M & J Care Homes Limited

St Bathens Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Inadequate
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Inadequate

Overall summary

We carried out this inspection on 3 February 2015. Our last inspection to the service was in November 2013. The visit in November 2013 was to check that the provider had made improvements to the management of medicines. The provider had taken action to address all shortfalls we previously identified.

St Bathens Care Home provides accommodation to people who require personal care without nursing. The home is registered to accommodate up to 16 people. On the day of our inspection, there were eight people living at the home. St Bathens Care Home is a large, three storey Edwardian building consisting of single bedrooms, each with an en-suite facility. Some rooms are on a split level and can be accessed by a stair lift. A passenger lift is available to access the main floors for people with mobility difficulties. There is a spacious lounge leading to an enclosed garden and a separate dining room. There is a shower room on the first floor and an assisted bathroom on the ground floor.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during the inspection.

The registered manager was open and transparent and explained the challenges the home was facing. This included general lack of investment and unclear future direction and vision. There were eight people living at the home and eight vacancies. This meant that the home was running at low occupancy, which lessened the income available to support the service. The environment was not well maintained with chipped paintwork and wall paper coming off the wall. Carpets were stained and frayed in places. The stair lift to access rooms on the mezzanine floor was taped up as it was not working. It had not been repaired. The registered manager was aware that investment was required to enhance the general environment. However, this was not forthcoming and action plans to address the issues were not in place. The environment did not attract new people to the service. The manager told us that this and insufficient marketing of the service did not enhance the home's future.

Audits to monitor the service in terms of quality and risk were not in place. Risks associated with hot surfaces, hot water and falling from a height had not been identified and addressed.

Staffing levels were maintained at two care staff on duty throughout the waking day. Feedback indicated that these levels were sufficient to meet the basic care needs of people currently in the home. However, the lack of a cook after 2pm, impacted on the care staff as they were responsible for all teatime arrangements. There was no activities organiser which compromised the social opportunities available to people. There was only a small team of care staff which impacted upon the registered manager's ability to ensure staffing levels were maintained. There was no flexibility to manage staff sickness or annual leave. Staffing levels were insufficient in the event of occupancy increasing within the home.

Staff told us they felt well supported by the registered manager and the team. However, formal systems such as staff supervision and appraisal to discuss work performance and development, were not in place. Staff had undertaken some training in 2014 but this was limited. Training in topics such as manual handling and infection control and those areas associated with older age had not been undertaken.

Arrangements had not been made to ensure the safe storage of people's medicines, as the medicine trolley was stored in the shower room. This environment was too damp and warm, which presented a risk that the quality and effectiveness of the medicines, would be compromised.

People told us they felt safe and were happy with the care they received. Staff were attentive to people's needs and showed consideration and respect. Staff undertook natural conversation and spoke to people in a polite, friendly and caring manner. They showed a desire to ensure people's wellbeing and were clear about the ways to promote rights such as privacy and dignity.

People were encouraged to make decisions within their daily lives. Individual preferences and the support people required were clearly detailed within individual care plans. These were well written, up to date and easy to follow. Care charts were consistently completed and demonstrated areas such as adequate food and fluid intake and effective bowel management.

People were offered nutritious food, which was appetising and of a good quality. Snacks were served between meals and drinks were available at regular intervals and when requested. There were no meal or dessert choices routinely offered but people were offered alternatives if they preferred something different. Those people at risk of malnutrition were appropriately assessed and supported to gain weight by high calorie snacks and drinks.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

Inadequate

Not all risks to people's safety had been assessed and appropriately addressed. This included the risks associated with hot surfaces, hot water and trip hazards.

Staffing levels were sufficient to meet people's basic care needs, as there were only eight people living at the home. There was minimal flexibility to provide staff cover at times of sickness or annual leave. This resulted in the use of agency staff or the registered manager completing care shifts themselves.

People told us they felt safe. Staff were aware of their responsibility to identify any poor practice and to report any suspicion or allegation of abuse. Written policies were not up to date and had not been reviewed, presenting the risk of inaccurate information.

Robust recruitment and selection processes were in place, which minimised the risk of people being supported by unsuitable staff.

Is the service effective?
The service was not effective.

Inadequate

There was not a staff training plan in place and staff had completed limited training to enable them to undertake their job effectively.

Staff felt well supported but formal systems of staff supervision and appraisal where work performance could be discussed were not in place. This did not enable staff to develop their skills or to address any shortfalls.

People were provided with a range of nutritious food and snacks between meals. There was only one choice of main meal although people were offered alternatives if they did not like this. People who were at risk of poor nutrition were assessed and provided with high calorie foods and drinks.

Is the service caring?
The service was caring.

Good

Staff spoke to people in a friendly, respectful and caring way. They respected people's privacy and dignity and encouraged people to make choices in their daily lives.

Staff were attentive to people's needs and undertook any requests without delay. Staff showed consideration and undertook conversation in a natural and relaxed manner.

Is the service responsive?
The service was not responsive.

Requires Improvement

Summary of findings

People looked well supported and were happy with the care provided. However, the lack of investment and associated issues such as the environment and staff shortages, impacted on the ability of staff to provide personalised care.

The home was quiet and people were generally happy following their own solitary interests. However, opportunities to participate within recreational activities or community involvement was limited.

Care plans were well written and identified people's preferences and the support they required. Action plans were in place to address issues associated with older age such as falling and the development of pressure ulceration. Care charts were consistently completed to monitor effective food and fluid intake.

Is the service well-led?
The service was not well-led.

Inadequate

The service lacked investment and forward vision. The home was operating on reduced capacity with eight vacancies. This impacted upon the financial accountability of the service but no action plans were in place to address this. The registered manager was not being supported to undertake their role effectively.

The environment was not well maintained and shortfalls were not being addressed. Audits were not taking place to monitor the service in terms of quality or risk. People were being asked informally to give their views about the service but formal systems to gain feedback were not in place.

St Bathens Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced inspection took place on the 3 February 2015 and was carried out by one 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.

We spoke with three people living at St Bathens Care Home and two visiting relatives about their views on the quality of the care and support being provided. After the inspection, we spoke to a further three relatives on the telephone. We spoke with the registered manager and three staff including the chef. We looked at four people's care records and documentation in relation to the management of the home. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises and observed interactions between staff and people who used the service.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager returned the PIR but apologised that it was not completed in as much detail, as they had wanted it to be. This was because the home was experiencing staffing shortages and the registered manager was undertaking care shifts, to help cover the home.

Inadequate

Is the service safe?

Our findings

Assessments were in place to identify some risks to people's safety such as pressure ulceration, malnutrition and falling. Other risks to people were not always identified. There were radiators in some people's bedrooms and communal areas, which were hot to touch. This presented a risk of people burning themselves if they touched or fell against them. A policy relating to heating and ventilation was dated 2011. Whilst the policy had not been reviewed, it stated radiators should be covered to minimise risk to people. The registered manager told us they were aware of this but the provider had not scheduled the work. In the downstairs toilet, we tested the hot water from the hand wash basin and it measured 48°C. This was higher than the Health and Safety Executive's recommended level of 43°C and presented a risk of people scalding themselves. No assessments were in place to identify or minimise this risk. A member of staff told us they would immediately request a plumber to visit to ensure the water was of a safer temperature.

There were free standing panel heaters in the communal areas and some people's bedrooms. The heaters contained sharp surfaces, which would cause injury if a person fell against them. As the heaters were free standing, there were wires trailing across the floor, which caused a trip hazard. In people's bedrooms, there were other trailing wires from clocks, radios and pressure relieving mattresses. Assessments had not been undertaken to minimise these risks. Some bedrooms contained double adaptors, which compromised fire safety.

Windows on the first floor were generally fitted with restrictors. This meant that the windows could not be opened fully, which minimised the risk of people falling from a height. The bathroom in the shower room however was not fitted with a restrictor. It was a sash window at body height, which could be opened upwards to its full extent. This presented a risk to people's safety.

On the day before the inspection, a new call bell system had been fitted to the occupied bedrooms and communal areas. The call extender for the upper floors had been plugged into a wall socket in the hall way and was not protected. This presented a risk that it could be unplugged by mistake or knocked out by a person's frame or wheelchair. If this happened the call bell system on the upper floors would not work, which could go unnoticed.

The new call bell units had been fitted over the previous system. The work had not been completed and there were wires hanging out of the wall, which presented a risk of injury. The system contained an emergency call facility. The emergency button had not been connected, so it was inoperable. This meant that if a person had used the call bell in an emergency, no help would have been forthcoming. One person carried a wireless unit in a bag on their walking aid so they could summon help when required. However, the call switch had not been plugged in so the call bell would not have worked when used.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that providing staffing cover for the home was a challenge and not easy to do. They said this was because there were only five care staff within the team. The registered manager said they relied heavily on the staff to work extra shifts to maintain adequate staffing levels. They were concerned that with doing extra, many of the staff were tired and in need of a break. The registered manager told us that they completed care shifts themselves or used agency staff to enable the staff to have a day off. They said they tried to use the same agency staff to ensure people had continuity but felt it was not the same, as having a permanent staff team in place. The registered manager told us they had tried to recruit new staff but had been unsuccessful. They were currently using agency care staff for day and night shifts and had an agency chef.

During our inspection there were two staff on duty with a housekeeper and an agency chef. There were seven people in the home and one person in hospital. The atmosphere was quiet and relaxed. People were supported with any requests quickly and did not have to wait. Staff spent time talking with people and went about their work in an unhurried manner. Those people who chose to stay in their room told us that staff would often "pop in" to make sure they were alright and had everything they needed. People told us they were not left for long periods without support.

The staffing rosters demonstrated there were two care staff on duty throughout the waking day. At night there was one waking night staff member. The registered manager told us that these levels met people's basic care needs, as the home was operating at half its occupancy. They said with

Inadequate

Is the service safe?

current staffing levels, they were not able to accept any new admissions, as the service would not be safe. To improve the service, the registered manager told us the home would benefit from more ancillary staff particularly a chef, later in the day. As the chef finished their shift at 2pm, this responsibility was then passed to the care staff. The registered manager told us this impacted upon the time care staff had with people, as they needed to undertake tasks, such as preparing and serving the tea time meal. The staffing rosters showed there was no flexibility in the availability of staff. If a staff member went sick or was on holiday, finding cover was difficult. The registered manager said they had no other option but to use agency staff, which was not ideal. If agency staff could not be found, the registered manager would complete the shift themselves.

A member of staff told us that with only seven people using the service, having two staff on duty was generally sufficient. They said it sometimes became more difficult at teatime, as some people became increasingly anxious and unsettled. The member of staff told us it was difficult to give people the time they needed, when they were completing tasks such as getting the tea. The member of staff told us that they did not believe staffing levels would be adequate if occupancy increased and there were more people living in the home. They told us “they would have to get more staff if we had more people. It wouldn’t be possible or safe. I think they would but it’s getting the staff that’s the problem”. Another staff member told us they believed staffing levels were sufficient to support people with their basic personal care but restricted other areas, such as promoting quality of life. The member of staff told us “we would love to take people out even if it’s just for a coffee but we can’t whilst we only have two staff on. I have done it on my day off but now we do so much extra, I need that time to do things at home and recover. It would make so much difference to people though”. One relative told us they felt the home should have more staff.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) 2010, which corresponds to Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People looked comfortable in the vicinity of staff and told us they felt safe. One person said “I feel perfectly safe here and well cared for. The staff can’t do enough for us”. Another person told us “I am well looked after and don’t want for anything – if I do I just ask. No one will hurt me here”. Relatives were equally positive about the safety of their family member. One relative told us “I am perfectly happy that my mum is safe here – I am contacted if need be and have always been kept informed”. Another relative told us they were completely happy that their mum was absolutely safe and well cared for. A friend of a person using the service told us “the carers here are very good and look after her very well, and although she doesn’t leave her room much, carers pop in to see her and she always has the call bell close”. Another relative told us “staff often pop in to chat. They make regular rounds too, checking she is ok”.

Staff told us they would have no hesitation about raising any concerns about poor practice or a suspicion or allegation of abuse. Staff told us they would immediately address any potential abusive situation to ensure people were safe. They said they would assess if anyone needed medical attention and would inform the registered manager. Staff told us that if the registered manager was not available, they would notify either the safeguarding team, the person’s placing authority, the police or the Care Quality Commission, depending on the issue. Staff showed us posters around the office which displayed details of those people to contact, when raising a safeguarding alert. They said they would ensure they made a record of the incident but would not question people further, as this was not their responsibility to do so. The registered manager told us they regularly spoke to staff about safeguarding and the need to raise any issue, no matter how small. This was demonstrated within minutes of staff meetings. Staff told us they were confident that they would be appropriately supported if they raised an allegation and felt the manager would address issues effectively. The provider had policies in place for safeguarding and whistleblowing, which were available to staff. However, these were dated 2011 and contained details of previous regulatory bodies, no longer in operation. Whilst up to date information was prominently displayed in the office, the policies gave staff conflicting and inaccurate information. This presented a risk that any action in response to an allegation could be delayed by misreporting.

People’s medicines were stored in a locked trolley in the shower room, which people used. This was not satisfactory. The registered manager told us that they were aware that this was not ideal but there was nowhere else in the home suitable. They said the main concern was the humidity and the temperature of the room but this was being monitored

Is the service safe?

and responded to, as required. For example, the medicine trolley was moved to a vacant bedroom for a period last year, due to the weather causing high temperatures in the shower room. The trolley was attached to the wall and the door to the shower room was locked to enhance the security of the medicines. Staff told us that only those staff trained to do so were able to administer medicines. They told us people were able to administer their own medicines subject to an assessment, which demonstrated they could do this safely. Staff told us that people had declined this responsibility and had requested staff to manage their medicines. Records and procedures for the administration of medicines were in place and being followed. All administration records were signed appropriately to demonstrate the medicines people had taken and those which had been declined or not required. Staff told us they would inform the GP if a person began refusing their medicines.

Instructions for some medicines had been handwritten but had not been countersigned, by another member of staff. This increased the risk of error, as any inaccuracy may go unnoticed. Some medicines had been prescribed on an "as required" basis. Protocols were in place regarding their use to ensure consistency and maximum effectiveness. Documentation identified each medicine prescribed, the reason for use and any possible side effects. Staff told us this information had been researched to give further guidance to staff. A staff member told us "staff shouldn't be administering medicines if they don't have an understanding of what they are giving. They need to be aware that there could be side effects and this information gives them an insight into this". Staff told us there was a daily stock take to ensure all medicines were accounted for and there was no misuse. They said a GP and the person's family would immediately be notified of any medicine errors. The registered manager told us there had not been any recent errors, but a member of staff was dismissed last year, because of shortfalls with their practice. People did not raise any concerns about the management of their medicines.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2010, which corresponds to Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were subject to a robust recruitment procedure when they first applied for their position at the home. They completed an application form, attended an interview and were required to supply the names of two people, who would support their application for the job. Staff were offered the position subject to satisfactory references and a disclosure and barring service check. This ensured that staff had been thoroughly checked and the registered manager had assessed them to be suitable to work with vulnerable people. The registered manager confirmed that the right attitude, enthusiasm and motivation were essential, when applying for a job at the home. They explained that experience could be developed but attitude was natural and in built. The registered manager told us they would not recruit if the prospective staff member did not have the right attitude.

Inadequate

Is the service effective?

Our findings

The registered manager told us that staff were not as well trained and equipped to do their job, as they wanted them to be. They said they accessed as much free training as they could but due to the lack of investment into the home, offering an on-going training plan to staff, was not possible. The registered manager told us that in addition, staff were required to cover the home and could not always be released to do the training. They said the priority was people's care and covering 'the floor', so sending staff on training courses was often difficult. The registered manager told us that they were planning to meet with the provider to discuss staff training and the investment it required.

There was not a training matrix in place, which gave an overall view of the training staff had completed. Personnel records showed that in 2014, the only training staff had undertaken was in safeguarding vulnerable people, behavioural and psychological symptoms of dementia and caring for smiles (oral hygiene). One member of staff had completed First Aid training in 2012, which was due to expire this year. Another member of staff had undertaken a National Vocational Qualification (NVQ) level 2 in Health and Social Care. There was no evidence that any training had been completed regarding food hygiene, moving people safely, mental capacity, infection control or fire safety. Other than oral hygiene, there had not been any training in relation to people's health care conditions or topics associated with older age.

A member of staff told us they had completed a range of courses with previous employers but had done limited training since working at St Bathens. They told us that due to being such a small team, they would discuss issues and the registered manager would inform them of anything they needed to know. They told us they felt well supported and could meet with the registered manager at any time, if they wanted to. The member of staff told us they did not have regular formal supervision where they could discuss their performance. The registered manager confirmed that formal staff supervision or appraisal were not systems, which had been embedded. They said they had recently given staff information about supervision and its value and were asking staff to complete a form detailing those areas they wanted to discuss. The registered manager said they were in the process of scheduling sessions where they could meet with staff on a formal basis. They confirmed this would be dependent on what was taking place on the day so there was a possibility the supervision session could be cancelled. This was seen as a challenge until further staff were recruited.

Another member of staff told us they felt supported in their role, as they were a small team and looked after each other. One member of staff told us they had recently started work at the home. They told us their induction was "fine" although brief, as the home was busy and finding dedicated time to shadow more experienced staff had been difficult. The member of staff told us this was not a problem, as they had worked in many care settings before and were used to the job. They felt they were experienced and were conscious that they needed to pick things up quickly, as the home was so short staffed. The member of staff told us that if they had been new to care, their induction would have needed greater detail. They felt this would have been given but their competence and experience, required less induction time.

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

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005, which allow the use of restraint or restrictions but only if they are in the person's best interest. Staff were aware of encouraging people to be involved with making day to day choices and decisions. This included people choosing what they wanted to eat, where they wanted to spend their time and what clothes they wanted to wear. The registered manager told us there were currently no restraints which deprived individuals of their liberty. They said if people's circumstances changed, they had information available to them about the courses of action to take. Staff had not received any up to date training in mental capacity. This presented a risk that staff would not be aware of what processes to follow if they felt a person's freedom and rights were being significantly restricted.

People told us they generally enjoyed the food. One person said "the chef does a good job and if I don't like something then I can ask for something else". A visitor told us "X likes her food and always enjoys the meals they serve". Another visitor told us "the regular chef is very good but those that cover may not be so good and there are more 'bought in

Is the service effective?

products' which is quite noticeable". The registered manager told us they had appointed a part time cook but they were waiting for safety checks before they could start work. The registered manager told us this appointment was hoped to give greater stability and a greater emphasis on people's preferences and choice.

There was an agency chef who demonstrated that they knew people well. They explained some people's preferences and confirmed that there were no specialised diets in relation to people's health or cultural needs, required at this time. They said if this altered due to deteriorating health or personal preference, any changes would be accommodated. The chef told us that due to only a few people living at the home, they were instructed to cook one main dish for the lunch time meal. They told us if people did not like this, an alternative would be given. They said baked potatoes, poached or scrambled eggs or something else on toast was always available, as an alternative to the main course. The chef told us "I'm happy to do whatever is needed". A record of people's food intake was maintained. This showed various choices had been made and snacks such as biscuits and cake were provided between meals.

Assessments were in place to identify any risks to people of malnutrition. One person had been assessed as at risk and had lost some weight. The registered manager told us and records showed that the person's GP had been informed and high calorie foods, snacks and milkshakes were offered. The registered manager told us that if any food was refused, an alternative was always given. The said this was standard practice, which related to everyone within the home. The person was weighed fortnightly and all food intake was documented and monitored. The registered manager and staff told us the person had since gained weight but monitoring would be on-going.

People were able to choose whether they ate their meals in the dining room, the communal lounge or their bedroom. On the day of our inspection, three people ate in the dining room. Other people ate in their bedroom. The dining room was attractively dressed with napkins, place mats, condiments and a jug of water. The mealtime was relaxed and unhurried with general conversation taking place. The meal was lamb pie with potatoes and two vegetables. The meals were served plated in accordance to people's preferences and appetites. The food was hot and when sampled was tasty and of good quality. People ate well and enjoyed their meal. One person received some assistance, which was undertaken sensitively and discreetly. Drinks were offered and replenished at regular intervals. One person was offered juice when they declined water. Once the lunch time meal was finished, plates were cleared away and a dessert was offered. There was no choice of dessert but staff told us that if a person did not like what was on offer, alternatives could be obtained from the kitchen.

There was a white board in the dining room, which displayed the day's menu. The board was smeared from where it had not been wiped properly and the handwriting was not uniform in size or style. There was a menu on another notice board but the text was small. These factors made both menus difficult to read and the format was not conducive to deteriorating eyesight.

People told us they received good support from various health care professionals. One person told us "if the doctor is needed or the nurse, they are quick to call them and get them involved". Another person said "they keep me informed of things and if the doctor is needed then they call him – it's easy for him to come, as the surgery is just across the road". Another person was concerned about a medical appointment they had not received, as expected. The registered manager gave reassurance and said they would contact the department to check any progress. They assured the person they would get it sorted so there was no need to worry.

One member of staff told us that people were encouraged to continue being registered with their usual GP if possible. They said it enabled the person less anxiety and greater consistency of care, particularly at a time of uncertainty when moving to the home. They said people received a monthly review of their health and their medication by the GP. This ensured any deterioration to be identified at an early stage. The member of staff told us people received good support from district nurses. They said this was particularly important as the home was not registered for nursing care. The member of staff told us "if we're not sure we'll always ring up and they'll come out. They're very good".

Relatives confirmed that their relatives received medical intervention if required. One relative told us "X developed a urinary tract infection (UTI) and developed confusion so the Mental Health nurse was involved. We were kept

Inadequate

Is the service effective?

informed". Another relative told us "a GP is called whenever needed and we are kept informed". A record of all visits and consultations with health care professionals was recorded and orderly maintained.

Good

Is the service caring?

Our findings

Staff spoke to people in a friendly, caring and respectful manner. Staff knew people well and engaged in conversation in a natural way. Staff asked people how they were and if they needed anything. Any requests were addressed immediately with staff saying "you're very welcome" after being thanked for something.

Staff showed a genuine desire to support people and were attentive to their needs. One member of staff asked a person "are you sure you're comfortable, you don't look it. Is there anything I can do for you". The person said they were fine but the staff member said "ok but if you think of anything, let me know. I'll pop back shortly to make sure". Another person was in the lounge, looking anxiously towards the garden. A member of staff came across to the person and sat next to them. They asked the person what was worrying them and what they wanted to do. The member of staff gave the person time, enabling them to be thoughtful without any pressure to immediately feel better. The person was concerned, as they had not seen their family. The member of staff named certain family members and enabled the person to talk about them. They clarified when the person's family had last visited and gave reassurance they would visit again soon. The person responded to this well and there was further conversation about the garden and the weather.

Staff showed consideration when they interacted with people. One member of staff placed a hot drink on a person's over-bed table. They moved the table towards the person and rearranged certain objects so the cup was within easy reach. The person was asked "is that alright there, you sure you can reach? Be careful it's hot." Another member of staff supported a person with their mobility. When the person stood up, the member of staff ensured the person's clothing was not dishelved. They encouraged the person to walk in front of them and pointed out potential hazards such as a footstool and a small table. The member of staff made general conversation and gave reassurance such as telling the person they were doing well.

Staff spoke about people with fondness. One member of staff told us they enjoyed the small size of the home, as they believed relationships with people were more intimate. They said "when they're only a few people, you get to know people well not like the very big homes, when it's more difficult. There's a different atmosphere. It's really homely here and people are expected to treat it as their home. It's nice". Another member of staff told us "I always think about things, as if I was here or if it was my parents or grandparents. We're lucky as we have a good team and everyone is concerned about the residents and puts them first. We all want what's best for people".

Staff were confident when explaining how they promoted people' rights to privacy and dignity. One member of staff told us "you need to respect the individual and their life, see where they're coming from and understand what's important to people". They told us that whilst knocking on bedroom doors before entering was considered standard practice, they felt some people might prefer their name to be called to alert them, as it was less formal. They said it was important to ask people what they wanted. Another member of staff told us they always ensured people were covered when receiving intimate personal care. They said they tried to ensure people had consistency when being assisted to have a bath or a shower. They said "it must be awful to show your body which you may not like, to people you don't even know. It must be terrible, I wouldn't like it."

People told us they were happy with the care they received and they could follow their own routines. This included what time they got up and how they spent their day. Some people told us they liked spending time quietly in their room. They said they liked reading, word search puzzles and receiving visitors. People told us that visitors were always welcome. The registered manager confirmed that visitors were welcomed at any time and were always offered refreshments. People were able to have a meal with their relatives in the privacy of their room or in the communal areas, if this is what they wanted. The registered manager told us "anything that makes it feel like home is alright. We're lucky, as all of the bedrooms are of a good size so people can bring their furniture with them if they wish. It's important that people can be comfortable and treat it like home". A relative told us they appreciated their family member being able to bring personal possessions and furniture with them on admission, as it helped them to settle. Two relatives told us how staff celebrated birthdays and important events with people. One relative told us about a party staff had arranged for their family member's 95th birthday. Another relative said "individuals like me are invited to the garden parties etc, and when someone has a birthday they always celebrate with a party and we're invited".

Good

Is the service caring?

One person told us the carers were very kind and respectful. Another person told us “if I need anything then I can ask and staff will help out”. One member of staff told us a member of their family had lived at the home previously. They commented that the care had always been very good and they would recommend the service to anyone. A friend of a person who used the service told us “my friend came to stay and settled in so well within a week and has never wanted to leave”. They continued to tell us “the carers are lovely and caring and the understanding between the family, myself and the home works well”.

Requires Improvement

Is the service responsive?

Our findings

The registered manager and staff told us they aimed to provide personalised care to people. However, staffing levels, staff shortages and the environment sometimes impacted upon this. The registered manager confirmed that resources did not enable the home to be responsive. They gave an example of having “busy, flowered wallpaper and swirling carpets” which was not appropriate when supporting people with dementia. They said recommended guidance regarding dementia care from leading specialists had not been considered. They said some signage had been placed around the home but this was insufficient.

On our arrival at the home, one person was on their way out. They told us they would not be long but they were going to have a coffee. The registered manager told us the person was supported by an outside carer, to do this twice a week, as it was something they always did before their admission to the home. The registered manager told us the person’s family paid an additional fee for this but were happy it took place to ensure continuity. The person benefitted from the time within the community and saw it as part of their routine. One member of staff told us this was an excellent idea but they felt it should be provided, as one of the activities organised by the home, without extra expense to the family. They told us that only having two staff on duty limited the opportunities they had with people. This included taking people out and enhancing quality of life. They told us about one person in particular who they felt would benefit from additional stimulation. The member of staff told us “the lady often gets bored and wants to be occupied but we’re so limited as to what we can do”. The person spent time intermittently sitting in the hallway, as if waiting for something and then walked around the ground floor. Staff spoke to the person as they went about their work but they were not involved in any activity to occupy their time. The lack of structured activity impacted upon this person’s wellbeing.

The home was very quiet especially as people spent time in their bedrooms. Some people chose to eat in the dining room where they engaged in conversation at lunchtime. During the afternoon, two local students provided a flute recital. Those people who chose to attend, told us they enjoyed the afternoon. However, there was no other organised social activity taking place. People did not raise this as a concern but one relative told us they felt the home could do with more activities for people to join in with. Another relative said “occasionally a friend of a resident comes in to play the piano or records but I have never seen any other activities there”. The manager told us the home did not have an activities organiser. They said with more resources they would be able to offer greater opportunities although people currently living at the home were happy with their own space and did not want anything additional. One person told us they enjoyed the librarian visiting every four weeks. They told us “they bring me fresh books. It’s nice that they always stop to discuss the books which I enjoyed and why, then they’ll bring me more next time”. Another person told us they liked to go into the garden when the weather was nice. They said staff supported them to do this. A relative told us that staff took in the local free newspapers for their relative to look at. Other people told us about the visiting hairdresser.

People looked well cared for. They said they were very happy with their care. They told us they were able to make choices about their daily routines such as when they got up and if they wanted a bath or a shower. People told us staff were responsive when they were not well and ensured advice was gained from the GP or district nurse. One member of staff told us that people could have a shower every day if they wanted one. The staff member told us “it’s up to them. They tell us what they want and then we help with whatever is needed. It’s very person centred”. The staff member told us they believed the standard of care provided to people was good. They said independence was promoted but people were supported with anything they found difficult. The member of staff gave the example of enabling a person to dress themselves if they were able but to assist with buttons and socks, which were more difficult. The registered manager confirmed this and said that the staff worked hard and cared about the people they supported. They said this was shown at the end of last year when three people were at the end of their life. The registered manager told us the staff were dedicated and worked well with various health care professionals. They said this enabled people to die in the home, peacefully and pain free, without being admitted to hospital.

Relatives told us that staff were very responsive to their family member’s needs. One relative told us their family member had improved significantly since living at the home. They said the delivery of care could not be faulted. Another relative told us about the time their family

Requires Improvement

Is the service responsive?

member developed a chest infection. They said the GP was quickly called and their family member was put on twenty minute observations by staff until no longer needed. This was to identify any deterioration in their condition and to ensure their overall well- being. Another relative told us about their family member's frailty and how they found any tasks more tiring than previously. The relative told us how staff had adapted their family member's care in response to their changing needs. This included helping the person to have a wash in bed rather than standing for any length of time. Another relative told us "Mum has free choice to move around the home with her frame, but now she gets more tired they bring her down to lunch in a wheelchair".

The registered manager told us their main priority was the care of the people at the home. They said they ensured people had what they wanted and were happy with the service they received. The registered manager told us they religiously reviewed and updated people's care plans so that staff were fully informed of what each person required. They told us that people were fully involved in developing their care plan and directing their care. People confirmed this and some people had signed their care plans. One relative told us "I am actively involved with mum's care and always contacted whatever the time, if there is a concern". Another relative told us "I was involved in the care plan initially and the home always phone straight away if there is a concern". Another relative told us "we were involved in setting up the care and are still involved if any changes are needed".

People's care plans were easy to follow and contained clear information about personal preferences and the support required. There was a brief section about people's history and what was important to them. Information detailed people's preferred routines and any assistance they required. There were plans to address any risks, which had been identified. This included the risk of falling or developing pressure ulceration. Care charts were consistently completed. The records demonstrated people's food and fluid intake, bowel management and the provision of personal care. Daily records showed any staff interventions and an overview of people's general wellbeing.

Records showed that the registered manager regularly asked people on an individual basis if they were happy with the service they received or if they had any suggestions for change. People told us they knew how to make a complaint if they wanted to. A member of staff told us they would try to resolve any issue at the time and would not leave things to escalate. They said if they could not do this they would encourage the person to speak to the registered manager. One relative told us "I haven't ever made a complaint but I would be happy to do so and I know the staff and manager would listen to me and take it seriously. The manager's door is always open and she is very approachable". Another relative told us "the manager is not always there but is very approachable. I would be comfortable raising a concern or making a complaint and am sure that staff and management would listen and take it seriously". The complaint policy was dated 2011 and had not been reviewed. The regulatory body identified within the policy was inaccurate although a positive culture of using complaints to develop the service was evidenced.

Inadequate

Is the service well-led?

Our findings

There was an established registered manager in place. The registered manager was responsible for the day to day management, whilst the provider had overall responsibility of the home.

From the onset of the inspection, the registered manager was open and transparent and explained the challenges the home was facing. This predominantly involved a lack of investment, strategy and vision regarding the home's future. The registered manager confirmed that over recent years, very little money had been spent on the home as a whole. They said this had particularly impacted upon the standard of the environment. The registered manager confirmed that there were currently eight empty rooms so the home was only operating on half its occupancy. This negatively impacted upon incoming funds and the money available to invest into the home. However, without this investment, the standard of the accommodation did not attract new people to want to stay at the home. The registered manager told us "it's a vicious circle, which needs addressing as we're getting nowhere". In addition, the registered manager did not feel adequate focus was being given to marketing the service.

The registered manager told us that to improve occupancy levels, a decision had been made to care for people with dementia. They confirmed this was a positive move towards securing the home's future. However, the registered manager told us that no investment was given to ensuring that the environment, the number of staff on duty and their skill base was conducive to the needs of people with dementia. Without this investment, the registered manager told us the proposed new direction for the home was not workable. The registered manager told us they were passionate about ensuring people received a good service whilst living at the home. They confirmed huge potential for the service but did not believe this was being reached. The registered manager confirmed that they had raised their concerns about the service with the provider, the safeguarding team and the local authority. As a result, the registered manager was hoping clear investment and vision would be established.

The registered manager told us that they felt demoralised and restricted in their ability to manage the service effectively. They confirmed they were grossly unprepared for our inspection and were not up to date with all management responsibilities. This was partly due to lack of investment but also as they were undertaking care shifts to maintain the staffing roster. The registered manager told us that they knew that only having a cook contracted to work until 2pm, negatively impacted on care staff. This was because care staff were then responsible for food preparation later in the day, which took them away from caring for people. The registered manager told us they had raised this with the provider but had been told the cook's hours could be increased when occupancy increased. The registered manager was not confident occupancy would be increased without investment.

We asked to see records of monitoring visits and the registered manager's formal supervision sessions undertaken by the provider. The registered manager confirmed these were not available, as these systems were not undertaken. The registered manager did not feel supported with day to day issues or with their on-going development. A member of staff and a relative told us that they felt the home would benefit from more visits from the provider. They said they did not know the provider, as they have never met them.

The environment was homely but not well maintained. Two bedrooms had recently been redecorated although the rooms were sparse and not welcoming. Other rooms, including communal areas had wallpaper, which in places was coming off the wall. This was particularly apparent in a bathroom where the bare wall was showing. The paintwork on skirting boards and door and window frames, was chipped, which meant the surfaces could not be kept hygienically clean. There were stains on carpets and some areas were worn. One carpet was frayed. Tape had been applied to the area but this was lifting, which caused a trip hazard. Within one toilet, the seat was loose, which increased the risk of people falling and there was no hand wash basin. In the bathroom there was a row of people's personal toiletries on the window sill, including shampoo and body wash. They were a pile of unused continence pads, next to and touching the toilet pan. These issues compromised good infection control practice and had not been identified due to the lack of auditing in place.

The lock on the door to the toilet on the mezzanine level was lockable from the inside but not releasable from the outside. This meant that if a person required emergency assistance after they had locked the door, this could not have been given without delay. The stair lift leading to the

Inadequate

Is the service well-led?

mezzanine floor had tape around it, as it did not work. The registered manager told us that the stair lift had been out of operation for a while. They said the person occupying the room on the mezzanine floor did not require the use of the stair lift as they could manage the stairs. However, the broken stair lift impacted on the visitors to their room. There was a light fitting in the shower room which was coming away from the ceiling and there were no curtains or blinds at the window. The tumble drier had tape fitted where it had split.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst the registered manager was aware of the shortfalls within the environment, there were no formal action plans, which showed how or when they would be addressed. There were no formal audits to show the service was being monitored in terms of quality or risk. This included the monitoring of infection control practices or analysing accidents or incidents. The registered manager showed us a copy of the most recent local authority's monitoring review visit and associated action plan. This identified thirteen action points which required attention. Whilst these had been identified, not all issues had been addressed and remained outstanding at this inspection.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were a range of policies and procedures in a file in the office. The documents were dated 2011 and had not been reviewed. Staff told us the information was in use and there were no other documents, which had superseded those in the file. The policies were not being applied in practice. For example, the staff training policy stated "there will be a programme of in house training events and discussions held regularly, to which all staff must attend". This was not accurate as staff training was limited and in need of development. The policy relating to community involvement stated "people are to be supported by the staff if they wish to develop an interest or an activity outside of the home". This again was not accurate as staffing levels did not enable this. There was a quality monitoring policy which identified "regular monthly meetings and annual surveys". Meetings had been held with staff but not with people who used the service or their relatives. Surveys had not been sent to people to gain their views. Whilst the registered manager spoke to people regularly on an informal basis, action plans in response to these discussions were not in place. There was no evidence that the service was being developed in accordance with people's views.

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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers Risks to people's safety including hot surfaces, hot water and falling from a height were not being identified and addressed. There were no action plans to show how improvements would be made to the environment. Audits were not taking place to ensure the quality and safety of the service. Other than informal day to day discussions, systems to gain people's views about the service were not in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing There were not enough staff available to suitably manage sickness or annual leave or to enable the home to operate at full capacity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Staff did not consistently receive up to date training to undertake their role effectively. Whilst staff said they felt supported, formal systems such as supervision and appraisal were not taking place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

This section is primarily information for the provider

Action we have told the provider to take

The environment was not adequately maintained. Wallpaper was coming off the walls in places, paintwork was chipped and carpets were stained. There were trailing leads causing trip hazards, a loose light fitting and exposed wires from outstanding works with the new call bell system.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Suitable arrangements had not been made to ensure the safe storage of medicines. Handwritten instructions regarding the administration of medicines had not been countersigned, which increased the risk of error.