

## Speciality Care (Addison Court) Limited

# Addison Court

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

We carried out an unannounced inspection on the 16th December 2014.

Addison Court is registered to provide care for up to 50 people. The home was providing care for people with nursing and personal care needs, including people living with a dementia. The registration requirements for the provider stated the home should have a registered manager in place. We were told the registered manager had recently left the home and there was an interim manager in post. On the day of our inspection the interim manager was supported by the operation director. It is a

regulatory responsibility for registered providers to inform the Care Quality Commission of a home that has no registered manager for longer than 28 days. The interim manager told us they would submit a notification to inform the commission that the location would be without a registered manager for longer than 28 days.

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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The person responsible for the day to day running of the home on the day our inspection was an interim manager.

We saw evidence of safeguarding investigations taking place in the home; however we had been made aware of a number of safeguarding investigations that had taken place that the home had not notified CQC about. The interim manager informed us this will be a priority in the home. Staff were aware of the signs of abuse and the actions they would take if they suspected abuse was taking place. The Mental Capacity Act 2005 (MCA 2005) sets out actions to be taken to support people to make their own decisions wherever possible. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty in their own best interests. Staff we spoke with were able to demonstrate an understanding of the MCA and DoLS and all staff were able to confirm what actions they would take to protect people who could be at risk of their liberty being deprived. Effective systems of referral for people at risk of being deprived of their liberty were in place.

Systems were in place to ensure medications were administered, stored and recorded safely in the home. We observed staff during part of the morning medication round. People told us staff informed them what medication they were taking. Staff told us they would ensure a medication that had not been dated as opened in the fridge was appropriately dated and signed.

Duty rotas which detailed staffing numbers in the home identified consistency, however staff, relatives and people who used the service we spoke with told us there was not enough staff cover in the home. We were told that the staffing numbers were low on the day of our inspection due to sickness however we noted extra staff arrived to cover the shift.

Care files we looked at had evidence of nutritional assessments in them including fluids charts with targets and evidence of care plans relating to their dietary needs.

Prior to our inspection we had been made aware of concerns that related to one person who used the service and observation by staff during their meal times. We looked into this during our inspection and discussed our concerns with the interim manager of the home. They told us an investigation had been commenced and confirmed actions had been taken as a result of the incident. There was evidence of care planning that was person centred and met people's individual needs.

People we spoke with told us they received good quality care at the home. For example one comment we received was, "The staff are very caring, I get to see the doctor if I need be and I can be alone when I want to." Relatives we spoke with were complimentary about the care their relative received in the home. We observed the care provided to people who used the service in a variety of the public areas of the home. We noted people who used the service were consulted about their care and staff responded in a positive manner to them. However we noted two of the dining areas were left unsupervised at times during meal times. There was evidence of activities taking place on the day of our inspection we saw the children from the local school visited to sing carols.

We looked at the complaints and compliments file that was kept in the home. We saw evidence of positive feedback about the home. There was evidence of the complaints with dates of the complaint and notes relating to investigations that had taken place including actions that had been taken.

We received mixed feedback about the support staff received from the manager in the home. Relatives of people living in the home told us they felt the home was well led.

Systems to ensure people who used the service were safe and monitored were in place. This was because we looked at how the provider monitored and audited the home. We saw the home completed a monthly manager's audit which had been done recently.

# 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 safe, but some areas required attention to ensure this remained consistent.

Systems were in place to ensure medications were administered, stored and recorded safely in the home. Staff told us they would ensure a medication that had not been dated as opened in the fridge was appropriately dated and signed.

Duty rotas which detailed staffing numbers in the home identified consistency, however staff, relatives and people who used the service we spoke with told us there was not enough staff cover in the home. We saw extra staff arriving on the home on the day of our inspection to cover sickness.

We saw evidence of safeguarding investigations taking place in the home, however these had not always been notified to CQC. The interim manager informed us this will be a priority in the home.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Staff we spoke with had an understanding of the MCA and DoLS and all staff were able to confirm what actions they would take to protect people who could be at risk of their liberty being restricted. Effective systems of referral for people at risk of being deprived of their liberty were in place.

Care files we looked at had evidence of nutritional assessments in them including, fluids charts with targets and evidence of care plans relating to their dietary needs. Prior to our inspection we had been made aware of concerns that related to one person who used the service and observation by staff during their meal times. We investigated this during our inspection and discussed our concerns with the interim manager of the home.

We undertook a tour of the building with a staff member during our inspection and noted public areas were clean and tidy and free from clutter. Bedrooms we looked at had evidence of personal items such as mementos and photographs and all bedrooms had en-suite bathroom facilities. We noted there were facilities on each floor for staff to dispose of waste. These rooms had locks on however we noted that all of these rooms were left unlocked when we checked them.

**Requires Improvement**



### Is the service caring?

The service was caring.

**Good**



# Summary of findings

People we spoke with told us they received good quality care at the home. Some comments received were, "The staff are very caring, I get to see the doctor if needs be and I can be alone when I want to." Relatives we spoke with were complimentary about the care their relative received in the home.

We observed the care provided to people who used the service in a variety of the public areas of the home. We noted people who used the service were consulted about their care and staff responded in a positive manner to them. However we noted two of the dining areas were left unsupervised at times during meal times.

## Is the service responsive?

The service was responsive.

During our inspection we observed a number of activities taking place. A local school attended the home where the children sang Christmas carols for people who used the service. However staff told us if staffing numbers were low activities would not take place.

Systems to ensure people who used the service received care that was relevant to their individual needs were in place. There was evidence of care planning that was person centred and met people's individual needs.

We looked at the complaints and compliments file that was kept in the home. We saw evidence of positive feedback about the home. There was evidence of the complaints with dates of the complaint and notes relating to investigations that had taken place including actions that had been taken.

Good



## Is the service well-led?

The service was well led.

There was a registered manager with the Care Quality Commission for this service however at our inspection we were advised this manager had recently left and that the provider had commenced to process of recruiting a new manager to the post.

We received mixed feedback about the support staff received from the manager in the home. Relatives of people living in the home told us they felt the home was well led.

Systems to ensure people who used the service were safe and monitored were in place. We saw there was effective monitoring in place and the home completed a monthly manager's audit which had been done recently.

Good



# Addison Court

## 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 16th December 2014 and was an unannounced inspection which meant the provider and staff did not know we were coming. The home is registered to provide care for up to 50 people.

The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of care homes which provided nursing and dementia care.

Prior to our inspection we received information about some concerns raised by a family member of a person who used the service. We looked into these concerns during our

inspection. Prior to our inspection we reviewed the information we held about the service. This included notifications, safeguarding concerns and information detailed in action plans that the provider had sent to us following our last inspection.

During our inspection we spoke with eight staff members; these included care staff, ancillary staff, the interim manager and the operations director. We also spoke with four people who used the service, four visiting family members and one visiting professional.

We spent some time observing care and staff interactions with people who used the service in the communal areas of the home and we undertook a Short Observation Framework for Inspection (SOFI) observation during the lunchtime period in the main dining area on the ground floor. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records for five people who used the service and other documents which included medication administration sheets, audits and quality monitoring taking place, records of incidents, accident and safeguarding investigations in the home.

# Is the service safe?

## Our findings

We spoke with people who used the service and their families about their safety in the home. All people told us they felt safe. However one person we spoke with told us, “I feel safe but my (named relative) doesn’t.” We explored these concerns further with this person and asked the operations director to investigate them. We received feedback from the operations director and the person we spoke with prior to the end of our inspection who discussed a satisfactory outcome to the concerns that had been raised.

We asked the staff we spoke with about their understanding of safeguarding and what action they would take if they suspected someone was at risk of abuse. We were told, “I would report concerns to my senior,” “I would say something to somebody and expect something to be done,” another said, “I would report it immediately to my manager.” All staff were able to identify the signs of abuse and were aware of the policy in place for safeguarding in the home. This meant people who used the service were protected from the risk of abuse because systems were in place to ensure staff had the knowledge of the signs of abuse and were aware of the appropriate actions to take if they suspected abuse was taking place.

We looked at the records the home kept in relation to safeguarding investigations. We noted staff had access to the safeguarding policy and procedure and there was a log sheet that contained details of safeguarding investigations that had taken place. We noted the last entry on this was November 2013 however there was evidence of more recent safeguarding investigations that had taken place. It is important to ensure records relating to safeguarding are kept up to date to ensure an effective audit trail is maintained. We saw evidence in the safeguarding file of investigations that had taken place including referrals, staff statements and professional visits. The Care Quality Commission (CQC) has been made aware of a number of concerns over the last year. We discussed these concerns with the interim manager and the operations director as there was evidence of some notifications being sent to CQC however we were aware that not all had been sent to the Commission. The provider has a regulatory responsibility to ensure they notify the Commission of all safeguarding investigations in relation the home. We reminded the operations director and the interim manager of their

regulatory responsibility, however we would expect that the provider would not need to be reminded of this. The operations director and interim manager told us that, ‘going forward notifications will be a priority.’

We looked at the training records for three staff members in relation to safeguarding training. We saw evidence of safeguarding training in two of them. All the care staff we spoke with told us they had received training in the protection of vulnerable adults. One staff member discussed an interest in further training in relation to safeguarding, we discussed this with the operations director and interim manager who confirmed they would ensure this staff member had access to this training. This meant people who used the service were cared for by a staff team who had access to appropriate training that was relevant to their role.

We observed part of the morning medication round. We observed people who used the service when taking their medication and observed staff appropriately checking people’s medicines and recording them on the Medication Administration Recording chart (MAR). We observed the medication trolley was secured safely in between each administration as it was stored appropriately in a locked room following the medication round. We looked at the MAR charts and saw evidence of accurate recoding of medication in place and we observed staff signing the chart in between each administration. The MAR file contained information such as staff sample signing sheets, details relating to early morning medication, medication risk assessment, protocols for ‘at patient request’ medication and palliative care medications. Systems to ensure accurate records and a policy to support staff to ensure people who used the service received safe effective medication administration were in place.

We looked at the medication room and saw trolleys were secured to the wall. We saw effective systems in place for the storage and recording of medication waiting to be returned to the pharmacy. We checked the controlled drugs cupboard and saw evidence of accurate records for controlled medications and the safe storage of controlled drugs. We saw staff recorded fridge and room temperatures and we saw evidence of regular checks. We looked in the medication fridge and saw evidence of dates of opening recorded on the medications; however one eye drop we looked at had no date for opening recorded on it. Once opened eye drops have to be used within a specific

## Is the service safe?

timescale, and by not dating the bottle there was a risk that out of date medicines could be administered. We informed the nurse who was responsible for medication on the day of our inspection who confirmed they would ensure correct procedure was followed in relation to recording the dates of medications. We would expect the provider would be aware of the procedure to take to ensure all medications were accurately signed and dated and we would not need to remind them of this during the inspection.

We asked people who used the service and visiting relatives about their medications. One person told us, "My (Named relative) refuses to take her medication so the staff discussed this with us and we all decided to put it in her porridge, and she eats it." Another person said, "I take my medicines in the morning. I did know what I was taking but they have changed now. The staff tell me what I take." All people who used the service we spoke with told us they were aware what their medication was for. People who used the service received medication that was discussed with them.

We saw evidence of systems in place to ensure people who used the service received their medicines from a suitably trained and monitored staff team. This was because we looked at the training records and saw evidence that all staff had completed medication training and the staff we spoke with about medications confirmed they had undertaken a competency assessment in the past year.

We asked people who used the service and their relative about the staff in the home. We were told, "I feel there is not enough staff around, the lounge is left unattended a lot," "The staff always say they are too busy. The staff come to the buzzer but they say that they will come back, I need to buzz again. They are not always around, but they are supposed to be."

Staff we spoke with about the staffing numbers in the home told us, "The staff support is good, but activities don't get done if they are short staffed. There seems to be plenty of staff", "Some days staffing can be really sparse, I brought it up with senior. All people are cared for and safe upstairs," and "Not always. Today we are short staffed, this is quite often recently due to sickness and people leaving." It is important to ensure there are enough staff in place to meet people who used the service's needs.

On the day of our inspection we were told that staffing numbers were lower due to sickness. The staff member in

charge on our arrival told us, "We are two staff down this morning, there is only one nurse there should be two." The nurse confirmed they had called the interim manager to inform them. We observed extra staff cover arrived during the day to support the staff team in the home. This included an agency staff member who we were told had worked previously in the home and a permanent member of staff. The interim manager told us they were in the process of recruiting a further member of staff and the use of agency staff cover in the home was low. We were told the home currently had arrangements in place for one to one supervision for a person who used the service to support them with agency staff members with the funding authority. We were told this was to ensure that support for this person was always covered and any impacts of sickness would not affect the one to one supervision.

We looked at the duty rotas for the home which included care and ancillary staff. We saw evidence of consistent staffing numbers in place. We saw cover provided by qualified nursing staff was missing for some of the night shifts in the home. Following our inspection we contacted the home and staff confirmed adequate staffing arrangements were now in place for all but one shift and that they expected adequate arrangements for qualified nursing staff to be in place. A staff member we spoke with told us, "There was fairness with the Christmas rota." However they told us they thought that it had been slightly altered since completion. We saw evidence of details relating to staffing numbers were identified in the monthly manager's audit that took place, however we noted a further audit had not been completed since September 2014.

We looked at three staff files for staff currently employed by the provider. There was evidence of the recruitment process in place which included, application forms, reference requests and one file had details of an induction plan for them on commencement of their role. This meant people who used the service were cared for by an appropriately recruited staff team.

We looked at how the service managed risk in the home; we saw evidence of risk assessments taking place. An example seen was, all of the care files we looked at contained evidence of up to date risk assessments in place for, moving and handling, health and safety and pressure care. All files had personal evacuation plans to guide staff in the event of a fire emergency. People who used the



## Is the service safe?

service received safe and effective care because systems were in place to ensure risk assessments were in place and reviewed regularly to ensure they reflected people's current needs.



# Is the service effective?

## Our findings

We spoke with people who used the service and their relatives about the quality of meals in the home. All the people we spoke to said the food was 'good and it had improved lately.' We were told, "I have my breakfast in bed every day, I like that." A relative said, "At the moment they swab (named relatives) mouth with a sponge with fruit juice on."

Systems to ensure people who used the service received safe effective care of their nutritional needs were in place. The interim manager told us, 'There is cover for catering duties daily' and we saw evidence of this on the duty rotas that we looked at. We were told people who used the service were offered a light lunch and hot meal for dinner in the late afternoon / early evening. The interim manager told us this was discussed with people who used the service and was implemented at their request. The interim manager told us there was a 'divisional catering manager' who looked at meals in the home and the provider was in the process of looking at putting allergen advice and calories onto menus.

We looked at the care files for five people who used the service and saw evidence of nutritional assessment in them, as well as fluids charts with targets for fluid intake and care plans relating to people's individual dietary needs. Prior to our inspection we had been made aware of concerns that related to one person who used the service and levels of observation provided by staff during meal times. We noted in this person's care plan which related to nutritional needs that they required observation when eating, however we had been informed that this had not taken place on the day the concerns had been raised. We discussed these concerns with the nurse in charge on the day of the incident and the interim manager. The interim manager told us an investigation had been commenced and confirmed actions that had been taken as a result of the incident. It is important to ensure people who used the service are protected from the risk associated with unsafe or unsuitable care and that guidance relating to the support people need when eating is followed.

We undertook a Short Observation Framework for Inspection (SOFI) during the lunchtime period in the main dining areas in the home. SOFI is a tool to help us assess the care of people who were unable to tell us verbally about the care they received. We also observed meals

being served during the lunchtime as well as the breakfast and lunch time in two other dining rooms in the home. We observed meals were attractively served and tables were set with condiments, crockery, drinks and the menu for the day. We observed people were supported to eat their meals in the dining area if they wished or offered facilities to eat their meals at their chair if this was their choice. People who used the service were offered alternatives to the menu if the choices available were not requested.

Staff were seen speaking kindly to people however we noted there was little meaningful conversation taking place between people who used the service and staff. In one of the dining areas we observed one person was left unsupervised whilst eating their meal for several minutes. We brought this to the attention of the interim manager and operations director who confirmed they would ensure a review of mealtimes took place to enable staff to monitor and supervise dining areas at all times during meal times. We also noted that another of the dining areas had been left unsupervised for a period of time. We brought this to the attention of the interim manager who provided us with details of how they would ensure people who used the lounge would be supervised at all times when meeting their dietary needs. Another person who used the service was observed being supported by a staff member, they were observed to be communicating in a kind way and offering their meal appropriately, however we observed that this person had some of their meal left on their clothing, we brought this to the attention of the interim manager who ensured appropriate actions were taken to ensure this person's clothing was cleaned.

We undertook a tour of the building with a staff member during our inspection and noted public areas were clean and tidy and free from clutter. Bedrooms we looked at had evidence of personal items such as mementos and photographs, all bedrooms had en-suite bathroom facilities. We noted there were facilities on each floor for staff to dispose of waste; these rooms had locks on them however we noted that all of these rooms were left unlocked when we checked them. We brought this to the attention of the interim manager who confirmed these were locked immediately and provided evidence of actions taken to remind staff of the need to ensure these doors were locked to maintain the safety of people who used the service. There was a hairdresser's room on one of the floors for people who used the service to access. We saw there were items left unattended such as nail clippers, hair

## Is the service effective?

lotion, and nail varnish and the room had been left unlocked. We brought this to the attention of staff who immediately ensured this door was locked and the interim manager told us they would ensure staff were aware this room was to be locked at all times when not in use.

Systems were in place to ensure staff training was taking place and was monitored. The interim manager showed us details of staff training that had taken place for topics such as, fire safety, handling complaints, confidentiality and emergency procedures. One staff member told us they had completed mandatory training that was relevant to their role.

We asked staff about their understanding of the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA 2005) sets out actions to be taken to support people to make their own decisions wherever possible. The DoLS provides a legal framework to protect people who need to be deprived of their liberty, in their own best interests.

Staff we spoke with had an understanding of the MCA and DoLS. One person said, "Mental Capacity is about choice and Deprivation of Liberty is about restricting or stopping them from doing something for their safety," another said, "All people have capacity unless it is proved otherwise and this can fluctuate. Deprivation of Liberty is where there has

to be a good reason to keep people safe, and others safe." All staff were able to confirm what actions they would take to protect people who were at risk of their liberty being deprived.

People who used the service were cared for safely and effectively. The interim manager told us they had completed DoLS application forms for all people who were living on the top floor of the home. This was because people would need the support from the staff to leave this unit as there was a lockable gate in place on the exit to the floor. The DoLS applications were to ensure people who used the service had the appropriate legal documentation in place to support this restriction. The interim manager told us the DoLS referrals were being sent to the authorising body. The interim manager was aware of its regulatory responsibility to inform CQC of an authorised DoLS application.

We saw evidence in the care files we looked at of consent to care being obtained from either the person who used the service or their relative. All the people we spoke to who could make their own decisions told us they did so and relative of people who could not make their decision told us they were able to do this for them.

### Recommendations

We would recommend the provider reviews and implements guidance on supervision and supporting people who used the service during meal times.

# Is the service caring?

## Our findings

People we spoke with told us they received good quality care at the home. Some comments received were, "The staff are very caring, I get to see the doctor if needs be and I can be alone when I want to." Relatives we spoke with were complimentary about the care their relatives received in the home. One person said, "My (Named relative) is on palliative care and the staff have been fantastic; the staff said to ring up any time they have been so supportive and kind." Another told us, "I feel very happy with staff they are very respectful and treat (Named person) with kindness. We have plenty of private time" and, "The staff keep me informed about (Named Persons) care, we discuss her care daily." There were several visitors on the day of our inspection to the home and we observed staff were welcoming and appeared to be knowledgeable about them. One person who used the service told us, "I see my relatives whenever they come; the staff make them very welcome." A visiting professional we spoke with told us, "I am happy with the care people received in the home and that the staff take on board any changes".

We asked staff about the care people received in the home, We were told, "The care plans identify what is required and staff can read them" and, "The care plans are important, they are consistent with care, if you came into the home you would be able to know what's going on. We write the care plans and try to read them but it is difficult with staffing problems." Two staff we spoke with told us they would be happy for their relative to receive care in the home they said, "We strive to get to where we want to be. We want to be up there with the best of the best." However one staff member told us they would not be as confident due to the, 'unrest since the old manager left.' The interim

manager told us they carried out monthly spot checks of care and worked night duty to monitor staff and care delivery. This meant they could ensure standards of care met the provider's expected standards.

We observed the care provided to people who used the service in a variety of the public areas of the home. We noted people who used the service were consulted about their care and staff responded in a positive manner to them. People were asked for their permission before staff carried out any activity and were offered choice. For example one person was observed asking for their choice of meal during lunchtime and another staff member was involving people who used the service in the decoration of one of the lounges for the Christmas festivities.

We saw evidence on people's care files that other professionals such as the GP, district nurse and the dietician had been involved in their care. On the day of our inspection we spoke with a visiting professional who confirmed they were happy with the care people received in Addison Court. Records relating to advice from other professionals were seen in the care files we looked at. We observed staff responding in a positive and timely manner to one person in relation to a letter that had been received by the home about a future appointment. We saw care plans documented people's end of life wishes and best interest decisions. This would ensure people received care that was individualised to their specific needs, wishes and in their best interests.

Documentation that related to pre-admission assessments for people were evident in the care files we looked at. This meant people had their assessed needs reviewed prior to entering the home to ensure the home could meet their individual care needs.

# Is the service responsive?

## Our findings

During our inspection we observed a number of activities taking place. A local school attended the home where the children sang Christmas carols for people who used the service. Staff were seen assisting people who used the service into the main lounge to take part in this activity and people told us they enjoyed the visit by the school. Members of the school staff told us they were regular visitors to the home. We saw evidence of equipment that could be used for activities in the home such as board games and books and there was an activity corner in the main lounge in the home, however we were told there were not as many activities for people as on display in the lounge. Staff told us that people who used the service took part in sensory therapy sessions called 'Nemestie care' which involved individual therapy sessions with people who used the service and staff. Staff told us this had been taking place in one of the lounges in the home however this had recently been stopped. The interim manager told us they were relocating the therapy sessions to the quiet lounge in the home and the sessions would be recommenced soon after the inspection. People who used the service received meaningful group and individual activities.

We spoke with staff about the activities taking place for people living in the home. We were told activities were taking place but these had 'dropped off a little due to other commitments.' Another staff member said, "Staff support is good for activities however activities don't get done if we are short staffed." One person told us, "We always make time to talk and listen to people." We observed the activity coordinator undertaking activities on the day of our inspection and interacting well with people who used the service.

During our tour of the public areas of the home we saw evidence of activity planners on display however these were noted to be the previous week's activities. We noted later in our inspection that these details had been updated and displayed the correct date for staff, relatives and people who used the service to follow.

We asked staff to tell us how they ensured they had the knowledge of what was important to people who used the service. One staff member told us all people who used the service had a 'lifestyle package put together'. This included a 'general chat about what people liked and what they did.'

In the care files we looked at there was information to guide staff about people likes and dislikes, hobbies, interests, work and family life. This helped ensure that staff responded to people's needs in an individualised way.

Systems to ensure people who used the service received care that was relevant to their individual needs were in place. We looked at the care records for five people who used the service and saw evidence of personal details such as GP, date of birth and allergies for staff to follow. There was evidence of care planning that was person centred and met people's individual needs. Examples of care planning included, communication, breathing, continence and personal care. Care files included up to date reviews and risk assessment that had been completed recently for example, moving and handling, health and safety and pressure area care. There were details recorded that related to personal care that had been carried out and we saw evidence of monitoring of people such as weights and nutritional assessments in place. We saw evidence of people who used the service or their families being involved in their care planning and decisions about their care, photographs and consent for vaccinations. We asked people if their care was discussed with them. One person said, "I can ask questions, the staff listen to me and act upon it, I feel very supported, the care here is quality."

We looked at the complaints and compliments file that was kept in the home. We saw evidence of positive feedback about the home. There were details of complaints noted with dates of the complaint and documentation relating to the investigations that had taken place including actions that had been taken. There were details of the complaints process for staff to follow and a complaints log however we noted this was dated from 2012. We discussed this with the interim manager who told us there was now a computer system that recorded all complaints on and that this was reviewed by the manager as well as the provider. We were told this was to ensure themes or patterns of complaints were monitored. We saw evidence of monthly manager audits taking place to monitor complaints in the home and saw this had been done recently.

We spoke with the interim manager and operations director about how complaints were dealt with in the home. We were told about appropriate systems to deal with complaints and actions that would be taken. The interim manager told us, "We would send a letter inform them (the complainant) I would be investigating and meet

## Is the service responsive?

with the complainant.” The interim manager told us any complaints would be discussed with staff and ‘lessons learned’ would be included in future training and development.

We saw thank you cards on display that offered positive feedback about the care people received in the home. Examples of comments seen were, ‘Thank you for taking care of me’, ‘I can’t thank you enough for looking after my (Named family member)’ and, ‘Thanks to you all for all your care and devotion in looking after (Named person).’

Staff told us about the appropriate procedure they would take when dealing with complaints. One person said, “It would depend what the complaint was, I would try and fix it, document it and report it to the line manager.” Another said, “I would offer for them to come and discuss the complaint with me and try to resolve. I would also refer to the manager.”

One staff member we spoke with told us about a concern relating to one person who used the service. We discussed this with the interim manager and the operations director who confirmed they would commence an investigation immediately and inform us of the outcome of this. One person who used the service told us about a concern in relation to their bedroom, this was discussed immediately with the operations director who took action on these concerns and resolved them during our inspection. Another person who used the service told us, “I made a complaint once and it was put right immediately”. Systems were in place to ensure people who used the service had their complaints or concerns dealt with in a timely and effective manner.

# Is the service well-led?

## Our findings

There was a registered manager with the Care Quality Commission for this service however at our inspection we were advised that this manager had recently left and that the registered provider had commenced the process of recruiting a new manager to the post. We were informed there was an interim manager covering the service until this post was filled. There was an operations director at the home on the day of our inspection who told us they would submit the appropriate notification to the Care Quality Commission relating to the absence of a registered manager in the service. 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.

We spoke with people who used the service and visiting relatives about the management arrangements in the home. All people we spoke with told us they knew the manager and felt she was very approachable. People also commented that there was a new manager in post. All relatives we spoke with told us that they thought the home was well led.

We spoke with staff about the support they received for the management at the home. We were told, "There is an interim manager at the moment. We have not been told what is going on"; "There is no authority and no structure since the old manager has left. This manager is only here one and half days per week," "I have not had a lot of dealings with the manager I am not supported I don't really know her" and, "(Named interim manager) is fabulous I have a lot of respect for her." One staff member told us, "Staff morale is terrible with everything going on". We spoke with the interim manager and the operations director about staff support in the home. The interim manager discussed they were aware of the unrest since the old manager had left and would look at ways to ensure staff were updated with the changes taking place. It is important to ensure all staff receive effective support from the management in the home.

However we noted that there were systems in place to keep staff, people who used the service and relatives informed. We asked the interim manager about staff meetings; we

were told team meetings were taking place. Four of the staff members told us team meetings had taken place. One person told us they had attended a team meeting recently and was able to discuss their views. The interim manager told us that residents (people who used the service) meetings were taking place and there were plans to undertake a resident survey soon. The interim manager told us relatives were also asked for their views in relative surveys and relative we spoke with told us they were kept informed of changes through regular newsletters from the registered provider.

There was a staff file we looked at that contained details of updates including; the provider team brief, (The team brief is a document that provides organisational updates for staff) and staff memos with updates. One staff member told us once memos were read on the notice board in the office they were placed in the staff file for them to access.

Systems were in place to ensure people who used the service were safe and monitored. We looked at how the provider monitored and audited the home. We saw there was effective monitoring in place. One example seen was a work request log which noted what remedial work need to be undertaken. We saw this had notes with actions recorded which had been signed and dated. We saw cleaning logs, however we noted these had last been completed in September 2013. There was separate documentation in an 'evidence file' that had up to evidence of kitchen cleaning schedules and kitchen audits in place. We saw evidence of up to date personal evacuation plans in each of the care files we looked at for staff to follow in the event of an emergency in the home. We noted these had been reviewed regularly and had been signed by staff. There was evidence of regular audits taking place in a monthly manager's audit which reviewed; medication, care records, complaints, falls monitoring, accidents, incidents and staffing. We noted this had last been completed in September 2014.

One staff member told us they were getting regular supervision with the last manager and that their last supervision took place in October 2014. Another staff member told us they had received regular supervision with the old manager. We saw a matrix which showed supervision was taking place and confirmed all staff had received supervision recently. We looked at the staff files for three staff members. We saw supervision records in place however we noted these had not been completed since



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2012. We discussed this with the interim manager who told us the provider had a separate file for recent staff supervision documentation. Effective systems for monitoring and supervising staff were in place.

We looked at the entrance hall and saw evidence of information about the provider and certificates in place

such employer's liability insurance, fire safety checklist, investors in people certificate and the national dementia care awards. We were told the activities coordinator had recently been awarded a care award and that the home had been a finalist in the Great Britain care awards and achieved a regional award.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 18 CQC (Registration) Regulations 2009<br>Notification of other incidents  |
| Diagnostic and screening procedures                            | <b>The registered provider failed to notify the Care Quality Commission without delay of abuse or allegations of abuse in relation to a service user. 18. (2) (e)</b> |
| Treatment of disease, disorder or injury                       |   |

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.