

Eagle Care Homes Limited

# Eagle Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

This inspection took place on 16 January 2017 and was unannounced.

At the last two inspections in February and July 2016 we rated the service as 'Inadequate' and in 'Special Measures'. Following the inspection in February 2016 we told the provider they must improve. The commissioners at the Local Authority and Clinical Commissioning Group (CCG) were made aware of our concerns and the provider had agreed to a voluntary suspension of placements.

At the inspection on 6 July 2016 placements at the home remained suspended and although some improvements had been made we found continued regulatory breaches. We identified seven breaches which related to staffing, recruitment, dignity and respect, nutrition, person-centred care, safe care and treatment including medicines and good governance. Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

Eagle Care Home provides accommodation and personal care for up to 33 older people, some of who are living with dementia. Accommodation is provided over two floors with communal areas, including three lounges and a dining room, on the ground floor. There were 15 people using the service when we visited, although one of these people was in hospital.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager who was in post when we inspected in July 2016 left the service in September 2016 and the company director took over the management of the home. The company director was not present at this inspection and the area manager told us a new manager had been appointed who was due to start in post a few days after the inspection. Following the inspection the provider informed us the new manager had not taken up the manager's post and a company director would be pursuing registration with the Commission as registered manager of the service. The area manager and support manager were present at this inspection.

We found there were enough staff to meet people's needs as the staffing levels for most of the day were the same as at our last inspection when there were eight more people living in the home. At our previous inspections people had used all four of the communal areas and we had found there were not always staff available. At this inspection people stayed in the main lounge and dining room where staff were present, and the other two lounges were not used.

People told us they felt safe. Staff had a good understanding of safeguarding procedures and we saw

incidents had been reported, dealt with and referred to the local authority safeguarding team but had not always been notified to the Commission as required. Risk management had improved and we saw detailed plans in place which showed how risks were mitigated.

Improvements had been made in the way medicines were managed, which ensured people received their medicines as prescribed. However, we found stock balances were not always recorded accurately and there was some conflicting information about the quantity of thickener to be used in one person's drinks. The support manager told us these would be addressed.

The home was generally clean, although we noted an odour in one of the lounges. The home was well maintained although we found restrictors put in place to limit how far the windows could open were not effective as they could be removed and the windows could be opened fully which posed a risk to people. The support manager told us they would raise this with the provider.

People were offered and assisted with a choice of hot and cold drinks throughout the day. Food and fluid charts were more fully completed to show what people had had to eat and drink. Some aspects of the dining experience had improved as we saw staff were present and gave people the support they need with meals and drinks. However, the choice of meals was limited and although the cook told us there were other alternatives available we saw these were not offered or provided to people.

Staff recruitment processes had improved and we saw thorough checks were being completed before new staff began working at the home. New staff were given an induction which the area manager told us was based on the Care Certificate although we were not assured this was the case as there was no evidence of observations or competency assessments.

Staff had received training updates and further training was booked. Supervisions and appraisals had lapsed although some supervisions had recently been completed and dates had been planned in for the rest of the year.

The support manager was aware of the legislative requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Ten people had DoLS authorisations. Yet we found although some conditions were being met, a condition applied to one authorisation had not been implemented, which was what we had found at our previous inspection. Similarly training in MCA and DoLS which we had been told was planned in for all staff had not been completed. Only three staff had received this training since the last inspection.

New care documentation had been put in place which was person-centred and provided more detailed information about people's needs. However, this was not always up to date. For example, the care records for one person showed they had an infection and described the precautions staff had to take when providing care, yet our discussions with the area manager showed this was not correct.

A daily programme showing a range of activities was displayed. Activities were provided by the care staff. A relative told us they thought the provision of activities had improved since the last inspection.

People and a relative told us staff were good and caring and we saw this ourselves. Staff knew people well, were patient and kind in their interactions and took time to engage with people. People's privacy and dignity was respected and their independence promoted.

Staff told us the home had improved, they felt supported in their roles and said things were better

organised. A relative told us they thought the home was more organised and cleaner. Recent survey results showed relatives were satisfied with the service provided.

Quality assurance systems had been introduced and needed embedding to ensure continuous improvements. The systems in place to manage accidents and incidents had not improved since the last inspection as it was not always clear what the outcome was and there was no analysis to identify trends or look at lessons learnt. The area manager told us they were planning to introduce a system for this.

The area manager told us the required notifications had been made to the Care Quality Commission about events and incidents that had occurred in the home. However, we found we had not been notified about six safeguarding incidents or a serious injury incident. This meant the provider had not fulfilled their legal obligation to notify us of these incidents and meant we could not be assured the provider was working transparently to allow us to monitor ongoing risks at the service.

The provider is required to display the inspection rating for the most recent report in the home and on their website. We found the rating was displayed in the home but not on the provider's website, which was the same as we had found at our previous inspection.

We identified three breaches of regulation - regulation 17 (good governance), regulation 18 (notification of incidents) and regulation 20A which requires the provider to display the rating.

Although some improvements had been made at this inspection the overall rating for this service had previously been 'Inadequate' and the service retains a rating of inadequate in the well led domain. The service therefore remains in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

There were sufficient staff deployed to meet the needs of people currently accommodated in the home. Recruitment processes had improved and checks had been completed to ensure staff were suitable to work in the care service.

Medicines management had improved which ensured people received their medicines as prescribed. However, there were discrepancies in the recording of stock balances and the use of thickening agents.

Risks to people's health, safety and welfare were assessed and mitigated. Staff had a good understanding of safeguarding and incidents were recognised and reported.

The premises were clean and well maintained, although the window restrictors fitted were not suitable as they could easily be removed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Some improvements had been made in meeting people's nutritional needs, however people were not always provided with the food they wanted or required.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation was not always being followed.

Overall training for staff had improved, although some staff had not received updates in certain areas we were assured this training had been booked.

People had access to healthcare services.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people well and were kind, caring and patient in their interactions with people.

Staff treated people with respect and ensured their dignity was maintained.

People's independence was promoted.

### **Is the service responsive?**

The service was not always responsive.

Although some improvements had been made to people's care plans, we found the care records did not always reflect people current needs.

Daily activities were planned and delivered by the care staff as the home no longer employed an activity organiser

An updated complaints procedure was displayed in the home. No complaints had been received since May 2016.

**Requires Improvement** 

### **Is the service well-led?**

The service was not well led.

The home did not have a registered manager. A new manager had been appointed who was due to start a few days after the inspection.

Improvements had been made since the last inspection and some governance processes were in place with others planned. Quality audits had been developed and recently implemented. However, these were not effective in improving the quality of care and identifying areas for improvement.

**Inadequate** 

# Eagle 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 January 2017. The inspection was carried out by four inspectors and was unannounced. We started the inspection at 7.30am so we could meet the night staff.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioners and the safeguarding team.

We usually send the provider a Provider Information Return (PIR) before the inspection. 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. We did not send a PIR on this occasion.

We spent time observing the care and support delivered in communal areas. We spoke with three people who were using the service, one relative, two senior care staff, two care staff, the cook, a domestic, the maintenance person, the support manager and the area manager. We also spoke with a visiting healthcare professional.

We looked at eight people's care records, four staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms, bathrooms and communal areas.

# Is the service safe?

## Our findings

At the last three inspections in 2015 and 2016 we found systems and processes in place to manage medicines were not always safe or effective. At this inspection we found improvements had been made.

We observed medicines being administered during the morning. The staff member was careful and patient, they took time to explain to people what their medicines were for and made sure people had taken their medicines before moving on to the next person.

Medicines were stored securely. The temperature of the clinic room and fridge were checked to make sure medicines were being stored at the recommended temperatures to maintain their effectiveness. An up to date copy of the BNF (British National Formulary) was available. The BNF provides detailed information about individual medicines such as their uses and side effects.

The provider had changed their pharmacy supplier and at the time of our inspection had just started the second four weekly cycle with the new supplier. The medication administration records (MAR) were pre-printed and included a photograph of the person as well as information about each of their medicines. We saw an example of a MAR which had been hand written because changes had been made to the person's medicines following a recent admission to hospital. The MAR had been checked and signed by two staff, this practice helps to reduce the risk of transcribing errors.

Some medicines are prescribed with particular instructions about how they should be taken in relation to food. We found these instructions were being followed.

When medicines were prescribed to be taken 'as required' (PRN) there was guidance in place to help make sure they were used consistently.

During the day medicines were administered by staff who had been trained and undertaken competency assessments. The night staff had also received medicines training but had limited access to medicines. They were only permitted to give PRN medicines, mainly for pain relief, and these medicines were stored separately. Staff told us there was always a senior member of staff on call and if people needed medicines, other than those prescribed on a PRN basis, the person who was on call would come to the home.

When we checked the stock of the PRN medicines we found some errors which had occurred that day which initially indicated there was a discrepancy in the stock balance. However, on further investigation we were assured the stock levels were correct and it was a recording error which the support manager attributed to the fact that staff were still getting used to the new system.

When people were being given their medicines covertly, in a disguised form, we saw the best interest decision making processes had been followed. The records showed people's relatives, health and social care professionals and a pharmacist had been involved in the decision making.



We saw there were arrangements in place to make sure topical medicines such as creams and lotions were administered and recorded as prescribed.

Some people were prescribed thickening powders to be added to their drinks to reduce the risk of choking. In the case of one person the instructions clearly stated two scoops of powder should be added to 200mls of fluid to achieve the desired consistency. However, in the case of another person the instructions on the tin stated to use 'as directed'. We looked in the person's care records and found conflicting information. In one section the record stated staff should use two scoops to 200mls and in another it stated they should use one scoop to 200mls. We asked one of the care workers and they told us they added one and a half scoops to 200mls for this person. This conflicting information meant the person may not receive their fluids at the required consistency which put them at risk of choking. We discussed this with the support manager who said they would address it. This had not been identified by the provider prior to our inspection. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous three inspections we found there were insufficient staff deployed to meet people's needs. At this inspection we found there were enough staff to meet the needs of the people currently living in the home. This in part was due to the reduced occupancy as the staffing levels during the day up until 3pm were four care staff, which was the same as at the last inspection when there were 23 people in the home and there were now only 14 people. The support manager told us the staffing levels reduced to three care staff from 3pm to 10pm and at weekends there were three care staff throughout the day including the team leader. At night there were two care staff on duty. A cook and domestic were on duty each day. The support manager told us the hours they worked were supernumerary to these staffing levels.

During the inspection we saw everyone was sat in the patio lounge or adjacent dining room and the two lounges at either end of the home were not used. We saw this made it easier for staff to supervise these areas and provide support to people. Staff were present in both these areas throughout our inspection. We asked care staff if they thought there were enough staff on duty to support people using the service. One staff member told us, "I think we've got enough staff at the moment. We will need more when we get more people living here."

At the last inspection the home employed an activity organiser who worked from 10am until 5pm Monday to Friday. The support manager told us this person was no longer employed and activities were now carried out by the care staff. They said one of the care staff on duty each day was allocated three hours to carry out activities.

The area manager showed us the staffing tool they used to calculate the staffing levels which took into account people's dependencies. The area manager said the tool was used to review the staffing levels whenever people's needs changed. We saw the staffing levels and people's dependencies had last been reviewed on 13 January 2016 and this showed the home was over staffed by 49 hours per day. Following the inspection we reviewed the dependency assessments which had been carried out for people whose care we reviewed and found anomalies. For example, one person had been assessed as low dependency yet their care needs reflected the descriptors given for medium dependency. Although we did not see an impact on the day of our visit, the current system does not provide assurance that staffing levels will be appropriately reviewed and amended as the occupancy levels increase and/or people's needs change.

At the last inspection we had concerns about the recruitment processes. At this inspection we found improvements had been made and safe recruitment procedures were in place. We saw prospective staff completed an application form which detailed their employment history and qualifications. Checks on staff character to ensure they were suitable to work in a caring role were completed. These included obtaining a

Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. We spoke with a staff member who had been employed since our last inspection who confirmed these checks had taken place before they started working at the service. This meant correct processes were being followed to make sure staff were suitable to work with the people who lived at Eagle Care Home.

People we spoke with told us they felt safe. The safeguarding and whistleblowing policies had been updated since our last inspection. We saw a copy of the staff whistleblowing policy was on display. Staff had received or were booked in for safeguarding training. We spoke with staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. All of them told us they would not hesitate to report any concerns to a senior member of staff, the Care Quality Commission or the safeguarding team. This meant staff understood how to keep people safe. We saw safeguarding incidents were well recorded and showed the action that had been taken to keep people safe. The records showed referrals had been made to the Local Authority safeguarding team.

People's care records identified areas of risk. Risk assessments were in place which covered, for example, moving and handling, nutrition and tissue viability. We saw where risks had been identified action had been taken to mitigate those risks. For example, one person had been assessed as being at risk of skin damage. We saw they had a specialist mattress in place and were sitting on a specialist cushion in their armchair. However, the care plans did not contain any information about the correct setting for the pressure relieving mattress. We spoke with the district nurse who told us they checked the setting when they completed their checks on people's skin integrity. However, we considered care staff also needed to know this information to make sure the correct setting was maintained between district nurse visits. Another person had been assessed as at risk of falls at night and we saw crash mats and bed sensors were in place as well as regular checks by staff at night.

We found the building was well maintained, appropriately decorated and comfortably furnished. We saw there had been some redecoration and refurbishment since our last inspection. For example, new armchairs in the front lounge.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems, lifting equipment and water temperatures. A system was in place for staff to report any issues with the building to ensure they were promptly repaired. This meant the environment was kept in a good state of repair. However, we noted the window restrictors could easily be disabled and windows fully opened which posed both a safety and security risk. We brought this to the attention of the support manager who told us they would contact the provider.

Procedures were in place detailing the action to take in the event of an emergency to help keep people safe and comfortable. These included individual fire evacuation plans for people using the service. Staff we spoke with were aware of the fire procedures and knew how to evacuate people safely.

Cleaning schedules were in place and we found the home was generally clean and tidy. However, there was an underlying unpleasant odour in one of the lounges. We saw disposable gloves and aprons were readily available in the bathrooms and saw care workers were mostly using these appropriately. However, we observed one care worker assisting with breakfasts did not use gloves or an apron and picked wheat biscuits out of a container with their hands to place in a person's breakfast bowl.

## Is the service effective?

### Our findings

When we looked at the recruitment files we saw care workers had induction plans in place which were linked to the 'Essential Standards of Quality and Safety' and 'Skills for Care Common Induction Standards 2005.' These were not based on the most up to date legislation.

We asked the area manager if they intended using the Care Certificate training. The Care Certificate is a set of standards for social care and health workers launched in March 2015. It is aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification). The area manager told us they were using training materials which followed the same subject matters covered by the Care Certificate. However, we were concerned this did not include observation and competence assessments which form part of the Care Certificate training.

We reviewed the staff training matrix and information provided by the area manager about the training they had booked. This showed us training had been completed or booked in key subjects such as moving and handling, nutrition, food hygiene, medicines management, health and safety, safeguarding, fire safety and equality and diversity. Training was facilitated through a mixture of elearning, workbooks, in house training and classroom based training accessed through the local authority. Some staff had achieved or were working towards a Quality and Credit Framework (QCF) Diploma in Health and Social Care (previously known and still commonly referred to as NVQ) and staff told us they thought the training provided had equipped them with the required skills for their role.

The service had a system of regular supervision and annual appraisal. We saw some staff had yet to receive an appraisal for the previous year and some supervisions had not taken place for several months. However, the area manager showed us a matrix for these to be recommenced over the coming year. We saw these had been planned in and some had already taken place over the last couple of weeks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We asked the support manager if any of the people living at Eagle Care Home had DoLS authorisations in place. They showed us a matrix which identified who had a DoLS in place, when it had been authorised and when it expired. We looked at three DoLS authorisations and saw they all had conditions attached to them. We saw care plans had been put in place to make sure the service was meeting these. For example, staff had used the best interest process involving all of the relevant people to make sure Eagle Care Home was the right place for one person to live.

The training matrix showed the majority of staff had not received training in MCA and DoLS, although the area manager told us staff were booked to complete elearning training in these areas. When we spoke with care workers they were not clear about how many people had DoLS authorisations in place and did not know who had conditions attached to these. We saw a condition of one person's DoLS, which was authorised in October 2016, where care workers needed to document what activities they were offered and which ones they accepted. We saw an activities file had been set up for them which gave information about what activities they liked and five photographs of things they had enjoyed. We looked at the daily records for the five days prior to the inspection and saw only one entry which evidenced they had been offered and declined a baking session. We concluded the condition on their DoLS authorisation was not being met. This was a continued concern as at the last inspection we had found a condition on one person's DoLS authorisation had not been met.

We saw in people's care records where they or their legal representative had signed consent to their care and support and documented evidence was in place where people were unable to give their consent.

At the previous three inspections we found people's nutritional needs were not being met. At this inspection improvements had been made, although some concerns remained.

People were offered and received regular fluids during our inspection. We saw jugs of juice and plastic beakers were placed on a table in the main lounge and staff encouraged people to drink fluids throughout the day. People were also offered tea or coffee and cups were replenished regularly.

We observed the lunchtime meal and saw tables had been set with tablecloths, placemats, serviettes and cutlery, although not everyone had been given a spoon and there were no condiments on the tables. The mealtime experience appeared relaxed and no-one was rushed to finish their meal but were given gentle encouragement.

The menu choice for lunch was mushroom soup as a starter and a hot meal or a salad for the main course. Everyone was offered mushroom soup as a starter, which some people declined; there was no alternative offered to them. We asked one person if they were enjoying their soup and they responded, "No. It's not very warm." One person had asked for a salad when a care worker asked them for their choice during the morning. The plated salad consisted of lettuce, tomato, onion, pickle, bread and butter and two very thin slices of meat.

We spoke with the cook who told us alternative hot meals were available on request. However, we found this was not happening in practice. We saw one person did not eat very much of their main meal and a staff member asked them if they would like something else. The person asked what else there was and was offered salad, which they refused, saying, "I don't like salad." No other option was given and the plate was removed.

People's nutritional status was assessed and their weight was monitored. Concerns about weight loss or poor appetite were referred to external health care professionals such as GPs and dieticians. Food and fluid charts were used to record what people were eating and drinking when there were concerns about their dietary intake. We found the food and fluids charts were well completed although the format made it difficult to get a clear picture of exactly how much people were eating and drinking. The management team told us they were planning to implement a new format.

The support manager told us they monitored the food and fluid charts on a weekly basis. We were concerned this was not often enough to identify and act on concerns promptly. While we acknowledge the

low occupancy levels at the time of the inspection meant concerns could be identified and addressed on a daily basis there was a risk this approach would not be effective when occupancy increased.

The cook told us they were kept informed about people's dietary needs by the staff team and there was list of 'Special Dietary Needs' in the kitchen. However, they acknowledged the list was not up to date. We asked if anyone who lived at the home was having their food supplemented with added calories as we had seen a number of people had food supplements prescribed. The cook said they supplemented foods such as mashed potatoes and soup by adding cream or butter for everyone. We asked about the diet of one person who was diabetic because we had observed the cook asking them if they wanted sugar on their breakfast cereal and then putting it on when they said yes. The cook told us the person requested sugar on their cereal. We asked the cook if the person had been offered sweeteners as an alternative to sugar and they told us they did not have any sweeteners in the home. This was of particular concern because the support manager told us this person had been referred to the diabetic clinic due to their high blood sugar levels and was not to have sugar on their meals. The day after the inspection we raised this with the area manager who took immediate action and told us they had updated this person's care plan and the dietary list in the kitchen and made all staff aware not to offer or give sugar to this person.

The home had a four weekly menu and the cook told us they were currently on the winter menus. When we looked at the menus after the inspection visit we saw that although it was the winter menu salad was listed as the second choice for lunch on at least two days every week and there was not always a hot option for the evening meal. We also saw some items such as 'Italian styled Margarita pizza' and 'Ploughman's lunch with British cheese and pickle' and 'British Sausage rolls' were repeated at two weekly intervals as the evening meal alternative to 'Assorted sandwiches with salad garnish'.

People's care records showed they had been seen by a range of health care professionals including GPs, community matrons, district nurses, dieticians, opticians and podiatrists. The district nurse told us the support manager was very good and called them in for advice appropriately. The support manager told us the district nurses visited routinely two days a week and telephoned the service before their visit so they could get people ready in their bedrooms. We concluded people's health care needs were being met.

# Is the service caring?

## Our findings

At our last inspection we found people's dignity was not always maintained or respected. At this inspection improvements had been made.

People looked calm and relaxed around staff. Staff were kind and caring in their approach to people, speaking with them calmly and gently. We saw staff spent time sitting and chatting with people which they clearly enjoyed. We saw staff were affectionate with people and gave hugs to people who invited this contact which brought smiles to people's faces. Staff clearly knew people well, addressed them by name and were able to give us examples of people's likes, dislikes and care needs. A relative we spoke with described the staff as 'brilliant' and told us they were very happy with the care provided to their family member.

We saw people looked well groomed, wore clean clothing and had their hair brushed. We saw some ladies wore jewellery and others had their nails painted. We saw people's bedrooms were neat and tidy and personal effects such as photographs, birthday cards and ornaments were on display and had been looked after. We also saw people's clothing had been neatly put away in wardrobes and drawers. This showed staff took pride in people's appearances and respected their belongings.

Staff showed regard for people's privacy by knocking on bedroom and bathroom doors before entering. Staff we spoke with were able to give examples of how they respected people's dignity, such as using towels to cover people when carrying out personal care, ensuring curtains and doors were closed and giving people privacy when using the toilet wherever possible. One staff member told us, "It is their home. It's no good barging into their home. I go in gently and if they're asleep I'll come back later."

We saw care staff encouraged people to be as independent as possible. For example, at breakfast time we saw teapots, milk jugs and sugar bowls on the tables so people could help themselves. People were given special plates, bowls and cutlery so they could eat independently. We also heard a care staff member explaining to one person who had a visual impairment what food was on their plate and how it had been arranged which helped them find their food more easily. We saw one person had their own wheelchair which they used independently to propel themselves around the home.

We saw the care plans for people who used the service contained 'Life history' information and details of their interests and hobbies. This showed us people and their relatives had been involved in developing their plans of care. People's care records were kept confidentially in an office which was locked when not occupied.

We saw DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) forms in some of the care records we looked at. The forms had been completed correctly and showed people who used the service or their representatives had been consulted. We discussed end of life care plans with the support manager who told us they were working on putting these in place. They showed us one which had been partially completed but acknowledged the information was limited and did not provide details of the person's preferences or

wishes about end of life care.

## Is the service responsive?

### Our findings

At the previous two inspections we found care and support was not planned or delivered in a person-centred way to meet people's individual needs and preferences. At this inspection we found some improvements had been made.

The support manager told us new care documentation had been put in place following our last inspection. They said four or five people's files had been fully completed and they were working on the remainder. Care records we reviewed showed a wide range of assessments were in place covering people's care and support needs and plans of care were formulated from these. These included moving and handling, oral care, pressure care, nutrition, medicines, mental health, physical health and social interaction.

However, some care records did not provide up to date information about current care and support needs. For example, one person's care records showed they had Methicillin Resistant Staphylococcus Aureus (MRSA) and gave detailed information about their support needs including staff use of gloves and aprons at all times. However, staff were not using gloves and aprons with the person and there was no indication of this in their bedroom. The area manager told us this was because the MRSA was now dormant. However, the care records did not reflect this.

Another person's care plans did not provide clear information about their current dietary needs in relation to their diabetes. For example, one part of the care plan stated they required no special diet as their blood sugar was regulated by their medicines but also stated staff needed to monitor their sugar intake and not to put sugar in hot drinks. An update on 1 January 2017 stated, 'to temporarily cut out sugar'. The records showed the person had been admitted to hospital on 4 January 2017 due to high blood sugar levels and had returned from hospital three days before our inspection yet the care plan had not been updated to show their current dietary needs. We discussed this with the support manager who told us the person refused to have their blood sugars monitored and said they were referring the person to the diabetic clinic. They confirmed the person was not to have sugar in drinks or meals yet this information was not clear in the person's care plan or noted on their food and fluid charts. It was also evident that staff were not aware of this person's dietary requirements as during the inspection we saw the cook put sugar on this person's cereal. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The area manager told us they had made a safeguarding referral about this person as they had felt they should not have been discharged from hospital.

In another person's records we found the 'falls record' sheet showed the person had fallen once in December 2016. However, accident records showed the person had fallen three times on 15, 18 and 30 December 2016. In this case a referral had been made to the NHS falls team, however, inaccurate records create a potential risk that people will not receive care and treatment that is responsive to their needs.

We saw people or their relatives were involved in the planning of their care. For example, we saw one person's relative had been involved in their review of care and had attended best interest meetings around their relative's care and support.



A programme of daily activities was displayed in the dining room and people were given the choice to participate. The activities listed included chair exercises, sing-a-longs, nail painting, hand massage, puzzles, baking and reminiscence. Activities were organised by the care staff as a dedicated activities organiser was not employed. One staff member told us they thought there should be a dedicated activity organiser as well as more 'outside' entertainers and activities coming to the home. However, we saw an entertainer was booked to visit the day after our inspection and a therapist had recently attended to give hand and foot massages.

We saw photos of activities such as events and day trips displayed in the home and people had individual folders containing information and photographs about events they had enjoyed. During our inspection we saw one of the care staff encouraging people to take part in chair exercises, although only three people wished to participate.

We saw the complaints procedure had been updated since our last inspection and was displayed in the entrance hall. The area manager told us no complaints had been received since May 2016 and this was evidenced in the complaint log. No concerns were raised with us during the inspection.

## Is the service well-led?

### Our findings

It was evident from our observations and feedback from people, a relative and staff that improvements had been made since the last inspection. However, as evidenced throughout this report there continued to be shortfalls in the overall management of the service as we found issues which had not been identified or addressed by the provider's own quality assurance systems. We found quality assurance systems were in their infancy and were not yet fully embedded to ensure continuous improvement of the service.

The home did not have a registered manager. The registered manager who was in post at the last inspection left in September 2016 and the company director took over the management of the home. The company director was not present at this inspection and the area manager told us a new manager had been appointed who was due to start in post a few days after the inspection. Following the inspection the provider informed us the new manager had not taken up the manager's post and a company director would be pursuing registration with the Commission as registered manager of the service.

Following the last inspection the provider sent us an action plan which showed how they were making the required improvements and the timescales for these actions to be completed. We were provided with an updated plan on 19 December 2016.

We saw a range of audits had been introduced and an internal audit matrix identified the frequency for the audits to be undertaken. We saw the environmental audits had picked up issues, for example, areas which needed additional cleaning and action had been taken to address any shortfalls. As we found the home clean and tidy we concluded this audit was effective. However, we saw audits of the window restrictors had been completed with no issues being identified. As we found the window restrictors could easily be taken off, we concluded these audits had not been effective and had not taken into account best practice in relation to window restrictors as outlined in the Health and Safety Executive's guidance published in June 2014 'Health and safety in care homes'.

We asked the support manager how people's weights were monitored and they told us this was done weekly on an individual basis. We asked if they carried out an overall audit or analysis of people's weight and they said no. The low occupancy levels at the time of the inspection meant concerns could be identified and addressed on an individual basis however there was a risk this approach would not be effective when occupancy increased.

We looked at the reports of accidents and incidents which had occurred since the last inspection. We were not able to establish from the individual accident and incident reports what injuries the person had sustained or treatment they had received when they had been taken to hospital. For example, one report showed a person had fallen and banged their head sustaining a head injury and had been taken to hospital, yet there was no information to show what the outcome was. When we asked the support manager they told us the head injury had been glued by the hospital. There were many other reports like this which showed people had fallen and been taken to hospital but no outcome was recorded. We discussed this with the area manager who told us this information would be recorded in people's care records. However, they

acknowledged that this meant the information could not be easily located as it would mean searching back through each person's individual files. They showed us an incident analysis reporting document which they said they were going to put in place which would provide more information. We asked the support manager if any serious injuries had been sustained as a result of any of these accidents and they told us they had not.

We asked the area manager for the accident and incident analysis. We saw this consisted of a monthly audit sheet which listed and categorised the number of accidents that had occurred over the month. The information provided was limited to numerical data. For example, the analysis for December 2016 showed 10 accidents had related to people who lived in the home, two accidents had been witnessed, six were as the result of falls, two were 'other accidents', three required hospital treatment and seven required no further action. There was no analysis of the information to identify trends or themes or look at 'lessons learnt' to prevent recurrences, which was the same situation we had found at our previous two inspections. There was also a monthly monitoring sheet for each person which used a code to show the type of accident that had occurred such as a fall and an outcome, such as no further action being taken, but again this information was limited and did not show what action was being taken when people were falling frequently. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The area manager told us they had notified the Care Quality Commission of all events that required reporting and were in the process of sending through a notification for a recent safeguarding referral they had made. However, following the inspection we checked the notifications we had received and found we had received a total of eight notifications since the last inspection. Three related to deaths, one to a DoLS, one to a police incident and three to safeguarding. Yet when we had looked at the safeguarding file we saw six safeguarding referrals had been made since October 2016 and we had not been notified of any of these. Neither had we been notified of the serious injury when a person had fallen and sustained a head injury which had been glued when they had been taken to hospital. This was a breach of the Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At the last inspection we found the inspection rating for the service was displayed in the home but not on the provider's website as required. At this inspection we found the same situation. We saw the report from the inspection in July 2016 was displayed in the home, however, the rating was not legibly and conspicuously displayed on the provider's website. This was a breach of the Regulation 20A of the Care Quality Commission (Registration) Regulations 2009.

We saw care plan audits had been carried out monthly which checked that care files were up-to-date and person-centred. No issues had been identified in the audits carried out in November and December 2016.

The area manager told us many of the policies and procedures had been updated and we saw evidence of this when we reviewed the safeguarding, whistleblowing and recruitment policies. The policies were clear and detailed and reflected current guidance and legislation. Plans were in place to ensure those policies not yet reviewed would be updated in the same way.

Staff we spoke with told us they felt supported by the management and said they had worked to improve the morale amongst staff. One staff member said, "We get a lot of support from the team leaders. Management have been really supportive. Any problems we can go straight to them."

Staff told us the morale was good amongst staff. One staff member said, "Good team; work well together. Feel it's improved since the last inspection. Morale has improved, routines have improved." A relative who visited the home frequently told us they had seen improvements since our last inspection. They said, "It's

much better than it was, more organised, cleaner. The laundry has improved and there are more activities. Staff keep me informed about (family member) and I know (family member) is safe here."

The area manager told us staff meetings were held every three months and we saw minutes of meetings held in September and October 2016. These showed a wide range of issues were discussed including report writing, privacy, respect and dignity, communication, choice and infection control. A further meeting was planned for 24 January 2017.

We saw minutes from a residents meeting held in September 2016 which eight people had attended and discussed the summer fair, activities, menus and meals. Another meeting had been held with six people on 3 January 2017 which discussed the Christmas party, activities and memory boxes.

The area manager told us surveys had been sent out to relatives in November 2016 and ten had been received back. We saw the results had been analysed and the results were displayed in the home. This included a narrative section which reflected comments made. This showed people who had responded were happy with the service and comments included, "Always clean, always nice smell"; "Get along with all staff very cheerful" and "Has improved vastly since mum came in almost 12 months ago."