

Royal Bay Care Homes Ltd

Royal Bay Nursing 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



Overall summary

Royal Bay Nursing Home provides accommodation for up to 35 people. It provides a service for people with nursing needs and people living with dementia.

There was no registered manager in place at the time of the inspection. 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.

There was no registered manager in post. There was a deputy manager and head of care and they shared the responsibility for managing the service. From our discussions with the deputy manager and the head of care it was not always clear who was responsible for tasks and addressing concerns within the home. The deputy manager told us that the provider was in the process of recruiting a new manager who will apply to CQC to become the registered manager; however at the time of the inspection they had not appointed a suitable candidate.

Summary of findings

Systems were in place to identify risks and protect people from harm; however for some people these risk assessments were not reviewed regularly to ensure that people's records reflected their needs in relation to mitigating risks.

Premises were not properly maintained as the provider had not ensured that there was a supply of hot water. On the day of our inspection we noted that there was a limited supply of hot water within the home and this had been a persistent issue since December 2015. There were three bathrooms within the home and two of these bathrooms did not have access to hot water. This meant that people were not able to have a bath or shower when they preferred. Some people within the home had been receiving bed bath and they told us their preference was for a bath. The provider had not notified the Commission of the failure of the hot water supply as an event that could prevent the service was carrying on the regulated activities safely or in accordance with registration requirements.

People's hydration needs were not always met. Fluid charts were in place, however we reviewed the fluid charts of two people who spent their time in their room and saw that they had not received the amount of fluid as set in the daily intake target in their care plan and the guidance for staff on ensuring sufficient hydration was not sufficiently clear.

We saw that the monitoring processes in place had not identified and taken action to address the concerns we found at this inspection including food and fluid charts and concerns with the premises.

There were sufficient numbers of staff on duty to keep people safe and meet their needs. We reviewed the rota and the numbers of staff on duty matched the numbers recorded on the rota. Staff told us they felt there were enough staff on duty however staff raised concerns about the high number of on agency staff in the evening and weekends. The rota showed that there was a high level of agency staff used over the four week period. We saw that in the week starting the 4 January 2016 14 shifts were covered by agency staff, the following week there were 10 shifts covered by agency staff. From our observations staff responded to people promptly however people we spoke with told us the high use of agency staff had affected the quality of the care at night and the weekends.

Staff were aware of their responsibilities in relation to keeping people safe. A member of staff told us, "If I saw a colleague doing something they shouldn't I would let the manager know". Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed people receiving their medicines in the afternoon of the first day of our inspection and saw staff administered medicines safely.

Consent to care and treatment was sought in line with legislation and guidance. Where people did not have capacity to consent to their care and treatment this had been assessed in line with Mental Capacity Act 2005. We spoke with staff and were told that they had recently completed Mental Capacity Act training and they were able to speak with us about consent, people's rights to take risks and the importance of acting in someone's best interests.

New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. Staff had undertaken appropriate training to ensure that they had the skills and competencies to meet people's needs.

People were supported to maintain good health and had access to health professionals. People told us they were able to see a doctor when they needed to.

People spoke positively of the caring approach of staff and one person told us, "The staff are kind and caring, they're very helpful".

We saw that care plans contained guidance for staff and reminded them to encourage people to make choices about what they would like to wear. People's care plans contained information about their life history and staff spoke with us about the importance of knowing people's history.

There were planned and meaningful activities available to people. There were scheduled external entertainers who visited and offered activities such as reminiscence classes.

Summary of findings

People and their relatives told us knew what to do if they were not satisfied with the service they received or if they wished to make a complaint.

Relatives and staff spoke highly of the deputy manager and felt they would be able to approach them with any concerns.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Premises were not maintained to ensure there was supply of hot water for people.

Staff had received safeguarding training and knew how to recognise and report abuse.

There were sufficient numbers of staff to make sure that people were safe and their needs were met although both staff and people using the service commented that the high use of agency staff sometimes impacted on the consistency of care.

Risk assessments were in place but were not regularly reviewed to ensure that they reflected people's current level of risk.

Requires improvement



Is the service effective?

The service was not always effective.

People's food and fluid charts were not always completed which meant it was unclear if people in their rooms received enough to eat and drink

Staff had received training as required to ensure that they were able to meet people's needs effectively.

People's rights were protected as the principles of the Mental Capacity Act and the requirements of the Deprivation of Liberty Safeguards (DoLS) were followed.

Requires improvement



Is the service caring?

The service was caring.

Staff were kind, caring and offered reassurance to people when needed.

People were treated in a dignified and respectful way.

People and those that mattered to them were involved in their care.

Good



Is the service responsive?

The service was responsive.

People received person-centered care that reflected their needs and considered their preferences.

There were structured and meaningful activities for people to take part in.

Complaints were dealt with promptly and in line with the home's policy.

Good



Summary of findings

Is the service well-led?

The service was not always well led.

There was no registered manager in post at the time of the inspection and it was unclear who took lead responsibility for coordinating various aspects of the service and responding to concerns.

Quality assurance systems were not effective in measuring and evaluating the quality of the service provided and acting upon areas for improvement.

Staff told us the deputy manager was approachable and that they had regular supervision.

Requires improvement



Royal Bay Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 19 and 20 January 2016 and was unannounced. Two inspectors and a specialist advisor undertook the inspection. A specialist advisor provides specialist clinical advice to the inspection team.

Before the inspection, we checked the information that we held about the home and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed safeguarding information that we had received from the West Sussex County Council

Safeguarding Team. We used all this information to decide which areas to focus on during inspection. We also reviewed feedback from healthcare and social care professionals. We used all this information to decide which areas to focus on during the inspection.

Some people living at the service were unable to tell us about their experiences; therefore we observed care and support in communal areas. 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 spoke with the deputy manager, the head of care, eight members of staff, three visiting relatives, five people who lived at the home and one health care professional. We also examined a selection of records. These included seven care records, five staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints, quality assurance audits and other records relating to the management of the service.

The service was last inspected on 18 November 2013 and no issues were identified.

Is the service safe?

Our findings

On the first day of our inspection we noticed that there was limited hot water available within the home. We spoke with the deputy manager and they told us there had been a problem with the hot water since the end of December 2015. Within the home there were three bathrooms and at the time of our inspection the two upstairs bath and shower rooms did not have hot water. The downstairs bathroom did have hot water but due to the size of the room staff were unable to use a hoist in this bathroom. This meant that people who need to use a hoist to access the bath had not been receiving a bath since the end of December. The deputy manager told us that people had been receiving a bed bath but as some rooms did not have hot water staff had to go to another person's room to access this. We spoke with people and relatives about the lack of hot water and one relative told us that their family member "Hadn't had a bath for weeks". People were unhappy with the situation regarding the lack of hot water and told us, "I'm meant to have a bath three times a week, I last had a bath before Christmas". Another person's told us "my only gripe is the water".

The kitchen had access to hot water as this room had its own separate boiler system. The deputy manager and the Head of Care told us that they had difficulties finding a plumber who would willing to visit and carry out checks on the system. They told us they had spoken with 8 or 9 plumbers who would not visit. The deputy manager had contacted the provider to ensure that they were aware of the lack of hot water. We saw from quality assurance records that the provider was aware of this issue. The deputy manager told us that a plumber was due to visit the following day. On the second day of our inspection we saw that a plumber visited and repairs were carried out on the boiler system and that hot water would be available the following day. We contacted the deputy manager following the inspection and were told that that all bathrooms and bedrooms now had hot water. The deputy manager told us that the repair carried out was a short term fix and arrangements had been made with the plumber to carry out an assessment of the water system and a more permanent solution would be found to ensure that hot water was available to the home.

From our discussion with the deputy manager and the head of care it was not clear who had responsibility for

ensuring that maintenance, which was too specialist for the maintenance person to carry out, was actioned and followed up. As a result the issue of having adequate access to hot water for bathing facilities was left unresolved for an excessive period of time which had impacted upon people and their care. The provider had not ensured that premises were safe, well maintained and suitable for its intended use. We also saw that the boiler within the downstairs toilet was in a state of disrepair and the cover of the boiler was loose which meant that wires were exposed, placing people and staff at risk. **This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.**

Systems were in place to identify risks and protect people from harm. However for some people these risk assessments were not reviewed regularly to ensure that people's records reflected their current risk. We reviewed two people's care plans and saw that a Walsall Community Pressure Ulcer Risk Calculator had been completed. We saw that this document was completed incorrectly as the instructions stated "to identify just one item in each category." However two items had been identified in one category of the assessment which gave a score which may be inaccurate. We reviewed another person's care records and saw that the Walsall Community Pressure Ulcer Risk Assessment tool had not been completed since October 2015. We spoke with staff and they advised that this document should be reviewed every month to ensure changes to people's risks is identified and action on. The Walsall Community Pressure Ulcer Risk Assessment tool is used to measure and evaluate the risk of people developing pressure ulcers and determine how staff should monitor and mitigate this risk. While people were receiving support to reduce the risk of pressure sores systems were not always used appropriately to ensure these assessments were up to date. **We recommend that the provider ensure that systems are in place and regularly reviewed to ensure the health safety and welfare of people.**

However we also saw examples where people's risks were assessed, monitored and changes responded to. We reviewed the care plan of someone whose mobility had recently changed. We saw that their mobility risk assessment had been reviewed and updated to reflect the increased support they needed. A risk of falling from bed

Is the service safe?

had been identified and discussion had taken place with the person about the use of bed rails. We saw that a bed rails risk assessment had been completed which considered the risks and benefits of using bedrails.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. DBS checks allow the provider to check whether staff are suitable to work in a care setting. Staff files contained evidence to show, where necessary, staff were registered with appropriate professional bodies such as the Nursing and Midwifery Council and pin numbers were noted in staff files. The Nursing and Midwifery Council regulate nursing staff and ensure professional standards; once they are registered they receive a pin number.

There were sufficient numbers of staff on duty to keep people safe and meet their needs. We reviewed the rota and the numbers of staff on duty matched the numbers recorded on the rota. We saw that there were 6 members of care staff on in the morning, five in the afternoon and evenings and there were three care staff on duty during the night. There was one registered nurse on at all times, some people within the home needed support with nursing need while other needed support with personal care tasks. Staff told us they felt there were enough staff on duty, however staff raised concerns about the high number of on agency staff in the evening and weekends. One person told us, "Weekends are a problem, lots of agency staff. A member of staff told us, "We've had quite a few people leave and we've used a lot of agency staff. The care is suffering". Another member of staff told us, "The basics are done but it's difficult when you have agency staff because they take up time and can't do things on their own if they haven't worked here before".

We observed that people were not left waiting for assistance and people were responded to in a timely way. We looked at the staff rota for the past four weeks. The rota included details of staff on annual leave or training. Shifts had generally been arranged to ensure that known absences were covered. The rota showed that there was a high level of agency staff used over the 4 week period. We saw that in the week starting the 4 January 2016, 14 shifts were covered by agency staff, the following week there were 10 shifts covered by agency staff. We spoke with the deputy manager who told us that they were using a higher

level of agency staff than they preferred. The provider was in the process of recruiting both nursing and care staff. The deputy manager told us that they had a new member of staff starting the week of the inspection and two other new members of staff were awaiting the return of their DBS checks and then would a start date would be arranged. Further interviews were also planned to increase staffing levels. We spoke with the deputy manager about the induction process for agency staff and were told that staff were shown around the building, fire procedures explained and they were told of the daily routines for people living at the home. After agency staff had completed each shift the deputy manager checked on the quality of care which was provided by speaking with other staff members. The deputy manager also told us that they tried to use regular agency staff to maintain the quality of care which people received. From our observations people were responded to in a timely way by staff however people living at the home felt that the quality of the care had been negatively impacted by the increased use of agency staff at night and the weekend. The provider had taken steps to recruit permanent staff however the provider should take into consideration people's feedback about the impact of agency staff on continuity and quality of care.

People were cared for by staff who knew how to recognise the signs of possible abuse. Staff were able to identify a range of types of abuse including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe. A member of staff told us, "If I saw a colleague doing something they shouldn't I would let the manager know". Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately. A member of staff told us, "I'm sure the manager would deal with anything like abuse but if not I would come to you (The Care Quality Commission)". A member of staff explained that they would discuss any concerns with the manager or the provider. If they did not feel the response was appropriate they knew which outside agencies to contact for advice and guidance. Staff said they felt comfortable referring any concerns they had to the manager if needed. The manager was able to explain the process which would be followed if a concern was raised.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed people receiving their medicines in the afternoon of the first day of our inspection and saw

Is the service safe?

staff administered medicines safely. Medicines were managed by the registered nurse on duty. Staff locked the medicines trolley when it was left unattended and signed medicines administration records (MAR) once people had taken their medicines. There were no gaps in the MAR charts so there was a clear record of people's receiving their medicines as prescribed. We saw that one person living at the home administered their own medicines. This person's medicines were stored in a lockable cupboard in their room, they could access this using a key which they held. An initial assessment of this person's capacity and ability to manage their medicines had been completed; this assessment was reviewed regularly to ensure they were

able to safely manage their medicines. Medication Administration Records (MAR) were in place and had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within guidelines that ensured the effectiveness of the medicines was maintained. We carried out a random check of the stock of medicines and they matched the records kept. The deputy manager regularly completed an observation of staff to ensure they were competent in the administration of medicines. We spoke with staff who told us that they received annual medicines management training, the training records we reviewed confirmed this.

Is the service effective?

Our findings

People's hydration needs were not always met. Fluid charts were in place; however we reviewed the fluid charts of two people who spent their time in their room and saw that they had not received the amount of fluid as set in the daily intake target in their care plan. The purpose of fluid charts is to ensure that people received enough to drink throughout the day. Staff told us that they should record people's fluid intake that they consumed during the day to check that people had enough fluid to meet their needs. We reviewed one person's fluid charts from 1 January to 23 January 2016 and saw that they were not consistently completed and the information entered was not always clear. This person's fluid chart on 22 January recorded that they had taken 10mls of tea at breakfast, the mid-morning fluid section was blank, the record then showed 200mls had been taken at 'elevenses,' 100mls at lunch, the afternoon tea section was blank, at supper they had taken 200mls, the evening and night sections were blank. The amount of fluid taken had not been totalled. The same person's fluid chart on 19 January showed that staff recorded the fluids taken in a percentage amount rather than in mls so it was unclear how much this person had received. It was not clear whether this person had been offered fluids and refused or whether no additional fluid was offered. We reviewed this person's care plan and saw that their eating and drinking care plan had last been reviewed on 26 November 2015. The deputy manager advised that care plans should be reviewed monthly or more often if needed. The care plan stated that fluids charts should be recorded accurately however there was no guidance for staff on what the daily fluid target should be.

We reviewed other person's fluid charts and saw that the recording of their fluid intake was inconsistent. We reviewed their chart from 6 January to 24 January and saw that on the 24 January they had received 390mls of fluid. We reviewed this person's care plan and saw that their eating and drinking care plan stated that they should have approximately 1440mls of fluid each day. The fluid chart on 23 January 2016 was also inconsistently completed and there were gaps within the charts where it appeared no offer of fluid was recorded. On the 23 January this person had taken 250 mls of fluid although it was not clear if they had been offered further fluids. We spoke with a social care professional who told us that they had concerns about the

fluids being offered to people. Family members had spoken with the social care professional about their concerns over the lack of fluids being offered as when they visited their relative and offered water their relative appeared thirsty and drank two or three cups of water during their visit. The provider had not ensured that people had enough to drink to ensure that their hydration needs were met.

We reviewed people's food intake charts and saw that these were recorded inconsistently as there were gaps within these records as well. We reviewed one person's food intake chart from 6 January to 24 January 2016 and saw that staff had recorded what the person ate for breakfast, lunch and supper; however the section in the document for recording mid-morning, elevenses, afternoon tea, evening and night dietary intake were blank. It was not clear if this person had been offered further food or whether this had been refused. The 23 January diet intake chart recorded that this person refused breakfast and ate 20% of their lunch. No further information had been recorded to reflect that further food was offered or refused to ensure they had enough to eat. This person's dietary intake chart for 18 January 2016 recorded that they had eaten half of their breakfast, no further information was recorded in the dietary chart for that day. We reviewed this person's care plan and saw the nutrition care plan was reviewed in October 2015 and there had been no further review since then. The nutrition care plan stated that this person should be encouraged to eat extra snacks throughout the day as they had been losing weight. We reviewed the weights records and saw that this person had gradually been gaining a small amount of weight over the last 4 months. We spoke with the head of care about the recording of food and fluids and they told us that staff would have been offering people additional fluids but then forgetting to record this information. However because the recording and plan of care was not clear about the nutritional intake required and given, the provider could not be sure that people were supported to eat in sufficient quantities to meet their nutritional needs. **The above evidence demonstrates a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

In contrast, we also saw a care plan which showed that an eating and drinking assessment had been reviewed monthly and it was identified that the person was at risk of malnutrition. The additional support which the person required was detailed, their weight was recorded monthly

Is the service effective?

and a MUST review was in place. A MUST is a malnutrition universal screening tool which is used to identify people who may be at risk of malnutrition. Weight charts were seen and had been completed appropriately on a monthly basis. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk.

We observed a choice of water and squash drinks were available in the lounge and people were offered tea and coffee in the lounge areas throughout the day. People who spent time in the lounge areas and chose to have their lunch in the dining area told us that they felt they had enough to drink and that they were able to request a hot or cold drink from staff. At the lunchtime meal we saw staff encouraged people to drink a little more.

People were happy with the food and told us they were offered choices at each mealtime. We saw that one person enjoyed a glass of wine with their lunch and people told us “the food is excellent, it’s a very good chef, I think he gets his food locally” another person told us “if I don’t like it they cook something else”. We spoke with staff about the food provided and were told “the food is good, they get a choice of two main meals or a jacket potato, omelette, but they can have what they want”. We observed a lunchtime experience and saw that people were supported to have enough to eat, drink and maintain a balanced diet. People’s meals looked hot and appetising. Throughout the meal we heard people speaking to one another and complimenting the food. One person spoke with staff and said “it’s very good indeed, my compliments to the chef”. When people needed assistance with their meal this was done at an appropriate pace. Staff sat beside them and spoke with them about the experience and asked when they would like more food. We saw that staff offered support when needed and, when people needed encouragement to eat, a little more of this was given.

Consent to care and treatment was sought in line with legislation and guidance. 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 make 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. The deputy manager told us that DoLS applications had been made for three people. We looked at people’s care records and a mental capacity assessment was completed on admission and reviewed monthly. People were able to make day to day choices and decisions, but where decisions needed to be taken relating to finance or health, for example, and then a best interest decision would be made, involving care professionals and relatives to make a decision on the person’s behalf in their best interest. Where possible, the person would also be included in this decision-making. Capacity assessments had been completed appropriately for people and were in their care records. We spoke with staff and were told that they had recently completed Mental Capacity Act training and they were able to speak with us about consent, people’s rights to take risks and the importance of acting in someone’s best interests. A member of staff told us, “We can’t just stop people doing things without a proper process” and another member of staff told us “DoLS is used when people can’t make safe decisions for themselves”.

Staff had undertaken appropriate training to ensure that they had the skills and competencies to meet people’s needs. The deputy manager told us that staff received a combination of online and face to face training dependent on the content of the training. Staff spoke with us about the range of training they received which included safeguarding, food hygiene and dementia training. A member of staff told us, “If there’s something in particular you want to learn about and it’s about the resident, then the manager will let you do it”. We reviewed the provider’s training records and saw that staff had completed infection control, health and safety, moving and handling people and dementia awareness training. Staff has also completed training around continence management and diet and nutrition. New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. Staff had completed the provider’s induction checklist which involved familiarisation with the layout of the building, policies and procedures and the call bell system. We spoke with staff

Is the service effective?

who told us, “my induction was fine and I learned quite a lot”. The registered manager told us that all new staff now completed the Care Certificate. The Care Certificate is a set of standards which staff complete to ensure that they are competent in the caring role. There was a formal supervision and appraisal process in place for staff and action which had been agreed was recorded and discussed at each supervision meeting. Staff received supervision every six weeks and received minutes which detailed what had been discussed. Staff confirmed that they had regular supervisions and told us that they found these helpful, a member of staff told us, “You can talk about my progress.” Another staff member told us, “The manager does listen and it’s open and honest”. Staff told us they discussed individual people and how best to support them and any other issues relating to their role.

People were supported to maintain good health and had access to health professionals. Staff worked in collaboration with professionals such as doctors and the falls prevention team to ensure advice was taken when needed and people’s needs were met. People told us that they were able to see a doctor if they needed to. They would speak with a member of staff and this would be arranged. When people received end of life care, staff ensured that they had access to specialist advice from a local hospice. Chiropody was also a regular service that was provided. We spoke with a health care professional who told us that the manager contacted them if they had concerns about people or need further advice or guidance.

Is the service caring?

Our findings

People spoke positively of the caring approach of staff and told us, “The staff are kind and caring, they’re very helpful,” and, “They are patient”. Relatives also spoke positively of the staff and told us, “I don’t have any complaints about the way he is looked after, he is walking much better, he is happy and stimulated”. We spent time observing care practises in communal areas and saw staff took time to make sure people understood what had been said and made eye contact when speaking with people. We saw that staff were friendly when they spoke with people and were quick to respond to requests in a kind and pleasant manner.

We spoke with staff about how they promoted people’s dignity and were told they made sure they knocked on people’s door’s, made sure door and curtains were closed and asked permission before supporting people with personal care tasks. There were reminders in care plans that staff should “ensure dignity is maintained at all times”. A member of staff told us, “We try to treat people as we would want to be treated, or at least the care we would want for our parents”. Throughout our inspection we observed that people looked well looked after, people’s hair was brushed, that they were wearing glasses and hearing aids were in place. We spent time observing care practices in the communal area of the home. Staff took time to speak to people as they supported them.

Staff encouraged people to make choices in their daily life such as about what clothes they would like to wear. They told us that when supporting someone to get dressed they would offer a selection of outfits and ask the person which they would prefer to wear that day. We saw that care plans contained guidance for staff and reminded them to

encourage people to make choices about what they would like to wear. We reviewed someone’s care plan and saw that it contained information about how their preferred bedtime routine and their preference for a hot drink before bed. People’s rooms were personalised with possessions such as pictures, family photographs and bedding. People were able to bring in their own furniture to make the room feel more familiar and homely. Staff knew which people needed equipment to support their independence and ensured this was in easy reach or provided when they needed it. Staff told us they encouraged people to remain as independent as possible with tasks such as cleaning their teeth and brushing their hair.

People told us that due to the lack of hot water they did not have a choice in whether they had a bath or shower as the shower did not have hot water. People also told us that if they need a hoist to use the bath they had been receiving bed baths which was not their preferred way of maintaining their personal care. We have referred to this as an area for improvement in the ‘Safe’ domain. People told us that they could make choices in the other aspects of the support that they received and in their daily routines such as what time they chose to get out of bed and what they had to eat. We saw that people were offered a choice of where they would like to spend their time. Some chose to spend time in the lounge while others preferred to spend time in their room.

Family and friends were able to visit without restriction. People told us they felt staff made them feel welcome and made time to speak with them about any changes to their relative’s health or the care they received. On the first day of our inspection saw that a relative joined their family member for lunch in the dining room. We saw people had a social care plan which encouraged visits from people’s families to reduce the risk of social isolation.

Is the service responsive?

Our findings

Care plans included information on people's key relationships, personality and preferences. They also contained information on people's social and physical needs. Care plans detailed health and task based activities such as pressure area care, moving and handling, assistance with personal care and nutrition. Prior to admission an assessment of people's needs was completed which covered details of the person's physical and social needs. Where appropriate people had a Do Not Attempt Resuscitation (DNAR) order in place at the front of their care plan. A DNAR is a legal order which tells medical professionals not to perform cardiopulmonary resuscitation on a person in the event of cardiac arrest and is completed by a medical practitioner.

People's care plans contained a section detailing communication with healthcare professionals such as the GP. Care plans contained information on people's life history which gave staff information about the person's life before they moved into the home. Staff told us that this information was requested from family members when someone moved into the home. Relatives told us that they had spent time with staff speaking about their family member's needs and the care that would be provided. Staff understood the importance of knowing people's life history and told us how this could impact on how they responded when care was offered and how knowing this information could ensure that they delivered person centred care. We spoke with the head of care and they told us they were in the process of updating people's care plans to ensure that they were personalised. They told us that time was spent discussing the importance of person centred care with staff at induction, supervision and at staff meetings. Staff told us that they aimed to provide person centred care. Person-centred care puts people at the centre of decisions about their care and focussed on the needs of the person rather than their illness. A member of staff told us about the care they provided, "It's really about having the resident at the centre of things. The care is for them and might not suit someone else". Another member of staff told us, "We're all individuals so the care should take that into account. What's ok for one person might not be for another".

We saw that when someone had developed difficulties with swallowing, contact had been made with the speech and

language therapy team their care plan had been updated to reflect the changes to the support and supervision which they now needed. We also reviewed a care plan which detailed the support the person needed to reduce the risk of infection and saw that it contained detailed guidance of a possible infection, how to prevent infection and when staff should seek medical advice.

People had pressure relieving mattresses in place to reduce this risk and maintain their skin integrity. People's care plans contained information on the correct setting for the pressure relieving mattress. The deputy manager told us that this was set based on people's weight and height and was reviewed when needed.

Daily records were kept in individual diaries for each person. These were used to record what the person had to eat, what support had been offered and accepted. However we identified an issue with the recording of people's food and fluid intake and have explored this further in the Effective section of this report.

We observed a staff meeting where staff discussed individual residents, their specific needs and any changes to their health or medicines. Staff passed on information about people's nutritional needs and what support had been accepted or refused. This ensured that key information about people's wellbeing and any changes were communicated. People's care plans included reports from external healthcare professionals such as the GP and social workers when appropriate. We saw that the preadmission assessments had also been used to inform people's care plans. This ensured that the care plan was designed to meet people's needs.

People's social needs were assessed and their care plan contained information on what hobbies and interests they had taken part in before moving to the home. One person told us, "We've got something each day, we had keep fit today". There was an activities coordinator in post four days a week and they spent time speaking with people and planning activities in line with people's hobbies and interests including a variety of quizzes. Copies of the activities schedule were available throughout the home so that people could see what was on that day and choose what they would like to take part in. The activities coordinator spoke with us about the importance of ensuring that activities were tailored to people's individual

Is the service responsive?

likes and also took into consideration people's abilities, adding "It's trying to get something for everyone, everyone has different needs, it depends on the group of residents at the time."

Records showed who had taken part in activities and whether they had enjoyed the activity. Staff told us they got to know people by reading through care plans and then spending time talking to people about their likes. Staff told us, "I look in care plans and get as much as I can from that, I will have a general chat but nothing too daunting. I will let them know what's on or if there is nothing on that they like I can add something". Staff also told us that they spent time ensuring that people who recently moved to the home felt settled and told us, "I make sure I see new people every day so that they get used to me and open up a bit more".

Someone who had recently moved into the home enjoyed art and painting, we saw that this was recorded in their care plan and they had art materials in their room. Once a week, when the activities coordinator was not at the home, an external entertainer arranged a quiz designed to encourage people to reminisce. Day outings were arranged every one or two months. The recent outing had been to the local garden centre during the Christmas period, they had also visited the local museum. This ensured people had opportunities for social interaction and stimulation to meet their social and emotional needs.

There were two conservatory lounges, one was the activities lounge which was used for group activities such as quizzes and the other was a homely decorated lounge which was quieter and people used this to relax and spend time with staff or watch television. This ensured that people had the option of spending time taking part in group activities or they could choose to spend time in a

quieter environment. One person told us that when his relatives visited they preferred to spend time in the quieter lounge as it allowed them to speak to another without other people being present.

People were encouraged to share their views. People told us that residents' meetings took place and they were encouraged to attend. These meetings included discussions of activities and people's preferences for outings and views on the quality of the food. We reviewed the minutes of the October 2015 residents' meeting and saw that the nine residents who attended advised they were happy with the food. Relatives' meetings also took place every three months. We reviewed the minutes of the October 2015 relatives' meeting and saw that planned activities were discussed and family members stated that they would like to be notified of day outings as they would like to attend. Relatives had now provided their email address and would be informed of outings.

People and their relatives told us knew what to do if they were not satisfied with the service they received or if they wished to make a complaint. The deputy manager said the complaints procedure was contained in the home's information pack, which was given to each person or their relative when they moved in. The deputy manager had maintained a record of any complaints made. This included details of the complaint including who was involved, the provider's investigation of the concerns raised, whether the complaint was upheld and what further action would be taken. We reviewed the written records relating to complaints and saw that the deputy manager had responded in line with the policy and recorded the details of the complaint, the action taken to resolve the complaint, who was informed and if the complaint was resolved. Staff demonstrated an understanding of how to deal with a complaint and told us they would take a note of the complaint and pass this on to the manager.

Is the service well-led?

Our findings

On the day of our inspection we were made aware that there was a lack of hot water within the home. Two of the three bathrooms did not have access to hot water which meant that people were not able to have a bath or shower as needed. People were receiving bed baths to ensure their personal care needs were met. The home had not had hot water since the end of December 2015 and the provider and manager had not notified the Care Quality Commission. We discussed this with the deputy manager and they told us they were not aware that a notification should be submitted due to the limited supply of hot water. They agreed to submit the notification on the second day of our inspection. The deputy manager also contacted the local authority to make them aware of the issue. The registered provider did not ensure that the Commission was notified of an event which stopped the service from running safely and properly. **This is a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009.**

We found the service was not consistently well led as there was no registered manager in post. The deputy manager was previously the registered manager and by the time of our inspection they had de-registered with the Care Quality Commission. There was a head of care in post who shared the responsibility for managing the service with the deputy manager. From our discussions with the deputy manager and the head of care it was not always clear who was responsible for tasks and concerns within the home to ensure improvements would be made in a timely way. They were aware of this and told us that they planned to spend time developing clearer lines of responsibility. We identified an issue regarding the safety of the premises due to a lack of hot water since the end of December 2015. While the provider and the deputy manager were aware of this, there was a lack of clarity around the timescales for the completion of this work, and it was not clear who was responsible for ensuring that this issue was resolved in a timely way. They told us “we need to decide who is responsible for what so staff know who to go to”.

Quality assurance systems were in place to regularly review the quality of the service that was provided. There was an audit schedule for aspects of care such as medicines, support plans and infection control. The audit schedule also included staffing levels as well as recruitment and

supervision. The schedule of quality assurance was being divided between the deputy manager and the head of care. Specific incidents were recorded collectively such as falls, changing body weight and pressure areas, so any trends could be identified and appropriate action taken.

Environmental risk assessments were also carried out and there were personal evacuation plans for each person so staff knew how to support people should the building need to be evacuated.

As part of the quality assurance schedule the deputy manager completed a monthly night check. This checked on the quality of the care being provided by night staff and ensured that documentation was being completed. The July 2015 night check identified that there were gaps in the recording of people’s medicines. We saw that the manager had put a weekly medicines recording audit in place and MAR charts were now checked weekly.

However we saw that the monitoring processes in place had not identified and taken action to address the concerns we found at this inspection including food and fluid charts and concerns with the maintenance of the premises. A representative of the provider visited the home on a monthly basis. These visits included a discussion with the manager about actions from the previous visit; time was also spent speaking with people, staff and carrying out observations in the home. We reviewed the records of the most recent provider visit on 12 January 2016 which stated that “boiler/hot water problem being resolved”. However on the day of our inspection this issue had not been resolved. We did not see that consideration had been given to the risk to the quality of the care provided that was created by the lack of hot water within the home for this period of time. **This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We spoke with staff about the deputy manager and head of care and they were not sure who they would approach with regards to specific areas of management but advised that they were both approachable. Staff told us they felt both the deputy manager and head of care had an “open door policy”. Staff spoke positively about the deputy manager and told us, “The manager has done so much for us. They’ve been really supportive throughout”. Another staff

Is the service well-led?

member told us, “I think it’s well led, yes. I can say what I want to the managers and I’m listened to”. People and relatives also felt that the management was approachable and told us they felt that “the door is always open”.

We reviewed a selection of thank you cards which the home had received. Comments read, ‘Thank you for looking after mum so well’ and ‘Thank you from us all for the compassion and care you gave to both mum and dad. Couldn’t have wished for a better place’.

Regular staff team meetings took place to allow staff to communicate their views about the care provided and any concerns about individual people’s care. Staff told us that the deputy manager and head of care were approachable and they felt comfortable raising any concerns which they had. Staff were aware of the safeguarding and whistleblowing policy and told us they would report this to the deputy manager or head of care if they had concerns. A member of staff told us, “I would feel comfortable bringing up concerns, I would definitely go to (head of care) or (deputy manager)”. The deputy manager and head of care made sure that they had regular contact with the nursing and care staff to ensure that they were aware of any concerns about staff practice or areas which need further development or training. The head of care was currently working with the nursing staff to review people’s care plans to ensure that they were up to date and personalised.

The deputy manager felt they were well supported by the provider and told us, “They’re always at the end of the phone, any issues and we can call, they’re supportive”. They felt that the provider took suggestions on board and was willing to make changes to the home if it improved the quality of people’s lives.

We spoke with the deputy manager about people’s views on the home and their involvement in changes in the service. The provider asked people and relatives for feedback on their satisfaction with the service. We reviewed the comments from the most recent quality assurance survey in June 2015 and saw that most of the comments were positive. One comment read, “At last I can stop worrying about my mum and I know she is well looked after”. Another comment read, “We always feel welcome and care very pleased with our choice. We would recommend the home to anyone who was looking for a home for a relative”. One survey stated that due to the conservatory roof people cannot always hear the television when it rains. They suggested that the TV be moved to another communal area. We spoke with people and they confirmed that now when it rains the TV is moved into the dining area and if they chose to watch TV they can move to this area.

We spoke with the deputy manager about the vision and values of the home and they told us, “We are person centred, we make sure there’s dignity and respect, we do what the residents want”. We spoke with staff about the vision and values of the home. One staff member said, “It’s to provide a home from home”. Another staff member told us, “It’s to keep people safe and protected but to give them a good quality of life too”. From our observations we saw that people were kept safe from harm and staff were focused on providing care in a 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
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs
The registered person had not ensured that the nutritional and hydration needs of service users were met.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
The registered person had not ensured that the premises were suitable for the purpose for which they were being used and properly maintained. Regulation 15(1)(c)(e)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The registered person had not ensured that systems and processes enabled the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of regulated activity. Regulation 17 (2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents
The provider had not notified the Commission of an event which prevents the service provider's ability to continue to carry on the regulated activity in accordance with the registration requirements.