

## Five Acres Nursing Home Limited

# Five Acres Nursing Home

## Inspection report

Hamner Road  
Simpson  
Milton Keynes  
MK3 6AD  
Tel: 01908 690292

Date of inspection visit: 19 - 21 May 2015  
Date of publication: 03/08/2015

### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Inadequate



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

Five Acres Nursing Home is registered with the Care Quality Commission (CQC) to provide care for up to 32 older people, who may be living with dementia. At the time of our inspection there were 28 people living in the home.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.

- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of

# Summary of findings

inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration

The service has 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.

At our previous inspection on 12 December 2014, we found that there were ineffective systems in place to manage and monitor the prevention, and control of infection, and ensure that the premises and equipment used was safe and cleaned to an appropriate standard. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The arrangements in place to ensure that staff were appropriately trained and supervised were not suitable. This meant that staff did not always possess the rights skills and knowledge to provide care for people. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We also found that the records maintained in respect of each person were not kept updated or reflective of people's current needs. This meant that staff did not always have the appropriate information in relation to people's care and treatment. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

As a result of these findings and further concerns that we subsequently received, we undertook another comprehensive inspection on 19, 20 and 21 May 2015, to establish whether improvements had been made to the service.

During this inspection, we found that medicines were not managed safely. The systems and processes in place did not ensure that the administration, storage, disposal or handling of medicines were suitable for people who lived at the service.

Despite the findings at our last inspection, we found that people were still not protected against the risks associated with infection control. Areas within the home remained significantly unclean and posed a risk of cross infection to people and staff.

Where people lacked the capacity to make decisions, the systems in place to support them were not always used appropriately. Those mental capacity assessments undertaken, did not fully document the steps taken in supporting people to make robust best interest decisions."

We found inconsistencies in the way that staff cared for people. Some staff took time to engage with people, whilst others did not always acknowledge people or spend quality time with them.

We found there was a lack of appropriate signage for communal areas, including toilets and bathrooms to make them recognisable for people using the service. This meant that the service did not always provide a supportive environment for people with dementia care needs.

We found that the ratings from the last inspection had not been displayed within the service for people and their relatives to see.

Although there were systems in place to monitor the quality of the service, these were not used effectively to check the care and welfare of people using the service. Where issues were identified, action plans were not implemented to ensure that improvements were made.

People's care plans were not always person centred and as a result, staff did not always deliver care that was individual or offer choices that were based upon people's

# Summary of findings

preferences. Although people's care records were reviewed on a regular basis, they did not contain information on important aspects of people's care, including sling sizes and pressure mattress settings.

Staff did not commence employment until robust checks had taken place, in order to establish that they were safe to work with people. However, these were not monitored by the registered manager to ensure that information such as nursing staff's registration remained up to date.

There were adequate numbers of staff on duty to support people safely, although their deployment did not always mean that staff could attend to people in a timely manner.

People had adequate amounts to eat and drink and were able to get snacks and fluids throughout the day. There was a choice of meals available, although improvements could have been made to stimulate people's appetites more.

People did not always have adequate amounts to eat and drink, particularly when in their rooms. There was a choice of meals available, although improvements could have been made to stimulate people's appetites more.

There were systems in place for responding to complaints. However, we were unable to find any information in a format that was suitable for people who used the service to use in relation to making a complaint.

Staff were aware of their responsibilities to keep people safe and report any allegations of abuse.

Risk managements plans were in place to protect and promote people's safety.

Staff training and supervision had improved since our last inspection and gave staff the skills they required to meet people's needs.

People had access to healthcare professionals when required, so that any additional health needs were appropriately met.

People's privacy and dignity was maintained by staff that ensured that care was delivered in a respectful manner and an appropriate setting.

We identified that the provider was not meeting regulatory requirements and was in breach of a number 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 safe.

Systems for the management of medicines were unsafe and did not protect people using the service.

People were being put at risk because the premises had not been adequately maintained and cleanliness and hygiene standards had not been upheld.

Recruitment systems were in place to ensure staff were suitable to work with people. However, these were not monitored by the registered manager to ensure that information such as nursing staff's registration remained up to date.

There were sufficient numbers of staff to meet people's needs, although more consideration could have been given to their deployment at peak times of the day.

Staff had been trained in safeguarding and knew how to report any concerns regarding possible abuse.

Inadequate



### Is the service effective?

The service was not always effective.

Staff did not always have a good awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS.) Although staff sought consent from people, there was not always effective paperwork in place to document that consideration had been given to mental capacity.

Staff were provided with regular training to develop their skills and knowledge to enable them to perform their duties effectively.

People were supported to take an adequate dietary intake. Although there was a choice of menu, we found this to be limited.

People had access to health and social care professionals to make sure they received appropriate care.

Requires improvement



### Is the service caring?

The service was not caring.

Care was often task focused and did not always take account of people's individual preferences.

People were not always supported to express their views and be actively involved in making decisions about their care, treatment and support

Inadequate



# Summary of findings

## Is the service responsive?

The service was not always responsive.

There were care plans in place to support staff to meet people's assessed care needs. These required some improvements to ensure that they were person centred and detailed individual preferences.

People were not consistently supported to take part in a range of activities in the home. People sat for long periods of the day with little interaction.

Systems were in place so that people could raise concerns or issues about the service.

**Requires improvement**



## Is the service well-led?

The service was not well- led.

Although the service had a management structure in place, this did not always enable consistent care to be delivered.

Staff were not always supported to question practice or learn from issues that had taken place.

People were put at risk because systems to assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment were not effective.

The ratings from the previous inspection had not been displayed within the service.

**Inadequate**



# Five Acres 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.

This inspection took place on the 19, 20 and 21 May 2015 and was unannounced. The inspection was undertaken by a team of two inspectors.

Prior to this inspection we had received some information of concern. We therefore reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and a healthcare professional to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service, how people were supported during meal times and also during individual tasks and activities. Some people communicated with us by gestures and facial expressions or spoke a few words, rather than by fluent speech. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three relatives, the registered manager and clinical manager, two registered nurses, six care staff, two student nurses, and a member of catering and domestic staff.

We looked at 11 people's care records to see if their records were up to date and reflected their care needs. We also looked at other records relating to the management of the service, including staff recruitment, medication charts and quality audit records.

# Is the service safe?

## Our findings

During our last inspection on 12 December 2014, we identified issues in respect of poor hygiene and cleanliness. Many areas of the home had not been well cleaned and there were not effective

systems in place to reduce the risk and spread of infection.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we observed many areas within the environment which were not clean and did not demonstrate safe infection control practice by staff. Due to people's complex needs, they were not able to communicate effectively with us and tell us whether they thought the service was clean. One relative told us they had on-going concerns in respect of the cleanliness of their family member's bedroom and showed us evidence of ineffective cleaning having taken place. We also overheard a member of staff say, "This place is smelly. We should open a window." Staff were unable to describe safe cleaning practices, for example, they told us they would use a certain colour mop for cleaning the toilet and bathroom. We later observed staff using this colour mop to clean communal areas of the home, which significantly increased the risk of cross-infection.

Staff were unable to tell us what their specific cleaning responsibilities were and had not received specific training to provide them with the right knowledge. We found that there was not a cleaning schedule in place for staff to follow. There was a daily cleaning checklist which was in place to monitor cleaning. It appeared to be a tick box exercise and did not include any communal areas within the service or detail what action was taken if concerns were identified.

We found that people's bedrooms and communal areas of the service were not always clean. For example, In several toilets we found brown matter on the floors, toilets and support frames. In addition, furniture had not been moved to ensure that a robust clean could take place; for example in one room when we pulled a chest of drawers out from the wall, we found a piece of cake, surrounded by dead

insects. We found that chairs in communal lounges were not clean and many were stained. The carpet in the front lounge was heavily stained and littered with food debris during our visit.

Equipment was not clean and suitable for use. For example, mattresses were not clean and there was no schedule in place for their regular cleaning. In one room we found a mattress folded on top of a wardrobe with staining of brown matter on it. Sharps boxes were filled above the designated line and were not labelled with the date of closure. One box had a lid which was not fitted firmly and another one had a syringe poking out of the gap in the lid. This posed a significant risk of sharps injury and infection.

We observed cleaning taking place throughout our inspection; however this was not effective in maintaining a clean environment and was not conducted in line with the provider policies. The registered manager told us that, "Staff clean what they see." We discussed our findings with the registered manager and were told that the hours of cleaning had been increased to address our concerns and that more robust oversight of infection control would be undertaken. Despite this we found that the registered person had not protected people against the risk of, preventing, detecting and controlling the spread of infections.

This was in breach of Regulation 12 (1) & (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were not safely or appropriately managed. We observed medication rounds and spoke with staff about the systems and processes used to ensure safe administration of medications. We found serious concerns about the medication systems in place for the receipt, storage, administration and return of medication and these were confirmed by some of the staff we spoke with.

A nurse told us that it was difficult to ensure that medication was administered to the correct people because of a lack of photograph on their medication administration record (MAR). This created a delay in the medication round, because they had to check with permanent staff who the correct person was in order to administer the medication. We were told, "Medication here is badly organised. You cannot check stocks of medication; it is not always given as prescribed." We saw that these issues had a direct effect on care delivery as we observed



## Is the service safe?

an agency nurse on their second shift during our inspection, for example, they were unable to identify each person from their MAR chart alone and had to find staff to support them.

Our observations confirmed the omission of photographs on 14 people's medication charts. When we discussed this with the clinical manager, they told us that they knew there should be photos, but as they knew everybody they had not considered this to be a problem. There was no recording system in place to measure the stock levels of medication in the service. This made it difficult to reconcile whether people had received all their prescribed medication. We found that MAR charts were not completed accurately and reasons for missed or refused medicines were not recorded.

We observed medication being administered in from pots carried on a tray, with MAR charts being signed in bulk after people had their medication, which staff members told us was normal practice. This was not in line with best practice for medication administration. We were also told by staff that student nurses were asked to administer medication independently, which was against best practice as they had not been assessed as competent or been registered to practice.

There was no information recorded to guide staff how to give medicines which were prescribed 'as required' or as a variable dose. Staff were unable to show us any information that would guide them in the administration of these medicines.

A nurse told us, "Medication is not stored properly, the cupboard is not locked." We found that medication was not always stored safely, or in line with best practice. For example, throughout our inspection, two medication rooms were unlocked, with medication easily available once inside. There were also ineffective and unsafe systems in place for the returning of unused medication.

Controlled drugs were stored securely although they were not disposed of appropriately as we found that they were stored within a tub which had no records of what had been disposed of. We also found a bag of unused medication within the reception area of the home which was left unattended for a long period of time. We were told by the registered manager that these were for disposal. We also found out-of-date medical equipment, such as dressings and catheters in a store room.

This was in breach of Regulation 12 (1) & (2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that generic risk assessments and emergency plans were in place; however they had to print a copy of the emergency plan for us during the inspection. Personal Emergency Evacuation Plans (PEEPs) were in place, however, were not specific to people's individual needs.

People were not able to comment on whether they felt safe but their demeanour was generally relaxed in the presence of staff. One relative told us that they believed their family member was safe in the service. Another relative told us, "I think she is safe here." Another relative had concerns about the safety of their family member for a variety of reasons.

Staff told us that if they suspected any abuse, they would report it to the registered manager or team leaders. They demonstrated an understanding of the different forms of abuse and were aware of the process to follow in reporting concerns. One carer said, "I would pass any information onto the managers. They make the referrals." The registered manager had taken reasonable steps to identify abuse and prevent abuse from happening within the service. Information had been provided to staff about safeguarding, and who to contact in the event of suspected abuse. Records confirmed that staff had received training in safeguarding, and that the service followed locally agreed safeguarding procedures.

Risks to people's safety had been assessed and included those associated with malnutrition, pressure damage and falls. Staff told us that risk assessments were in place to manage identifiable risks to individuals. We found that individual risk assessments had been completed for people and were updated on a regular basis.

Staff and the registered manager confirmed that records were kept of accidents and incidents. We found that there were processes in place for reporting accidents and incidents. We saw that the service used a written tracker to log accidents and incidents. This system also detailed whether the local authority and Care Quality Commission (CQC) had been informed of events. A safeguarding tracker was also in operation and provided a similar overview of concerns. These systems were not always effective as an incident which took place during our inspection went unreported.



## Is the service safe?

We spoke with a new member of staff and they told us that they were not able to start work until their recruitment checks had come back. The registered manager told us that relevant checks were completed before staff worked unsupervised at the home; these included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. Recruitment records confirmed this; however, we found that a record was not maintained of when nursing staff's registration had expired. The registered manager checked this information for us on the internet and provided us with evidence to confirm that nursing staff remained registered.

Where agency nursing staff were used, the registered manager told us that they were normally sent a checklist which detailed information on training, DBS checks and nursing registration. They did however say that for the nurse on duty on the second day of our inspection, they had not received this from the agency. This meant that the registered manager had not checked if the nurse was safe to work within the service.

Relatives told us they thought there was sufficient staff on duty to ensure people's needs were met. Staff generally believed that there were enough of them to attend to people's needs as long as they turned up to do their shift. One carer said, "Yes I think we have enough staff." Another staff member told us, "I think we could do with another nurse on duty during the day, to help with medication as this takes a long time."

The registered manager confirmed that the numbers of staff on duty was based upon people's dependency levels, although this was not formally assessed within their records. We were told that a conversation took place between the provider and nursing staff to ensure there was safe and adequate cover; we found no record of these conversations. Our observations confirmed that there was sufficient staff on duty, with appropriate skills to meet the needs of people, although the deployment of staff could be better at peak times of day to ensure better availability of staff during meal times and afternoons.

# Is the service effective?

## Our findings

During our last inspection on 12 December 2014, we identified issues in respect of staff training. Staff told us that they were not well supported through a system of regular training, appraisal or supervision. The training that they did receive was not considered to be effective or beneficial in giving them the right skills and knowledge to provide suitable care for people.

This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (1) & (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection, the competency of staff and their level of knowledge within certain areas had been identified as an issue. During this inspection, we found that new staff were required to complete an induction which involved classroom and e-learning training sessions in areas such as fire safety, food hygiene and moving and handling techniques. The registered manager confirmed that the induction training was in line with the core standards available through Skills for Care. One staff member told us they had shadowed a more senior member of staff for one week which helped them to understand people's needs and to get to know them before they began to work independently.

Staff told us they received on-going training in a variety of subjects that were relevant to their qualifications and that supported them to meet people's specific and individual care needs. All staff told us that training enabled them to develop their skills. One told us, "The training is ok." Another staff member said, "I have learnt lots of new things." We found from the training records that most staff completed the provider's core training, for example, safeguarding, manual handling and infection control. In addition, most staff had completed training in dementia awareness and had either completed or were booked to do further training. Where appropriate, staff were supported to undertake additional qualifications that not only benefitted them but the delivery of service as well; for example, National Vocational Qualifications. The registered manager told us that they planned to ensure that clinical training was available for nursing staff so that they could maintain

their nursing skills. Although we observed that improvements had been made in respect of staff training, it was evident that there were still further improvements required.

Staff described how they discussed training needs as part of supervision sessions. They told us they found the sessions helpful and that they helped them to evaluate their skills and feel supported. The registered manager told us that staff supervision meetings took place on a regular basis but were not formally scheduled. Records confirmed that supervision sessions took place.

The environment was not supportive for people with dementia care needs. There was no signage for toilets and bathrooms to make them recognisable for people using the service. There were no features of interest, different settings or welcoming dining areas and furnishings were sparse. We observed that some windows in the main lounge area were dirty which obscured the view. Bedrooms were often cold and sparse. We saw one bedroom which had bubbled wall paper with evidence of past damp issues and the plastic casing around sockets had cracked. In the entrance to the main lounge area, there was an array of electrical cables which were not boxed in above the doorway, within arm's reach. In the dining room, there were plastic storage boxes holding open a fire door.

We found that the registered person had not protected people against the risk of an unsafe and

inadequately maintained environment.

This was a breach of Regulation 15(1) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was not meeting the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Not all staff had a good working knowledge of the MCA and how this impacted upon people's care and rights. Although staff understood the importance of gaining consent from people before providing support to them, they had little awareness of the process of making decision specific assessments to ensure people's best interests were respected. We found that in many records, there were no mental capacity assessments for people. At our last inspection we found that a generic flowchart was being used to determine if people had capacity or not. This was still being used in some cases and

## Is the service effective?

although we saw evidence that action had been taken to make improvements, we found no evidence of decision specific mental capacity assessments within people's records.

In some cases, applications had been made to the local authority to deprive people of their liberty, as set out in DoLS. The service however had not made an application for all the people who met the criteria for this. The registered manager informed us that this was a work in progress and that applications were being made for all people who met the criteria. We looked at records and saw that some people had applications which had been approved by the local authority and others were pending approval.

We observed that to leave the reception area and use the stairs to access the upper bedrooms, it was necessary to press a button at the same time as opening the door. Our observations were that not all people would be able to do this which meant that people who had mental capacity but were unable to open the door could not access all areas of the service as they wished.

The registered person had not taken steps to ensure that care and support was provided with the consent of the relevant person. Where consent could not be gained because people lacked capacity, the registered person had not acted in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 (1) & (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people were often left without easy access to food and fluids, especially those people cared for in their

bedrooms. For example, in some bedrooms we saw people who were unable to get out of their bed with glasses of water which were out of arms reach. In one room we found a drink and snacks, including a yogurt, on a chest of drawers on the opposite side of the room to the person, who was unable to get out of bed.

People were offered food and drinks throughout the day. Staff understood that it was important to ensure that people received adequate nutritional intake. The chef demonstrated a good knowledge of people's likes and dislikes and said they would always prepare something different for people if they didn't like what was on the menu. Menus were planned in advance and staff told us that a different meal was available for people every day, if people did not want what was on offer, alternatives were available. Although our observations confirmed there were choices, these were often similar in nature, for example, fish in parsley sauce and fish and chips were the only two options for one meal. We discussed this with the registered manager who said, "People need more choice, there could be a better choice."

Relatives talked to us about how their family member's day to day health care needs were met. They told us that they always saw their doctor when they needed to. Staff told us that they felt well supported by external healthcare professionals who they called upon when people required more specialist support. We saw from records that a variety of external healthcare professionals provided support with meeting people's assessed needs, and that visits to and from health care professionals were recorded.

# Is the service caring?

## Our findings

We received conflicting views about whether people were cared for in the service. Two relatives were clear that they felt the service did a good job in providing care for the family member. One relative told us, “I would not want her anywhere else; the staff are all lovely, really kind and friendly.” In contrast though, we were aware that some relatives felt that the care was not good and that staff did not focus on their family member as an individual, neglecting certain aspects of their care.

Some staff told us that on their first day in the service, they were unhappy due to people not receiving the care they should have been. They told us there was no structure and that people were left to their own devices, in bed for long periods of time, uncared for and neglected. One said, “This is disheartening.” We were also told, “As soon as you [CQC] leave, it will go back to normal.” Another staff member told us, “We don’t get enough time to spend quality time with people.” Other staff however felt that the service was one of the best they had worked in.

Our general observations confirmed that there were inconsistencies in the way that people were supported. On more than one occasion we saw that people had fallen asleep in chairs in their bedrooms in awkward and uncomfortable positions, likely to have compromised their comfort and mobility. Throughout our inspection we observed some poor interactions between some staff and people using the service. We heard staff that were abrupt when talking to people. For example, one staff member said, “No, enough [Person’s name] just stop it, No.” We also heard, “Oh [Person’s name] I take it you don’t want your dinner.” Both comments were delivered in a reprimanding tone of voice. Many interactions between staff and people using the service were not respectful and people were not always treated with dignity. We observed that most people were not supported to use the toilet throughout the day. As the day went on we noticed that some people had developed an odour of what appeared to be urine or faeces.

People’s needs were not always met in a caring way. For example, we heard people calling out for assistance throughout the day with a delay in staff response. On all three days of our inspection, and we heard call bells ringing for various, often prolonged, lengths of time, this demonstrated that people may be left waiting when they

required support. We also observed some staff walked through communal areas without acknowledging people’s presence in the room, which demonstrated a lack of caring interactions.

We saw that people were not always offered choices about their care and were not involved in decisions about their care routines. Throughout the day we saw that people were not given choices about the food they ate or the activities they took part in. Daily routines were not

person centred but task-led. Many people were left in the lounge throughout the day with little or no interaction. We discussed this with the registered manager and clinical manager and were told that care was task orientated and could be more personalised. Although we were told that a booklet called, ‘All about me’ was due to be implemented so staff could gather more information about people’s preferences; this had not yet been done. There was a noticeable impact upon people’s care because of the lack of staff knowledge about people’s individual likes and dislikes.

We found that people were not treated with care, dignity and respect. This was a breach of Regulation 10 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Through their actions and our conversations, we found that some staff members had an understanding of the role they played in making sure people’s privacy and dignity was respected. Staff told us that they maintained confidentiality at all times, and made sure that they did not discuss a resident in front of other residents. We observed that staff knocked on people’s bedroom doors and bathrooms and waited to be invited in before entering. We saw some staff treating people with dignity and respect and being discreet in relation to personal care needs.

We spoke to the registered manager about whether advocacy services were available and were told that the home had previously used the services of an advocate for some people. We saw that the home had available information on how to access the services of an advocate. Records confirmed that various advocate services were available for people to use to ensure that their views within making decisions were listened to. This meant that information on how to access the services of an advocate was accessible to people.

## Is the service caring?

Relatives told us they were able to visit their family members when they wished and general our observations confirmed this. Visitors could see people in their rooms or in the lounge areas and outside in the garden and they told us that they were able to visit at any time. The registered

manager and staff told us that there were no restrictions on relatives and friends visiting the service. It was evident that the service supported people to maintain contact with family and friends.

# Is the service responsive?

## Our findings

People had been given appropriate information and the opportunity to see if the service was right for them before they moved in to the service. A relative explained how they had been to visit numerous homes before they settled on the service for their family member. Staff told us that they provided people and their families with information about the service as part of the pre admission assessment which was completed to ensure that people's needs could be met before they were admitted.

Some relatives told us that their family members received the care they needed to ensure their needs were met. They also confirmed that they were regularly asked for their views about how they wanted their family member's support to be provided and encouraged to attend reviews. Staff told us that it was detailed within people's care plans how they wanted their care and treatment to be provided. We looked at care records and found that basic pre admission assessments of people's needs had been carried prior to people being admitted to the service, although there were some gaps within certain parts of the assessment. From this, care plans were generated that were specific to people as individuals. We saw that the care plans were reviewed on a regular basis and updated as and when people's needs changed.

The registered manager and clinical manager both acknowledged that they had some improvements to make in respect of the specific information required in some people's care plans. They confirmed that this would be part of their overall action plan to make improvements. The care plans we reviewed showed evidence of action being taken to make them more specific and to guide staff as to the care that was actually required.

We found that care plans required more robust information about people's care needs. For example, they did not always detail specific sizes of continence equipment required; in some records, there was no detail as to the size of sling required for manual handling or the setting that the pressure mattress needed to be set to. We discussed this with the registered manager and clinical manager and were advised that this would be addressed.

Some staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. Staff told us that any changes in people's needs were passed on to care staff through communication books and daily handovers. Relatives told us that staff and the registered manager had kept them informed of any changes in people's wellbeing. We observed this during our inspection, with visiting professionals being updated about people's conditions.

The registered manager told us there were staff members who were responsible for planning activities. We found that they although they worked to cater for people's individual needs, in accordance with their abilities, that this did not capture everybody within the service. Quite often we observed that people were left with little or no stimulation for large parts of the day. When people chose not to engage in group activities, the activity coordinator told us that they would undertake one to one sessions with people in their rooms. This time was spent talking about subjects of choice; reading the newspaper and anything that people wanted to engage in.

We were aware from the local authority and our records that there had been some recent complaints about the delivery of service provided to people. Some relatives told us the registered manager always listened to their views and tried hard to address any concerns and we saw from the records that actions had been taken to investigate and respond to the complaints. Other relatives told us they found it hard to discuss issues with the registered manager. Although we found a formal complaints policy, accessible for people and their relatives, we noted that this was not in a user friendly version for those people living with dementia. We discussed this with the registered manager and were told that this would be implemented. In addition we were unable to

find any evidence that concerns and complaints were used as an opportunity for learning or to drive future improvement.



# Is the service well-led?

## Our findings

During our last inspection on 12 December 2014, we found that records had not been well maintained. Risk assessments and care records had not been reviewed on a regular basis and were not reflective of people's current needs.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that records were not well maintained. Of the 13 MAR charts we reviewed, we found that five had gaps within the recording. We saw there were some omissions of staff signatures which confirmed that the staff had administered the prescribed medication. Variable doses had not been routinely recorded and the back of the MAR chart was not always used to record additional information in respect of medication prescribed to be given as required (PRN). For example, if a PRN was refused or not given, the reason was not documented and we did not see what follow-up action had been taken.

Food and fluid charts were not well maintained, showing that some people had not been given fluid for long periods of time. Repositioning charts were also not well maintained, with records showing that people had not been turned or given pressure relief in accordance with their care plans.

People's records were not always stored safely or securely. Care records were stored in a cupboard that was left open during our inspection and could have been accessed by anyone. A filing cabinet contained records for people no longer in the service, who had either moved out or passed away was in a communal area. Files containing food and fluid charts for people were left unattended on tables in communal areas.

People were not always protected against the risk of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to regularly assess and monitor the quality of the service. We saw that although quality monitoring was undertaken it did not assess compliance with local and national standards and had not been overviewed by the provider. The registered manager told us that they had implemented a health and

safety audit on a quarterly basis and we saw records to confirm this. We were told that the registered manager had delegated responsibility for monthly audits, such as care plans and medicines administration to the clinical manager. On reviewing these we found that the audits in place were a tick box exercise; they did not identify ways to improve upon matters of concern.

The registered manager had also failed to ensure that staff records were maintained and did not have managerial oversight of when staff qualifications expired, such as nursing registrations. This means that quality assurance procedures failed to ensure people's health, safety and welfare was protected and promoted.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the ratings from the previous inspection had not been displayed in accordance with statutory requirements.

This was a breach of Regulation 20A of the Health and Social Care Act 2008, (Regulated Activities) 2014.

The information CQC held showed that we had not always received all required notifications. We found that we had not received statutory notifications when a Deprivation of Liberty Safeguard (DoLS) application had been approved. A notification is information about important events which the service is required to send us by law in a timely way. We discussed this with the registered manager who told us that he was not aware this was a requirement but that they would address this with any future approvals from the supervisory body.

This was a breach of Regulation 18 (4A) (a) & (4B) (a) (b) (c) (d) of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

The service had a registered manager. The registered manager was responsible for the day to day management of the service and was supported in the role by the provider and a clinical lead nurse.

The registered manager told us he was aware that not everyone was happy with the changes that had been implemented in order to bring about improvements for people living in the home. This had involved changes to staffing and the departure of staff that had been underperforming. The registered manager also told us



## Is the service well-led?

about more robust procedures that they intended would be put in place around staff training. They confirmed that they operated an open door policy and were on call for any emergency issues which might occur.

There were mixed views about the registered manager's approach to running the home, both from relatives and staff. Some relatives were happy with the approachability of the registered manager and felt able to discuss any issues of concern with them. Others were not happy with how they had been treated by the registered manager in respect of their family member. One member of staff told us about an incident whereby a relative was angry and wanted to speak with the registered manager, who refused to speak to them. We were also told that staff confidentiality was not always maintained by the registered manager, who divulged personal information about some staff to other staff. One staff member said, "It's not managed well, it's just wrong." The same staff member told

us, "They are hiding things. It's deceiving people as we are asked to do records when they are not normally done." Another staff member told us, "It needs the right group of staff and could be good."

The service had a whistleblowing policy which provided staff with guidance on how to voice their concerns within the company they were employed by. The policy directed staff to agencies that could assist with independent advice and provided contact details for the CQC and other relevant agencies.

The registered manager told us that the annual customer survey had not been completed in May 2014 and was due to be undertaken again. Although the results of this were displayed in the main entrance, there was no formal overview or analysis of less positive areas or what could be done to improve matters. The provider had failed to assist people to express their views and, so far as appropriate and reasonably practicable, accommodate those views.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<b>There were no effective systems in place to manage and monitor the prevention and control of infection or ensure that the premises and equipment used was safe and cleaned to an appropriate standard.</b>
Treatment of disease, disorder or injury	<b>The registered person did not have effective systems in place to ensure there were sufficient quantities of medicines available. Medicines were not managed safely.</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
Diagnostic and screening procedures	<b>The registered person had not protected people against the risk of an unsafe and inadequately maintained environment.</b>
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	<b>The registered person failed to operate systems to ensure records were managed safely and effectively.</b>
Treatment of disease, disorder or injury	<b>Systems were not effective in terms of assessing, monitoring and improving the quality and safety of the services provided.</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments
Diagnostic and screening procedures	

This section is primarily information for the provider

## Action we have told the provider to take

Treatment of disease, disorder or injury

The registered person had not displayed ratings from the previous inspection of this service.

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Diagnostic and screening procedures

**People were not treated with care, dignity and respect.**

Treatment of disease, disorder or injury

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Diagnostic and screening procedures

**The registered person had not taken steps to ensure that care and support was provided with the consent of the relevant person. Where consent could not be gained because people lacked capacity, the registered person had not acted in accordance with the Mental Capacity Act 2005.**

Treatment of disease, disorder or injury

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Diagnostic and screening procedures

**The registered person had not taken steps to meet people's nutritional and hydration needs.**

Treatment of disease, disorder or injury

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

Diagnostic and screening procedures

**The registered person had not taken steps to notify the Commission of requests made to supervisory bodies to deprive people of their liberty.**

Treatment of disease, disorder or injury