

# Hartford Care Limited







# Tegfield House

## Inspection report

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### Ratings

<b>Overall rating for this service</b>	<b>Requires improvement</b> 
Is the service safe?	<b>Requires improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires improvement</b> 

### Overall summary

The inspection took place on 25 and 26 August 2015 and was unannounced. Tegfield House is registered to provide accommodation for up to twenty four older people who require personal care. At the time of the inspection there were 23 people living at the service, four people were receiving day care on the 25 August 2015 and two people on 26 August 2015.

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.

The registered manager had failed to respond promptly to a verbal allegation of abuse from staff in relation to another staff member. The member of staff involved had since been dismissed from the provider's employment. The provider had made changes to staff supervision records and provided further whistle blowing training for the registered manager and the deputy manager as a

# Summary of findings

result of this incident. This was to ensure they were secure in their knowledge of their role and responsibilities should such a safeguarding incident occur in the future. People had not been adequately protected; however the provider had made changes to ensure people's future safety.

The registered manager had failed to robustly implement the provider's recruitment policies to ensure all staff recruited were of good character. The provider's recruitment policies did not always provide sufficient guidance for registered managers. To ensure the requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014 regulations in relation to staff recruitment were met fully. As a result people had been placed at risk from the recruitment of one unsuitable member of staff who no longer works for the provider.

Risks to people had been identified and they had plans in place to manage them. However, the provider did not have an incident reporting policy. Therefore staff had only recorded and reported people's falls and medicine errors as incidents. There was a lack of guidance for staff about other types of incident they should record, analyse and monitor in order to identify any trends in incidents and to ensure the required actions were taken to ensure people's safety. The provider took action during the inspection to introduce an incident reporting policy. There were processes in place to gather data on the service on a weekly and monthly basis and this was used to identify areas the registered manager needed to improve. Not all data relating to incidents had been documented and reflected within the reporting system. There was a reliance on staff to document data which created a potential risk that not all data was being recorded in order to ensure the processes for monitoring the quality of the service were fully effective.

The provider had reviewed and assessed staffing levels in accordance with people's needs. The recruitment of additional domiciliary staff was being considered by the provider to allow staff to spend more time personally interacting with people.

People's medicines were managed safely by competent staff who had undergone relevant training. Procedures were in place to ensure risks associated with people's medicines were reviewed and addressed.

Staff received an induction into their role and on going supervision and support to ensure they had the knowledge and skills to carry out their role competently. Staff had undertaken dementia care training to enable them to meet the individual needs of the people they cared for effectively.

People were supported to make their own decisions. Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005. This ensured any decisions made were in the person's best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications had been submitted for people where required. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were very satisfied with quality of the meals they received. Risks to people from malnutrition were assessed and managed effectively. For those people identified as at risk from dehydration there was a requirement for their fluid intake to be recorded on fluid charts. However, the registered manager had identified that staff had not always fully completed these charts and they were taking appropriate measures to address this with staff.

People's healthcare needs had been identified and they were supported to access a range of health care services. People received support from staff to ensure they maintained good health.

Staff treated people with kindness and compassion and people were positive about the caring attitude of staff. Staff took account of people's diverse needs and interests and people were supported to participate in activities that met those needs.

Staff had limited time to interact with people outside the delivery of care. However, staff used the time they spent with people to build positive relationships with them.

People were given choices and involved in decisions about their care. Staff knew about people's decisions and preferences and respected their wishes.

Staff treated people with dignity and respect. People's right to privacy was respected and care was arranged to promote people's dignity and choices.

# Summary of findings

People contributed to the assessment and planning of their care, as much as they were able. Families were involved in planning and reviewing people's care with the person's consent. People's needs and preferences in relation to their care were documented and this included their preferences, personal history and interests.

Staff were knowledgeable about people's needs and delivered care to meet people's preferences. Activities were provided based on people's abilities to meet a range of needs and interests. The provider sought people's and their relative's views on the service in a variety of ways. Feedback was used to make improvements to the service people received.

Staff told us they felt able to speak out about any concerns they had about other staff and had done so. Staff said following the recent safeguarding incident they now had a better understanding of their rights under whistle blowing legislation to ensure they felt confident to report any future concerns about people's safety. The

registered manager was aware of underlying issues within the culture of the team which impacted upon staffs ability to work together effectively in the delivery of people's care. The registered manager was taking measures to address this. Staff were undergoing training in the provider's philosophy and values to ensure they understood these.

People, their relatives and staff all agreed the registered manager demonstrated good leadership and they felt they were approachable if they needed support. There were processes in place to ensure the registered manager had oversight of what was happening on the floor. However, feedback received was that the registered manger needed to be more visible in order for them to observe staff practice for themselves.

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

There had been a failure by the registered manager to respond promptly to a verbal accusation of abuse, which had left people at risk of further abuse. Actions have been taken by the provider to ensure people's safety.

There had been a failure to implement robust recruitment policies to ensure all staff recruited were of good character and suitable to work with vulnerable people. This had placed people at risk from one member of staff who was no longer employed.

Staffing was adequate but the provider was in the process of reviewing staffing levels to ensure they were sufficient to ensure domiciliary tasks were completed without taking care staff away from people's care.

Risks to people had been identified and managed. There was a lack of a process for recording, monitoring and reviewing all incidents to ensure the correct actions were taken to minimise the risks of repetition for people.

People's medicines were managed safely and administered appropriately by trained and competent staff.

Requires improvement



### Is the service effective?

The service was effective

Staff had the knowledge and skills required in order to support people effectively.

Staff supported people to make their own decisions. Where they lacked the capacity to do so, staff ensured the legal requirements of the Mental Capacity Act 2005 were met.

People were supported to receive enough to eat and drink and their weight was monitored. Measures were being taken by the registered manager to ensure staff recorded people's fluid intake where required more effectively.

Staff supported people to access a range of health care services.

Good



### Is the service caring?

The service was caring.

Staff had positive and caring relationships with people who use the service. Staff treated people with kindness and showed compassion and concern for their welfare.

People were involved in making decisions about their care and these were respected by staff.

Good



# Summary of findings

Staff ensured people's privacy and dignity were respected in the way their care was provided.

## Is the service responsive?

The service was responsive.

People received personalised care that took into account their needs, preferences and interests.

People and their relatives were encouraged to give feedback and improvements were made in response to this. No recent complaints had been received. However, processes were in place to enable people to make complaints.

Good



## Is the service well-led?

The service was not consistently well-led.

There were processes in place to enable staff to speak out about any concerns they had and staff had done so.

Staff were undergoing training on the provider's values and philosophy of care to ensure they knew the standards of care which were expected of them.

There was good management and leadership but feedback was that the registered manager should make themselves more visible on the floor.

There were processes in place to monitor the quality of the service people received; however, these were not fully effective.

Requires improvement



# Tegfield House

## 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 25 and 26 August 2015 and was unannounced. The inspection team included two inspectors.

The inspection took place in response to a statutory notification we received from the service about a safeguarding incident which they had reported to the local authority. 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 social worker about the care people received at Tegfield House.

During the inspection we spoke with eight people and two people's relatives. We spoke with the registered manager, deputy manager, regional manager, activities co-ordinator, two cooks and four care staff.

We reviewed records which included five people's care plans, four staff recruitment and supervision records and records relating to the management of the service. These included people's medicine records, charts relating to the delivery of people's care, staff handover records and the complaints log.

The service was last inspected in January 2014 and no concerns were identified.

# Is the service safe?

## Our findings

Staff had received safeguarding training and were able to demonstrate they understood what they should report. However, there had been a recent safeguarding incident where a member of staff had allegedly abused people in their care on two separate occasions. The provider's safeguarding policy stated staff should 'Immediately record any suspicions in writing, sign and date and hand to the Registered Manager.' The policy did not adequately consider that staff may not have felt able to report their concerns in writing. Staff had initially reported their concerns verbally to the deputy manager who had then informed the registered manager. The registered manager failed to suspend the accused member of staff immediately from duty in accordance with the provider's safeguarding policy; pending their investigation. They did not suspend the staff member until after staff submitted a written report, which they did following a second incident involving the same staff member a few days later. The registered manager's failure to act promptly once the initial allegation had been made placed people at further risk of abuse. They failed to recognise that staff who raised the initial safeguarding concerns were whistle blowers. Identifying this would have ensured they were able to report suspected abuse whilst receiving the legal protection afforded by the Public Interest Disclosure Act 1998. This would have ensured prompt action was taken to safeguard people.

Following the second allegation of abuse the provider completed a full investigation and dismissed the member of staff involved. The registered manager told us that learning had taken place as a result of these incidents to ensure people were kept safe. This included the registered manager and the deputy manager undergoing further training in whistle blowing for managers. The template for staff supervisions had been amended to allow staff the opportunity to raise any concerns. The registered manager told us they were due to complete supervisions with staff involved to reflect on the incident and learning. People had not been robustly safeguarded from the risk of abuse and allegations had not been responded to effectively. The provider has since made changes to practice to reduce the risk of reoccurrence.

The failure to effectively operate systems to protect people from the risk of abuse or to effectively respond to allegations of abuse. This was a breach of regulation 13(2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager did not ensure robust recruitment procedures were always followed. They had not fully adhered to the provider's Disclosure and Barring Service (DBS) policy in the recruitment of one member of staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider's policy stated staff must have a clear DBS Adult First check in place and risk assessment in place if they were to start work before the results of their Enhanced DBS check were received. This is a way of provider's checking applicants are not on the DBS 'Barred' list prior to them commencing work with people. The registered manager had not followed this guidance in relation to one member of staff as they had assessed from their checks that the applicant was suitable to work with people. Although this member of staff later received a clear Enhanced DBS, people had been placed at potential risk as the DBS policy had not been fully adhered to. This was the same member of staff who was dismissed following the safeguarding incident.

A member of staff had not received a clear DBS check since 2003. The registered manager told us they had not requested a further DBS check since their recruitment eight years ago. The regional manager told us the provider's policy was that DBS checks should be completed every three years, although this was not documented in their DBS policy. People were at potential risk as there was a lack of written guidance regards how often staff should be required to complete a new DBS check, to ensure their continued suitability to work with people.

Staff records showed applicants had not always stated on their application form their dates of full-time education, or their full employment history from when they left full-time education. The regional manager informed us the provider had recently amended their application form. However, they still only required applicant's last ten years employment history. This was brought to the provider's attention and was amended. The provider was in the process of ensuring all staff had a full employment history

## Is the service safe?

and required the registered manager to ensure this was available by 10 September 2015. The provider was aware that they did not have a full employment history for current staff and were taking relevant action.

The failure to effectively operate recruitment procedures to ensure staff were of good character and to ensure the information specified in Schedule 3 was available was a breach of regulation 19 (1)(a),(2)(a) and (3)(a).

Records demonstrated risks to people had been identified and care plans put in place to manage them. Risks related to people falling, developing pressure ulcers, malnutrition and choking had been identified and staff understood these risks. They told us one person was at risk from choking and how this was managed. During the inspection this person choked, despite staff following all of the safety measures in place to reduce this risk to them. Staff responded immediately in accordance with their guidance to ensure their safety. Afterwards we asked to see their completed incident form. Staff informed us they completed incident forms when people fell and for medicines errors but not for other types of incidents. There was not an incident reporting policy to provide staff with guidance about other injuries to people they should report. Staff had responded correctly to this person choking who had recently seen relevant health professionals in relation to managing this risk. However, the lack of incident reports meant there was no clear record and analysis of how often they choked, when they choked and whether the number of times they choked was increasing to enable the registered manager to monitor if or when further actions were required to ensure their safety.

Body maps were kept in people's files to record if people experienced a bruise or injury. Two people's records did not demonstrate injuries other than from falls had been investigated. For example; one person had a small graze identified on their body map, we could not see this had been investigated or actioned. Another person had an open wound on their foot and this had not been reported to the district nurses for two days. The senior care staff was able to explain the action they had taken to address these issues. However, records and systems for reporting, investigating and acting on incidents of concern were not effective or robust. There was a lack of a process to enable the registered manager to review and analyse any trends in relation to incidents other than falls or medicine errors. In order to reduce the risk of repetition for people or to enable

them to check if the required actions had been completed, which placed people at risk of further injury. This was brought to the attention of the registered manager and during the inspection the provider introduced an incident policy to provide guidance for staff.

The lack of a system to record, investigate, monitor and make improvements following incidents other than falls was a breach of regulation 12(2) (b).

People spoken with did not provide negative feedback on staffing levels although staff feedback was mixed. Some felt it was sufficient whilst others felt that although people's care needs were met they needed more staff to support them in the delivery of people's care. The registered manager told us there were three care staff and one senior carer allocated for the morning shift, two care staff and one senior carer for the afternoon shift and two care staff for the night shift and a chef. Staffing rosters confirmed this level of staffing. In addition there was an activities co-ordinator on weekdays and two housekeepers on weekdays. At weekends a housekeeper was often on duty in the morning. There was no laundry person or kitchen assistant, the registered manager told us day care staff had to complete tasks in the laundry to ensure people's clothes were washed and prepare people's tea trays in the afternoon in addition to caring for people. The registered manager had recently submitted a request for an increase in staffing in response to this, which the general manager informed us the provider was considering. People were cared for by less care staff when they were engaged in these additional activities, but their needs were met.

People told us they were satisfied with the way their medicines were managed. Staff completed training and were assessed as competent prior to administering medicines alone, records confirmed this. People received their medicines from competent staff.

Medicines were administered safely in accordance with the provider's medicines policy. For example; the medicines trolley and records were taken to the person who was asked if they were ready to have their regular medicines and if they needed any PRN medicines. PRN are medicines prescribed 'As required'. People who took PRN medicines had a protocol that provided guidance for staff about their use, which included the dose, reason and symptoms for use and any associated risks. The staff member observed the administration and signed the record once the person had taken the medicine.



## Is the service safe?

There was a large quantity of medicines awaiting disposal stored in an open box within a locked cupboard. We brought this to the attention of the deputy manager as this did not meet the National Institute for Health and Care Excellence (NICE) guidance on managing medicines in care homes. The deputy manager took prompt action to remedy this. The medicines were collected by the pharmacy on the day following our inspection, records confirmed this.

There was a system in place to record, investigate, and review incidents and errors in the management of people's medicines. We reviewed the records of a medicine error and saw immediate steps had been taken to address risks to the person. The incident had been fully investigated and reported as a safeguarding alert to the Local Authority. The appropriate action had been taken with the staff member concerned. People's medicines were managed safely.

# Is the service effective?

## Our findings

Staff told us, they had completed an induction into their role based on the Skills for Care Common Induction Standards (CIS) and records confirmed this. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised. The CIS were replaced in April 2015 by the Care Certificate and the registered manager informed us they had introduced the new certificate for new staff from the 1st of June 2015 and they currently had three staff completing it. Staff received an induction into their role in accordance with industry guidelines.

Staff told us they received regular supervision sessions and an annual appraisal of their work to enable them to reflect on their work and their objectives for development. Records confirmed staff had received regular one to one supervision of their work and additional supervisory sessions where required. The deputy manager told us that they and the registered manager had just started to complete direct observations of staff practice in addition to the one to one supervisions. Staff had been provided with feedback on areas of strength and areas of their practice which they could improve as a result of these observations.

The provider required staff to undertake a range of training to ensure they had the skills to deliver people's care competently. Staff told us they had undertaken the provider's required training and records confirmed there was a high rate of completion of training amongst the staff team. As a number of people who used the service were living with dementia the provider required staff to undertake dementia care training, records demonstrated most staff had completed this. People were cared for by staff who had undertaken relevant training to ensure they could deliver people's care competently.

Staff told us they had undertaken training on the Mental Capacity Act (MCA) 2005, records confirmed this. Staff demonstrated they understood how to seek people's consent and the actions they were required to take if they believed a person lacked the capacity to give their consent. The deputy manager told us if people had the capacity to consent to their care and treatment then they were asked to sign their care plans to indicate their agreement, records confirmed this. Where people had been assessed as lacking the capacity to make a specific decision this was documented in their care records. Best interest decisions

were made, involving the person's relatives and relevant professionals, and a decision was made on the person's behalf. Staff understood that if people had capacity they had the right to make unwise decisions. Records showed one person had been assessed as having the capacity to make an unwise decision about their health. Staff had consulted Social Services about the associated risks to ensure they had taken all possible actions to manage the risks whilst respecting the person's rights. They had also arranged for the GP to meet with the person to discuss the risks of their decision. Staff sought people's consent and ensured legal requirements were met where they lacked capacity to consent.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Records showed applications had been submitted to the supervisory authority to authorise the deprivation of liberty for six people. A further two people's applications had been processed by the supervisory authority. People's rights were protected as the registered manager understood and followed legal requirements in relation to DoLS.

People we spoke with told us the food was "Very good." People were provided with a choice of two main courses. The cook told us everyone currently resident could make a choice for their meal but if required they used 'Show plates' to support people visually to make a choice. One person did not want their meal when it arrived and they were immediately offered alternatives. Staff offered assistance if people needed assistance to cut up their meal. People had plate guards to enable them to eat their meal independently if required. People were offered a choice of nutritious food and received the support they needed to eat it.

The dining room was not large enough to comfortably accommodate the numbers who wanted to eat there, including those receiving day care. Therefore it took staff time to seat people. Although one person commented that it took a while for meals to be served no-one else identified this as a concern. People had a choice about who they preferred to sit with and staff patiently supported them. Lunch was a sociable occasion for people and those who could chat with each other.

The risk of people becoming malnourished had been assessed monthly using a recognised screening tool. Where people had been identified as at risk they had a nutrition

## Is the service effective?

care plan in place to manage this risk and their food intake had been documented. A relative said “They (staff) were concerned with how little my relative was eating. They told us and they now give her little and often and that is good to know.” If people required a thickened or pureed diet this was recorded in their notes and the cook was aware. The risks to people from malnourishment had been managed effectively.

People had fluid charts in place where their care plan identified these were required. There was a list for staff of who was on a chart. One person said “They are always coming in and saying “Come on you’ve got to drink.” Staff were able to tell us how they encouraged people to drink a sufficient amount to maintain their hydration needs. People were offered drinks across the course of the day and drinks were available in people’s rooms and the communal areas. Charts detailed people’s daily fluid intake if needed and people had a fluid intake target and a running total of their intake. However, people’s records did not consistently demonstrate they had reached their daily target. The registered manager and the deputy manager told us they had identified there was an issue with staff not always fully completing people’s fluid charts as required. They said they had not identified anyone who had not received sufficient fluids and were at risk of becoming

dehydrated. They told us two people had urinary tract infections but they did not believe their fluid intake was a related factor as they drank sufficiently to meet their daily target. They told us they were addressing the issue of staff not fully completing fluid charts within staff supervisions, which records confirmed. People were not at risk of dehydration, the registered manager had taken appropriate measures to ensure staff recording in relation to fluids was of the required standard.

The deputy manager told us the district nurses visited the service twice a week. People were registered with one of three local surgeries. A GP from one of the surgeries visited weekly and GP’s from the other two surgeries attended as required. They said people’s families took them to the dentist. The registered manager told us if required staff supported people to attend the dentist. They informed us Vision call were due to attend on 4 September to see several people. Records demonstrated people had been seen a variety of health care professionals including the stroke clinic, continence team, DoLs team, community mental health team, district nurses and the speech and language therapist. A person’s relative told us “We are more than happy they get medical assistance when needed and they call us.” People were supported to access healthcare as required.

# Is the service caring?

## Our findings

People told us staff were caring. One person said “Everybody is very friendly and yes they are caring.” Another person said “I am very happy here – I feel I could always ask the staff if I have any troubles, I trust them and I am lucky to be in such a nice home as this.” A person’s relative said “Staff are good and friendly with people.” They also told us staff were kind.

Throughout the inspection kind, caring and respectful interactions were observed between staff and people who use the service. For example; staff were seen to reassure a person who appeared nervous at lunch. Staff gently guided people and spoke with them as they provided support. Staff used physical touch and one member of staff was seen to hug a person and the person clearly enjoyed this interaction as they were smiling. Another member of staff used appropriate humour as they interacted with people. Staff treated people with kindness and compassion.

People’s spiritual, cultural, psychological and emotional needs were recorded in their care plans. For example; a person’s care plan stated they wanted to attend communion and bible readings in line with their spiritual needs. These were facilitated within the service and the person attended these on a regular basis. We spoke with a staff member about a person who had told us about their interests and background. The staff member was very knowledgeable about this person and was able to confirm what they had told us. The staff member had arranged for photographs to be available which referenced the persons past employment and the history of the area they lived in which the person enjoyed looking at and talking about. People were supported by staff who took into account their diverse needs and interests.

Whilst staff were caring and spoke with people as they supported them, their interactions with people were focused on the delivery of their care. However, there were pressures on care staff time at certain points during the day, for example, when they were dealing with laundry or preparing tea trays. There was limited opportunity during these periods for care staff to sit and interact with people. We spoke to the registered manager about this who said

“We need to try and encourage staff to be less task focused but there is a lot of interaction during tasks which I hear around the home.” Staff used the time they had when supporting people to interact with them.

People told us they were able to make decisions about their day to day care. For example; one person said “I have choice of when I go to bed, when I have breakfast and what I have for lunch; I never feel I am pressured to do anything.” During our inspection we observed four people eating their breakfast in the dining room whilst others chose to eat in their bedroom. Care plans described people’s preferences and decisions about their care and staff we spoke with demonstrated their knowledge of these. For example; care plans documented whether people wished to have checks completed on them at night and staff knew who did not like staff entering their room to check upon them without reason. A person’s care plan stated “I do not want any of my children to be involved in the review of my care plan.” This decision was recorded at reviews and the person’s family were not involved. Another relative said “Staff do involve my relative in decisions and they are caring.” They went on to say “My relative is clean, well fed, cared for and listened to.” People were given choices and involved in decisions about their care.

We asked a person about how their dignity was respected when staff supported them with personal care. They said “They definitely did it well and with respect.” Another person said “Staff always knock and introduce people.” People were offered their medicines following lunch so they were not interrupted during their meal. The deputy manager said “We do this as it is more dignified for people.”

Staff we spoke with were able to describe to us how they maintained people’s privacy for example, by ensuring their care was provided in private. Staff were heard to check with a person if they were happy to have their medicines administered at the table or if they would prefer them in private. A senior worker was talking to a new day care person about their care plan. They introduced themselves and said “We will go somewhere private as I need to ask you some questions.” People’s bedrooms were all lockable and people had a choice as to whether they wanted a key to their bedroom. Staff were observed knocking on people’s doors before entering. People were treated with dignity and respect.

# Is the service responsive?

## Our findings

Care plans included information about people's needs, personal histories, preferences and interests. For example; their dietary and communication needs, preferences about their care, support needs and end of life wishes. Their records included a life history which provided information on people's childhood, occupation, family, retirement, religion, activities, personality and preferences. People's records included a personal profile summary, covering their preferred term of address, what the person could do for themselves, what assistance they required and preferences in their daily routines.

The deputy manager told us people were asked their preferences upon admission so that a 'Mini' care plan could be developed for them whilst their full care plans were drawn up with the person. They told us this allowed staff "Time to get to know the person." We observed this happening with a person visiting for day care. People's families were involved in planning and reviewing their care with the person's agreement and relatives and records confirmed this. People contributed to the assessment and planning of their care, as much as they were able.

Staff we spoke with were knowledgeable about people's needs and a person's relative told us staff understood their mum's care needs. A person's care plan indicated their needs and preferences when they were in their room. An activities care plan indicated a person liked to listen to their radio and when we visited their room their radio was next to them and on as they wished. The chef was aware of people's requirements in relation to their diabetes and guidance was available for staff. Staff understood who required two people to mobilise them and why. People's care was delivered in line with their needs and preferences.

People were supported by staff to manage their individual needs. Some people who use the service were living with dementia. A new person had been admitted who was struggling to orientate themselves. Visual cues had been positioned along the route to their bedroom to support them with this. Another person had been prone to entering other people's bedrooms unauthorised. Staff had considered how this could be managed and had placed signage on the bedrooms they entered to remind them these were private bedrooms. This had supported the person to manage their behaviours.

Records showed there was an activity schedule for the week. This demonstrated a range of activities took place including for example, pamper sessions, one to one sessions, art and craft, cooking, keep fit, reminiscence, holy communion, pub meals, singing, poetry, reading, bingo, crosswords.

People's individual needs were considered in the range of activities and resources available in the service. For example; the activity co-ordinator made crosswords on flipcharts to enable people with impaired vision to see them more clearly and to make the activity easier for people to join in. People living with dementia had access to reminiscence materials to help them stimulate their memories. For example, there was a doll in the lounge people could pick up. The activities coordinator told us they were working on rummage boxes. They were particularly looking at items that might appeal to men such as nuts and bolts that they would be able to handle.

A person told us "My great aim is to have something to do every afternoon, I can go for a little walk in the morning, but we need things to do and I like to be busy in the afternoon". We saw this person was engaged in a flower arranging session during the afternoon of our inspection.

People told us they had 'No complaints' and had not made a complaint. Records confirmed no complaints had been received in recent months and one received in March 2015 had been appropriately managed. The provider's complaint procedure was displayed in the service and outlined how people could make a complaint, to whom and the timeframe within which their complaint would be responded to. There were also details of the action people could take if they did not feel their complaint had been resolved to their satisfaction. We saw records of meetings that showed the complaints procedure had been discussed at meetings with people and their relatives and a summary was included in the service user welcome pack.

Arrangements were in place to encourage feedback from people and relatives. These included; residents meetings, relatives meetings and an annual satisfaction survey. The minutes showed that people and their relatives had been given information about service changes and consulted about issues such as; food and activities. At a previous meeting relatives had made suggestions for activities that were 'Dementia friendly'. One relative told us that "Now the activities worker is in place things have improved."

## Is the service responsive?

We reviewed the feedback from the 2015 residents and relative's survey. People reported a 100% satisfaction rate in response to; feeling safe, happy with care, knowing who to talk to if they had concerns, food and activities. People's relatives had been asked to comment on what the home did well and what could be done better. People's relatives had commented positively on; the friendly and welcoming atmosphere, safety, dignity and privacy, meals and

cleanliness. Where suggestions had been made for improvements these had been made. For example; recruitment of an activities worker, extended housekeeping hours, improved review and update of care plans and Wi-Fi for visitors. People and their relative's feedback was encouraged and used to make improvements to the service.

# Is the service well-led?

## Our findings

Staff told us there was a culture of staff speaking up about any concerns they had to management. A staff member gave an example of when they had spoken out about concerns they had about a staff member's behaviour earlier in the year and the registered manager had investigated the incident, records confirmed this. Staff supervision records demonstrated staff had been asked if they had any problems or concerns about other workers regularly as part of their supervision sessions. Staff said they had not felt able to report their concerns in writing about the member of staff involved in the recent safeguarding incident due to concerns about confidentiality. However, they told us as a result of learning from the incident they now had a better understanding of the whistle blowing policy and their rights as whistle blowers. Staff had been provided with opportunities to speak up about any concerns they had.

The registered manager was aware there were issues in relation to the culture within the staff team; staff told us there was a lack of a sense of teamwork. This had led to a lot of complaining within the staff team about other staff. The registered manager told us a team building day had been booked to address this but the day had been postponed due to pressures of work. The registered manager felt a lot of the issues within the team arose as a result of the requirement for care staff having to undertake laundry duties which created additional times pressures upon them. They told us staff had opportunities to speak out about any concerns they had about other staff members. The registered manager was aware of issues within the staff team and work was planned to improve this.

The provider's mission statement was to 'Provide care, comfort and companionship in an environment that is safe and happy for all.' Due to the allegations of abuse concerning one member of staff not all people had experienced safe care. Staff were being provided with training about the provider and the philosophy of the service. This was to support staff in their understanding of the provider's values and what standards were expected of them when delivering people's care.

People we spoke with struggled to identify the registered manager at times; this may have been due to people's memory loss. One person said "We don't see her she doesn't come round, the deputy does, and she is very good

and very friendly". One relative said "The manager is not unapproachable and her door is open but we have more to do with the deputy". Staff also commented that whilst there was good management and leadership, "The registered manager is always in the office but she would come out if asked." The registered manager told us they ensured they 'Walked the floor' regularly to observe what was happening. The deputy manager covered staff absence and sickness which meant they often worked shifts and were therefore likely to be seen by people and staff as being more visible on the floor. The registered manager and the deputy manager both told us there was a good level of information shared between them about what was happening in the service. People, their relatives and staff all reported they felt the registered manager was a good manager but they felt they would like to see her out of the office more.

The registered manager submitted a weekly status report to the provider and the quality support manager. This covered various information about the service including: new admissions, hospital admissions, deaths, falls, safeguarding referrals, pressure ulcers, medicine issues, urinary tract infections (UTI's), reviews of people's care, weight loss, DoL's and staffing issues. The regional manager informed us following the inspection that issues identified through this process were discussed on a weekly basis when they sent the manager feedback on this.

The registered manager kept a white board in the office to record information for the weekly report. They relied on staff recording information on the board and falls accident reporting. At the staff handover staff said two people had a current UTI; however these were not recorded on the white board. The lack of completed incident forms in relation to UTI's meant the registered manager was dependent on staff remembering to document them on the whiteboard. This was not always being updated accordingly when people's health need changed, which might result in not all data about these incidents being collated and included in the report.

The provider used the data from the manager's weekly reports to produce an analysis of falls, new UTI's, pressure ulcers, DoLs required and medicine gaps. This report was last produced in May 2015. The report enabled the provider to identify required areas the registered manager needed to focus upon such as falls, UTI's and medicines gaps. The regional manager informed us following the inspection that

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issues identified from these reports were discussed with each registered manager during their visits to each service. The provider had not required the registered manager to ensure staff completed incident forms for incidents other than falls or medicines. Data on other incidents which might have impacted upon people's safety had not been collected in the weekly status report or reflected in this analysis. The provider introduced an incident reporting policy during the inspection to ensure these other incidents would be documented and reported by staff.

An operational snapshot audit was completed monthly by the provider. This involved a senior manager visiting the service and completing an audit based on the CQC five key questions was the service safe, effective, caring, responsive and well-led. The regional manager last completed this audit in August 2015 and identified two areas as requiring improvement and three as good, with an overall rating of good. The audit included a check on the progress made against the previous month's actions. In July 2015 required actions included ensuring people had eating and drinking care plans, this was completed. A relatives meeting also needed to be arranged and this was booked for 23 September 2015.

There were processes in place to enable the provider to monitor the quality of the service provided. However due to gaps in the types of incidents reported and a reliance on staff recording data on a whiteboard instead of it being recorded on an incident form the processes were not fully effective. Following the inspection the regional manager informed us they would be taking the other types of incidents completed as a result of the new incident reporting policy into account in their future monitoring of the service. This will ensure all types of incidents affecting people are monitored.

In addition to reports to the provider the registered manager also monitored the quality of the service through audits of people's care plans. Records demonstrated actions required had been identified and the date care staff had addressed these issues. The registered manager also completed unannounced night support visits by to monitor staff on duty at night. The service was monitored externally through environmental health inspections within which they scored highly and visits by their local pharmacy that did not identify any issues requiring action. The registered manager operated systems to monitor the quality of the service people received.



This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**The failure to effectively operate systems to protect people from the risk of abuse or to effectively respond to allegations of abuse was a breach of regulation 13(2) (3).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**The failure to effectively operate recruitment procedures to ensure staff were of good character and to ensure the information specified in Schedule 3 was available was a breach of regulation 19 (1)(a),(2)(a) and (3)(a).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

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

**The lack of a system to record, investigate, monitor and make improvements following incidents other than falls was a breach of regulation 12(2) (b).**