

Shakti Lodge Limited

Shakti Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 16 and 17 May 2016 and was unannounced.

Shakti Lodge provides accommodation for up to 26 people who need accommodation with personal care. However the home currently does have rooms that are for two people which are being used as single rooms. This therefore means the total occupancy level available at present is 21. The manager told us that they would only use the double rooms for a married couple if requested. Communal areas, such as the lounge and dining room are on the ground floor with a few bedrooms. Bedrooms are mainly found on the first floor and are accessed by stairs and/or a passenger lift. There was a garden to the rear of the building which had been developed as an accessible space for people to use during the better weather. At the time of our visit, 20 people lived in the home. People had a variety of complex needs including dementia, physical health needs and mobility difficulties.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff knew their responsibility regarding reporting any safeguarding issues and made sure that safeguarding alerts were raised with other agencies. All of the people who were able to converse with us said that they felt safe in the home; and said that if they had any concerns they were confident these would be quickly addressed by the registered manager.

The home had some risk assessments in place to identify risks that may be involved when meeting people's needs. These risk assessments showed ways that these risks could be reduced. However not all risks had been identified and therefore staff were not always putting in measures to keep people safe or reduce those risks.

Medicines had not been administered following the provider's medicines policy and following good practice guidance. Medicines records were not accurate or complete.

The recruitment procedures were not robust in all cases. We have made a recommendation about this.

Training records showed that staff had completed training in a range of areas that reflected their job role. They were receiving supervision which had been planned to make sure staff received support on a regular basis.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and had been approved. The registered manager knew that CQC needs to be notified when Deprivation of Liberty Safeguards (DoLS) applications that had been agreed. The Registered manager had let CQC know about other events such as safeguarding concerns and deaths.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA), which included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 to enable them to protect people's rights.

The menus offered variety and choice. They provided people with nutritious and a well-balanced diet. The cook prepared meals to meet people's specialist dietary needs. We found staff recorded some of what people ate and drank in the daily notes. We found that some people who needed close monitoring of their food and fluid did not have charts to record this effectively. We have made a recommendation about this .

Staff supported people with health care appointments and visits from health care professionals. The staff recorded the outcome of these visits. Care plans were not always amended immediately to show any changes. However staff spoken with knew what care and support people were having. We have made a recommendation about this.

We saw that there were activities planned during the week by the activity co-ordinator and regular entertainment was also provided by people coming in to the home for example they had exercises to music, and a singer who visited.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff encouraged people to make their own choices and promoted their independence.

Complaints were managed in accordance with the provider's complaints policy a copy of the procedure was displayed in entrance to the home.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs.

People spoke positively about the management team and staff. Staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

There were a lack of systems in place to enable the registered manager to assess, monitor and improve the quality and safety of the service. Audits undertaken had not picked up the concerns for example around the administration of medicines and care plans records. The area manager who was responsible for monthly audits to check how the home was run and the views of the people and staff had not taken place since October 2015.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Not all people in the home were receiving their medicines as prescribed.

Although the home looked clean and was free from odour we saw Infection control being compromised.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm.

Recruitment procedures were being followed, however not all staff had received the required references from previous employers.

Staff were knowledgeable in recognising signs of potential abuse. They understood the responsibility to report any suspicion of abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's weights had been recorded however suitable action had not always been taken when people were losing weight.

Staff were receiving supervision and were given the knowledge and skills to meet people's needs

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place.

People received medical assistance from healthcare professionals when they needed it.

People were provided with a choice of nutritious food.

Is the service caring?

The service was not consistently caring.

People's privacy and dignity was sometimes compromised by staff saying things that could cause people embarrassment.

The registered manager and staff demonstrated caring, kind and compassionate attitudes towards people.

People were supported to maintain their independence and choices were encouraged.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

The management team had not always documented people's changing needs appropriately or renewed the care needs assessment.

Referrals to health care professional were made in a timely way.

People's needs had been fully assessed with them before they moved to the home to make sure that the staff could meet their needs.

The provider had a complaints procedure which was displayed in the home.

Peoples views were sort through annual surveys.

Requires Improvement ●

Is the service well-led?

The service was not well led.

There were not effective auditing systems in place to monitor and improve the quality of the service provided.

People's records were not completed robustly and could compromise the quality of the care.

The home had an open and approachable management team. Staff were supported to work in a transparent and open culture.

The staffing and management structure ensured that staff knew who they were accountable to.

Requires Improvement ●

Shakti Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 16 and 17 May 2016 and was unannounced. The inspection was carried out by two inspectors on the first day and one on the second day.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place in the home, which the registered manager is required to tell us by law. We also looked at information we had received from the public and the local authority regarding abuse allegations. We used all this information to decide which areas to focus on during our inspection.

We spoke with four people, four care staff, one senior carer, the activity coordinator, cook, deputy manager and the registered manager. We also spoke with two visiting healthcare professionals. These included a district nurse and a person's care manager.

Most people who were living with dementia were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We looked at records kept by the home these included five people's records, which included care assessments and plans, risk assessments and daily records. We looked at four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

At our last inspection on 18 August 2014, we had no concerns and there were no breaches of regulation.



Our findings

People who were able told us they felt safe at the home, for example one person said, "The staff look after me, they keep me safe". Another person told us, "Yes, I am safe here".

Not all medicines had been given to people as prescribed. The home had medicines supplied by the local pharmacy in a pod system. This means that medicines that can be dispensed in this way are placed in sealed pods for each person for each time during the day. These medicines were easily given to the person in its own container. We undertook an audit of the medicines not supplied by the pharmacy in pod system. We checked a range of medicines dispensed in its original packaging. Of the ten different medicines checked for eight people, only one medicine checked was found to be correct. These errors indicated that staff had signed to indicate a medicine had been given when in fact they had not given them. The errors had not been made by all staff, as most of the discrepancies were from one to four tablets over a two week period.

We observed a senior carer administering people's medicines during the lunch medicines round. They checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were asked if they were in pain and whether they required PRN (as and when required) medicines. The senior carer administered medicines to people by explaining what it was and seeking consent and offering a drink. The senior carer discreetly observed people taking their medicines to ensure that they had taken them before signing the record.

Some people were prescribed medicines to be given "as required". For some people, there were no 'as required' protocols that gave clear instructions about the reason for administration of this medicine, the frequency, maximum dose and duration between doses. The amount given was not always recorded. Where medicines were to be given as 'as required' for pain relief, there was no pain assessment tool in use in the home. Records showed that some people had regular pain relief, others very infrequently. We heard that people were offered the opportunity to have pain relief medicines during medicine round when prescribed.

We looked at the way medicines were stored, the medicines being administered daily except controlled medicines were kept in a locked trolley which was secured to the wall when not in use. Other medicines were also kept securely in locked cupboards in side locked cupboards. We checked these medicines at random; we found that the amounts in stock were correct. However, staff were not always recording these medicines correctly as several entries did not record in controlled book the strength of the medicine

administered.

The provider failed to manage medicines effectively and medicines were not being properly managed. This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home looked clean and tidy. The home was free from offensive odours. Staff had received infection control training and said they thought the registered manager was the infection control lead. We spoke to the domestic person on duty; she explained that they have cleaning that is done on a daily basis. We saw a sheet which the staff member ticks to say that the cleaning had been undertaken. The form only recorded the areas to be cleaned, it did not give details of what needed to be cleaned and what chemicals should be used to do this safely. The member of staff did say that the registered manager did check that areas have been cleaned however this was not documented. This was discussed with the registered manager. They did not have a copy of the code of practice for health and adult social care on the prevention and control of infections and related guidance. During our observations of care in the communal areas we did see staff assist people who had been incontinent of urine. On two occasions we saw staff returning people to a wet armchair. When we pointed this out to staff who were seen to dry the chair, however they did not use any disinfectant or cleaner to clean the chair.

The provider had failed to reduce the risk of cross infection placing people at risk. This was a breach of Regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person's care plan contained individual risk assessments in which risks to their safety were identified such as falls and poor mobility. Guidance about any action staff needed to take to make sure people were protected from harm were included in the risk assessments. However, we found that not all the risks had been identified and therefore staff had not been given the information they need to keep all people safe. For example, we saw that one person was at risk for malnutrition and dehydration. This had not been documented as a risk and therefore staff had not been asked to document what the person ate and drank on a suitable chart for close monitoring. We also found that staff had not been asked to assist this person to eat their food who sometimes did not eat their food without encouragement. The person had lost a significant amount of weight over the previous year. We could not see that any action had been taken to reduce the risk of this continuing within the person's care plan. Although we saw a lot of evidence had been documented in a handover book and the person had put on a small amount of weight over the last three months.

The provider had failed to monitor the risk to people who may present with malnutrition. This was a breach of Regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment procedures were followed to make sure that only suitable staff were employed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We saw that during interviews any gaps in people's employment history were checked. Employer references were also checked however they were experiencing problems getting all previous employers to provide references in a timely way. We saw that character references had been obtained for some staff. On one file we found one reference instead of two.

We recommend that the provider seeks advice on how to keep people safe while awaiting further employment information.

The provider had taken reasonable steps to protect people from abuse. There were systems in place to make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team. Care staff told us they would tell the manager or deputy manager of any safeguarding issues. Staff told us that they had received safeguarding training at induction and we saw from the training records that all staff had completed safeguarding training within the last two years. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions of abuse that may occur.

Staff told us the registered manager would respond appropriately to any concerns. If the safeguarding was not dealt with appropriately staff knew who to report to outside of the organisation and gave the example of social services. Staff had access to the providers safeguarding and whistleblowing policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries regarding colleagues. Staff were given a scenario and all staff were able to describe the correct action they would take in that situation. This showed that the provider had systems and processes in place that ensured the protection of people from abuse.

The premises were generally well maintained and suitable for people's needs. Fire extinguishers were maintained regularly. Fire alarm tests had been carried out. Staff confirmed that these were done weekly. Records showed that emergency lighting had also been tested regularly. Any repairs required were generally completed quickly. For example, staff told us that when they reported things like light bulbs being blown or a running tap this was then reported immediately to the handyperson who fixes things straight away. We observed that the areas of the home which had been assessed as unsafe for people to enter without support, such as the laundry room, and cleaning stores were locked and secure.

Peoples (PEEP) Personal Emergency Evacuation Plan was in place for all the people living in the home. This is an individual plan for each person which gives staff and others the information about how they would need assisting to evacuate in an emergency. The registered manager also had agreement with venue locally where people could be evacuated too. The information was kept in a bag near the front entrance of the home. These are updated when people came into or leave the home; they are also checked each month to make sure they are up to date.



Our findings

Care assessments were completed before people were admitted to the home to make sure the staff would be able to meet their care and support needs. However care plan records were not being updated robustly. For example the person who had lost weight, the registered manager said they had consulted a dietician and the GP. There were no records to evidence this within the care plan, although we saw this information in the contact book. There was risk assessment in place for managing their eating and drinking. The registered manager said build up drinks and a fortified diet were given. We saw build up drinks used at lunch time during the inspection. We asked the senior carer how often they should have these and was told as many as possible. There was no plan in place to guide staff on this. There had not been a prescription for these but we saw the kitchen had a stock of these for anyone that needed them. At lunch time, we saw that several people had one sausage, some mash and some veg. They then had a small bowl of rice pudding. . We asked the chef how she decides portion sizes for people. She said "I serve smaller portions as otherwise residents don't eat it, if they want more they can have it." Staff asked people if they were enjoying their meals. There was also conflicting information in the care plan about their eating needs. Some parts of the plan said they ate independently and others parts said they needed assistance. Staff were seen offering assistance to some people who were not eating or were having difficulties. A visiting district nurse told us "Staff do follow our guidance and always refer people to us in good time. We were recently called to a person who came out of hospital with seven sore areas. These have all healed except one which is now close to healing". Records confirmed that staff monitor people's health care needs, and to make referrals within a suitable time frame. The health records were documented and contained suitably information. Most staff we spoke with knew the care required by individuals and were implementing the recommendations made by health professionals to promote people's health and wellbeing. Most staff described the actions they were taking to ensure people's health. For example, they repositioned people who were at risk of developing sores to minimise the risk of pressure ulcers developing and they kept a record of this in the daily record. However the information was not being stored in the care plan file. Therefore care plans were not always being kept up to date and staff did not have up to date care plans to refer to. This could lead to people not being supported in the way they need to protect their wellbeing and safety.

The provider had failed to make sure people's care plans were up dated to ensure they received appropriate care regarding hydration and malnutrition. This was a breach of Regulation 9(1)(a)(b)(3)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Dentist, chiropodists and Opticians visited the home when necessary. Vaccination against influenza was carried out when people or their legal representatives had provided their consent. People's appointments

with healthcare professionals were supported by staff when families were not able to or there were no family members.

People we spoke with said that they liked the meals that were provided by the home. We saw a three week menu which showed well balanced meals with choices available. The cook said that they catered for special diets; currently they were only diabetic diets. Staff were aware of the people who needed a diabetic diet they told us those people did not have sugar in their tea and they knew sweetener was used in the puddings and snacks they were offered. However we found that where there were concerns about how much some people were eating and drinking. For example we saw where it had been identified on admission to hospital that a person had been dehydrated. On discharge the registered manager was advised to develop a plan for regular fluids to avoid further dehydration. The registered manager said she did not feel they required a fluid chart 'as they were drinking ok'. We saw that what they ate and drank had been recorded in the daily record. The registered manager and the staff said that they have lots of drinks during the day, and if they were not drinking they would report this. However, the handover book for 2 May 2016 noted his urine to be yellow and gloopy a sign the person may not be drinking sufficient fluids. A fluid chart was started and we saw that this was being completed when we visited the second day. Staff on duty had been made aware that they needed to encourage that person and others to drink more throughout the day. We asked the chef how she decides portion sizes for people. She said "I serve smaller portions as otherwise residents don't eat it, if they want more they can have it." Staff asked people if they were enjoying their meals.

We recommend systems are put in place to monitor people are eating and drinking enough through the day to maintain their health and wellbeing.

We saw in relation to the Mental Capacity Act 2005 (MCA) that steps staff should take to comply with legal requirements were being taken. The registered manager knew how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member explained that every person has some capacity to make choices. They gave us examples of how they supported people who did not verbally communicate to make choices. They described how and why capacity was assessed, and were aware of the person who was subject to DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some of the people were awaiting decisions by the local authority. The registered manager had followed these up with the local authority but had been told they have a large back log of applications. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The registered manager was aware that they should inform us as soon as an application leads to a DoLS being confirmed in a person's best interest.

The registered manager said that they had Investors in People award this is an award business can sign up to which looks at the way staff are treated with regards to their training and development. The registered manager told us that they had been audited recently and had passed however they had not received written confirmation of this at the time of our visit. All staff completed necessary training as part of their probationary period. New staff had also undertaken the provider's induction of records which they worked through before working with people. Staff told us that they were mentored by the deputy manager to help them to complete their induction. Staff were confident that by the end of their induction period they had attained the skills and knowledge to be able to care for the people living in the home. These skills were built upon with further experience gained from working in the home, and through further training. Staff told us that their training had been planned and that they could request further specialist training if needed.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with who were living with dementia. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. One member of staff told us that they had attended trainings to help them meet people's needs. These included, dementia care, food and nutrition and safeguarding training. The registered manager had been trained along with the deputy manager to undertake staff training such as moving and handling. The registered manager was undertaking PTLLS training (Preparing to Teach in the Lifelong Learning Sector) which is a teaching qualification so she can deliver more training to staff in the future. This showed that the registered manager regularly equipped staff with relevant skills and knowledge to effectively meet people's needs.

Staff told us they received opportunities to meet with their line manager to discuss their work and performance. Staff also told us that they are observed giving care to people and they are spoken to afterwards about what they have done well and what needs to improve. The registered manager told us that supervisions are carried out but in the past had not been as regular as they would like but they had been working on this and now have diarised appointments to make sure supervision is available regularly to make sure staff receive the required support". Records we viewed confirmed this.

Yearly appraisals were carried out and reviewed with one to one supervisions. The last time this took place, development & training needs were identified. One staff told us "I have had the training and it is all up to date, I will soon be starting a Vocational award level 2 in care, she said "I ask the manager about it and I should start it in the next 2-3 months". This had been actioned and planned for by the registered manager. This enables staff to improve on their skills and knowledge.



Our findings

People who were able told us, that they liked the staff and registered manager. One said "Staff are lovely and manager is very friendly", another said, "Staff are very friendly and I feel we get on well, we have a laugh".

A Healthcare professional said "They provide good care and all the staff know people well" and "There is always a good atmosphere in the home, people generally are very engaged in what is going on in the home. I find staff friendly, caring and always trying to do their best for people".

On arrival at the home we saw that people in the lounge were engaged and there was a good natured atmosphere. We spent time and observed how people and staff interacted. The care that was provided was of a kind and caring nature. Staff responded positively and warmly to people and were friendly and kind.. People were offered blankets when sitting in armchairs, there was a nice atmosphere, and at lunch time old time music was played softly.

However, we did find that at times staff were speaking to people as if they were children. Staff used terms like darling, sweetheart and good girl and good boy frequently. Staff and the manager were asked about these terms and agreed that these terms were really not appropriate. We also heard a person ask staff where another person had been, staff told the person they had been to the toilet, again not appropriate and staff agreed it wasn't very dignified. We did not feel these terms were used to upset or offend people, but did show that staff may not be treating people as adults.

We recommend that staff undertake training about how to communicate with people in a way that protects their dignity, and shows respect.

Staff also addressed people by their preferred names and gave them time to respond. They knocked on people's bedroom doors, announced themselves and waited before entering. People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen.

Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next.

People were given choices. Staff checked with people if they wished to visit the toilets at regular intervals and offered to accompany them. We observed that staff were interested in what people had to say and were actively listening to them.

The staff promoted independence and encouraged people to do as much as possible for themselves. One staff member said, "I always get people to do what they can for themselves, it's important it helps them to feel they are involved in the processes. They said "We do have people here who can wash and dress themselves with some assistance, it takes longer of course but it keeps them independent". Another staff member said "residents have choice about when to get up and go to bed, what to wear, what to eat, where to go and what to do, we respect their choices".



Our findings

The care plans were not person centred; however, this had been recognised. The registered manager said she had been working on new care plans on the computer for people and that they were asking the families for more information when people were not able to communicate well. However the new plans had not been completed and were not in use at this time. We found that staff had been recording significant information in the home's handover book. This meant that although staff were generally aware of the information and changes, the care plans did not reflect the individual's up to date care needs. We saw staff had contacted other services that might be able to support them with meeting people's needs. Details of Speech and Language Therapist (SALT) referral and guidance had been put in place and the district nurses had been called when redness caused by pressure had been reported. This demonstrated people's health and well-being was taken seriously. However, information from health and social care professionals about each person was not always included in their care plans. Although this showed that each person had a professional's input into their care when it was needed it was not informing the care plans. Significant changes to people's care had not always prompted a new care assessment, a new risk assessment or care plan.

People may not receive the care and support they needed or that had been agreed. This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an activities co-ordinator employed 5 days a week. However, they were also a member of care staff and told us some days were required to work care shifts. As activity coordinator they were also expected to take people to hospital appointments, when there is no family available. They explained that this meant that sometimes planned activities may not be available. On the first day of our visit they had a person who came in to do armchair exercises with people, a large number took part in this and they seemed to enjoy it. The man doing this was very encouraging and was making some people laugh. They told us that they do visit the home regularly and that people at the home seemed to enjoy the session. They said that they found the staff helpful and that they were always available to assist if he needed help. The activities provided by the activities co-ordinator included a cinema day – film with sweets and treats, quizzes, quoits, art and craft and cake decorating.

The activity coordinator knew who enjoyed the activities from the monthly planned programme. However they had not seen all people's interests as recorded in their assessments and the newer 'this is me documents' in their care plan file. So although information had been obtained about people's hobbies and interests this had not always been used to plan activities in the home. For example, one person liked singing,

football and cowboy films. Favourite food was pie, mash and liquor. There was no evidence of any of this happening in the care plan or daily notes. Not all staff were aware of this information when asked. Another example we saw was that one person used to be a driving instructor. When we asked staff what he liked to do, they said that he always gets excited about any cars on TV, but they did not know his past occupation.

The activities co-ordinator said that she had asked people what sort of things they liked to do, and when activities had not been a success they had been changed. We saw that the activities people took part in were recorded in the daily records. The activity co-ordinator said "They usually go out for an outing to the coast in the summer", however this years planned outings were still in the process of being arranged. There was fortnightly external singer/singers who were booked to visit the home. Staff told us that recently they had also had ponies visit in the garden for people to pet and people had enjoyed this. There were some nice photos in people's plans of them being involved in the group activities and celebrating birthdays and other events..

We recommend that a system is put in place to make sure that peoples interests and hobbies inform the activity plan either in group activities and one to one time.

Complaints procedure was displayed in the front entrance of the home, this gave appropriate information. There was a complaint made recently about laundry management, this was dealt with straight away. The registered manager was able to describe how complaints would be handled and where the action would be recorded. The last written complaint was dated (2014). The registered manager said they normally only recorded written complaints, however because complaints can show where improvements can be made, all concerns and complaints verbal or written were now going to be recorded.

The provider used an annual questionnaire to gain feedback on the quality of the service. These were given to people living in the home, staff, health and social care professionals and relatives. The registered manager told us that they had just sent out the surveys, that completed surveys would be evaluated and the results were used to inform improvement plans for the development of the home. We heard a member of staff going through a questionnaire with a person living at the home. They were not leading the person and time was given for the answer. The registered manager said that they did this for some people as they did not have a families or the family rarely visit. The relatives' feedback received for 2015 were generally positive. Where needed action plans had been developed to provide for suggestions made. For example, more dementia friendly activities were requested for. We found that the registered manager had reviewed all activities and employed an activities coordinator as a result. The few sheets that had been returned for this year's survey were positive about the care provided.



Our findings

People told us that the staff were easy to talk to. One said, "The staff do listen to what we have to say, that includes all the staff" and another told us "The manager and staff are so nice I can tell them anything." We also spoke to a visiting professional at the home, they told us "The home always feels a happy place, I hear the staff chatting with people and often laughing together, the staff and the manager know the people well and we are kept informed of any changes."

The registered manager did not have robust monitoring systems in place to ensure the staff were delivering a safe, quality service. We asked the registered manager if they were familiar with the current regulations. They did not have a copy of the new fundamental standards and regulations which care homes are required work to. The registered manager was not completing any audits. She did say she made checks of personal care and night time records but there was no evidence of these checks or of any actions identified or taken.

We noted the only recent audits in place were the medicines audit and the annual surveys. However, we found the medication audits were not robust, they were choosing to look at just three peoples medicine records, each month. They were not counting the medicines in its original packaging to make sure they had been given as prescribed but looking at the MAR charts to make sure they had been completed correctly. The area manager did a medicines audit in July 2015 and picked up a concern about staff overwriting signatures on the MAR sheets, this happened when people had at first refused the medication and then had decided to take it. We saw the registered manager had discussed this with staff in a team meeting and this practice had stopped.

The last monthly audit by the area manager was dated 21 October 2015. The registered manager said they last visited the home in November 2015 while the registered manager was on holiday. Therefore there had been no further monthly audits undertaken. Registered manager was able to talk through the action taken to address shortfalls including the lack of fire drills from the last audit. However, there was no recorded action plan for that audit. Although fire checks were being undertaken regularly. An external company carried out the health and safety audit recently but the registered manager was awaiting the report.

The registered manager had devised an improvement plan for the service. This identified areas for improvement that included for example; recruiting more senior carers by August 2016, falls assessments being documented and introduction of a more detailed malnutrition assessment, by August 16. The plan also included completion of the care certificate by all staff; training for all staff in managing behaviours that

challenge.

The management of records were not robust. We found that a handover book was being used by staff to record personal information about all the people that live in the home. It recorded when referrals had been made, when the GP had visited and what treatment the person needed. For example when the district nurse was asked to visit because staff were concerned about some ones pressure areas this was recorded in the handover book and nowhere else. When the GP had been asked to visit or make a referral to the SALT team again the information could only be found in the hand over book including the instructions given to staff to manage peoples care. This meant information had not been recorded in people's care file or used to update their care plan, or risk assessments. The records made in this book compromised data protection and were not contemporaneous.

The provider was compromising data protection in relation to records management and also failed to operate good governance systems. This is a breach of Regulation 17(1)(2)(a)(b)(c) HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.

Staff told us the manager always has time for them. They made the following comments, "She is approachable; I can go to her at any time", there is an open door policy here and the manager and her deputy are very helpful and we can speak to them at any time.

Staff understood their roles and responsibilities and told us they worked well as a team. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager arranged staff meetings, staff said that these were normally once every two to three months. They said that they found these useful and were encouraged to bring topics to the agenda. We saw that the meetings were recorded so staff who cannot attend are aware of what was discussed. The meeting notes showed that staff were told about things happening in the home and the staff had the opportunity to raise any issues. We saw that staff were advised of upcoming training.

The registered manager showed they were aware of when notifications had to be sent to CQC. These notifications tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents and the action they have taken. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations in this regard.

The company's mission statement says that they provide care environments full of warmth, love, and security. Staff we spoke with said that they did this one staff member said this is happy place to work and it has a good atmosphere. Another said we try hard to make this a happy place, we spend time with people, chatting and making sure they are well cared for. We noted that there was a very inclusive atmosphere with people chatting to each other and to staff. We saw staff engaging with people and they did not ignore people when they spoke to them even when they were busy.

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed ensured that people received appropriate person centred care that met their needs and reflected their preferences. Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b)</p> <p>The provider had failed to make sure people's care plans were up dated to ensure they received appropriate care regarding hydration and malnutrition. This was a breach of Regulation 9(1)(a)(b)(3)(i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to manage medicines effectively and medicines were not being properly managed. This was a breach of Regulation 12 (1) (2) (g).</p> <p>The provider had failed to reduce the risk of cross infection placing people at risk. This was a breach of Regulation 12 (2)(h).</p> <p>The provider had failed to monitor the risk to people who may present with malnutrition.</p>

This was a breach of Regulation 12(2)(a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider was compromising data protection in relation to records management and also failed to operate good governance systems. This was a breach of Regulation 17(1)(2)(a)(b)(c)