we found.

The last infection control audit was conducted on 22 June 2016; it was not completed with sufficient frequency to effectively monitor the quality of infection control processes. Robust processes were not in place to monitor the quality and adequacy of the kitchen cleaning. Although an infection control lead has recently been identified to complete these audits in future; audits should have been regularly completed to manage the potential risk of infection for people effectively.

A medicines audit was completed on 6 July 2017 and a controlled medicines audit on 9 July 2017. A medicines audit should have been conducted monthly according to the provider's audit schedule; but the previous one was dated 9 May 2016; over a year before. Medicines had not been effectively audited and monitored during this period for people's safety. The 6 July 2017 audit did not identify the issues we found, for example, in relation to: staff leaving medicines out for people to take, thick n'easy not safely stored, expiry dates not recorded, topical cream records not consistently completed, lack of staff training for the administration of topical creams and no running record of boxed medicines. Following the inspection the registered manager sent us evidence of the measures they are taking to source a new and more effective medicines audit.

People's care plans should have been audited monthly, but records showed this audit was last completed on 1 March 2017. Care plans had not been audited as regularly as required which might have identified some of the issues we identified with discrepancies in people's records. For example, a person's skin care plan noted there was no turning chart; however, a turning chart was in use and although they had received this care as required, their records had not been updated to ensure staff had written guidance regards this change. Another person now required one to one staff care from 14:00-20:00 instead of from 09:30-19:00, but their care records had not been updated to reflect this change. People's records were not always kept up to date as required.

The providers did not always take prompt action in relation to issues identified by their own or external audits and reports. The last infection control audit of 22 June 2016 had identified the need for the kitchen to be refurbished but this had still not been completed by the time of our inspection. The medicines audit of 6 July 2017 identified that not all 'as required' medicines protocols were in place for new people, this had not been addressed by the inspection and there was insufficient written guidance for staff regarding their safe

administration for people.

The providers' pharmacist had audited their medicines on 10 May 2017 and identified areas that required action for people's safety; although a number of these had been actioned, some still remained outstanding. For example, running medicines balances were not recorded to account for amounts of stock held and dates of opening medicines were not recorded. The registered manager has since written to us with evidence of the actions they are taking to address this for people. Records showed the issue relating to the legionella risk from the wash hand basin, the required safety check on the gas cooker and the lack of a maintenance programme in place for the thermostatic mixing valves (TMV's) had been brought to the provider's attention as requiring action by a local authority health and safety officer in a letter dated 15 January 2015, but these issues had not been acted upon to ensure people's safety. An environmental health officer had inspected the kitchen on 14 June 2017 and identified the same issues which we found in relation to the cleanliness of the kitchen, but they had still not been fully addressed by the time of the inspection; to ensure the kitchen was clean and hygienic for people's food preparation.

During the inspection the providers started to take action on the issues we identified. Following the inspection the providers submitted an initial action plan outlining the actions they had started to take, or planned to undertake based on our feedback at the inspection. This has lowered the level of the above risks identified. The failure to ensure processes were operated effectively to assess, monitor and improve the quality and safety of the service provided, or to act on feedback from relevant persons to improve the service or to maintain accurate records were still breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. Whilst there was a registered manager registered with CQC to manage the service. The registered manager is the providers' general manager and they have been registered with CQC since 10 May 2016 whilst the providers appoint a permanent manager. Since 2015 there have been three managers of the service, in addition to the registered manager who has stayed in post throughout. Another new manager of the service has been appointed who is due to commence their role in September 2017. Although the general manager has provided the required stability and leadership to the service in the registered manager's role, the service needs a permanent manager.

People told us the service was well managed and that it was improving, their comments included. "Overall the management is good and doing a good job. I would like to see more of them though. I don't know who the manager is but I know X (deputy manager)." "I think that this is a good home and it is well managed. Of course there is always room to make things better. They are working to make things better judging from the past few weeks. It is a lovely place to live especially as the service is improving all the time." "I am not involved in the management of things here. But they generally do a lot of good to this home." "The home has excellent workers and the owners are good people who care."

Staff reported that they felt well supported and said the managers were visible, approachable and responsive. Their comments included "The management is good and always listens to me. You can ask and talk to them about anything" and "The management works very hard but I would like to see more of them." Several staff were able to give recent examples that demonstrated a quick and effective response to staff concerns. Staff felt that increased staff numbers and the introduction of face to face training were welcome improvements that meant that management listened to and acted on their views.

There was a well-established and consistent senior staff structure and a care co-ordinator provided the link between staff on the floor and management. Senior staff were observed to lead the staff clearly; the care co-

ordinator provided a daily update to the registered manager. Despite these structures and processes, staff did not always identify issues or complete delegated tasks as required. Staff had failed to act on the information regarding one person's poor fluid intake or to act promptly regarding another person's weight loss. They had failed to identify or follow-up upon a discrepancy between the information obtained during a person's pre-admission assessment and the information documented on their hospital discharge form which could have been relevant to their care and treatment; to ensure staff had the correct information. Following the environmental officer's inspection of the kitchen on 14 June 2017, the registered manager had raised the issues regards the cleanliness of the kitchen with relevant staff on 30 June 2017. Staff had not completed the required actions nor had the registered manager checked if they had done so.

Senior staff and the providers told us that a substantial amount of senior staff's time was taken up with addressing medicines ordering issues and people's health issues; hence they lacked the time to complete all of their daily checks and audit duties. The registered manager told us and records confirmed they had attempted to address these issues. The providers told us they were investigating both changing pharmacy and the use of a GP 'retainer' contract, whereby a GP is contracted to provide a weekly clinic. However, these measures will take time to implement and senior staff did not feel they currently had sufficient time to complete all of the required checks and audits or to be fully effective in their role.

The objectives of the service were to provide a 'Standard of excellence which embraces fundamental principles of good care practice.' Although the providers aimed to meet this objective and had taken action to achieve this with increases in staffing and changes to training for example, further work was required to consistently achieve their aim of providing good care in all areas.

The providers told us they had been working with staff to improve the culture of the service. Staff indicated that they were happy working at the service and that the culture was open, positive and inclusive with a good sense of teamwork. Their comments included "Yes, I feel that everything is good here. I love the job" and "Great place to work and very diverse needs and sometimes challenging. But with the right training and skills we can do it more effectively." Action had been taken in relation to under-performing staff and records showed staff that had raised issues had been appropriately supported in accordance with whistleblowing legislation. Staff reported that there were regular staff meetings at which they were able to raise issues or concerns. One of the items raised by the provider's at the staff meeting of 5 June 2017 was 'What a lovely team we have.' Acknowledging the strengths of the team, whilst looking with them, at why despite this; the service was under performing and discussing with staff what measures were required to improve. There was a culture of openness with staff regards the current issues the service faced and they were included in discussions regards how to move the service forwards for people. Staff's morale had improved since the last inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The providers failure to ensure risks to people were assessed and mitigated, the proper and safe management of medicines, to ensure staff had sufficient competence and skills to provide safe care were breaches of Regulation 12 (1)(2)(b)(c)(g)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The failure to ensure the service was properly maintained was a breach of Regulation 15 (1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers failure to ensure processes were operated effectively to assess, monitor and improve the quality and safety of the service provided, to act on feedback from relevant persons to improve the service or to maintain accurate records was a breach of Regulation 17 (1)(a)(b)(c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

