

Arrowsmith Rest Homes Limited

# Arrowsmith Lodge Rest Home

## Inspection report

Bournes Row  
Hoghton  
Lancashire  
PR5 0DR

Date of inspection visit:  
19 July 2017  
20 July 2017

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01 September 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out an inspection of Arrowsmith Lodge Rest Home on 19 and 20 July 2017. The first day was unannounced.

Arrowsmith Lodge Rest Home provides accommodation and care and support for up to 35 people, including people living with dementia. The service does not provide nursing care. There were 29 people accommodated in the home at the time of the inspection.

Arrowsmith Lodge Rest Home is an extended detached property which is situated in a residential area of Houghton on the outskirts of Bamber Bridge, Preston. There are a range of amenities close by including a bus link to Preston and Bamber Bridge village centre. Accommodation is provided on two floors with a passenger lift and chair lift access. Car parking is available for visitors and staff.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. There had been a change to the registered manager since our last inspection. The registered manager had been registered with CQC in November 2016.

At our last inspection on 10 May 2016 we found the service was not meeting all the standards assessed. We found advice from community professionals had not always been followed in day to day practice and changes in individual needs were not recorded clearly. Following the inspection we asked the provider to take action to make improvements and to send us an action plan

During this inspection we found breaches of regulation in respect of risk management and record keeping and a continued breach in relation to people's needs not being recorded clearly. You can see what action we told the provider to take at the back of the full version of the report.

We also made a recommendation in relation to using a tool to determine appropriate staffing levels.

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse.

People's medicines were managed safely. Records showed there were sufficient numbers of staff available who were provided with training, professional development and supervision. Safe recruitment practices had not been followed.

Care plans and risk assessments had been completed to help ensure people received appropriate care. However, information in the care plans did not provide clear guidance for staff and records relating to care

were not always accurate. The provider acknowledged the care plan documentation and record keeping required development and said improvements were underway. Systems had been introduced to make sure people were involved in the care planning review process.

Accidents and incidents were monitored. However, further information was needed to make sure that staff responses were effective, to identify any trends and to see if any changes could be made to help minimise the risk of the same occurrence in the future.

People told us they enjoyed the meals and they were offered a choice at mealtimes. However, improvements could be made to the overall mealtime experience.

People told us they were happy with the facilities available in the home. There was a development plan to ensure improvements and regular maintenance were undertaken. We found the cleanliness of the home had improved.

People were encouraged to remain as independent as possible and were supported to participate in daily activities. People's rights to privacy and dignity were recognised and upheld by the staff although most bedroom doors did not have suitable locking devices fitted.

People had access to a complaints procedure and most people were confident their complaints and concerns would be responded to.

New quality assurance and auditing processes were in place but needed further review to ensure they were effective in identifying shortfalls. New systems had been introduced to ensure feedback about the service was sought from people, their relatives and staff on a regular basis.

## 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 always safe.

The risk management processes needed to be improved to ensure people's safety.

People were protected against the risk of abuse and felt safe in the home.

There were sufficient numbers of staff on duty to meet people's needs although recruitment practices were not always safe.

People's medicines were managed safely and administered by trained staff.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were appropriately supported to carry out their roles effectively through a system of induction, training and regular supervision.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People's health and wellbeing was consistently monitored and they had access to healthcare services when necessary.

People enjoyed their meals. They were supported to have sufficient to eat and drink and maintain a balanced diet. However some improvements to the mealtime experience should be considered.

**Good** ●

### Is the service caring?

The service was caring.

Staff responded to people in a friendly, caring and considerate manner and we observed good relationships between people.

People's privacy, dignity and independence were respected.

**Good** ●

People were able to make their own choices, where possible, and were involved in decisions about their day.

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

The service was not always responsive.

People's needs were assessed and each person had a care plan that was personal to them. However, we found insufficient detail to ensure people received personalised care and support in a way they both wanted and needed. People's involvement in the care plan review process was being improved.

People were provided with a range of social activities both inside and outside the home.

People had access to information about how to complain and most people were confident that any complaints would be listened to and acted upon.

**Requires Improvement** ●

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

The service was not consistently well led.

New systems were in place to assess and monitor the quality of the service but minor improvements were needed to make sure the tools were always effective. We found three breaches of the regulations during this inspection.

People made positive comments about the management and leadership arrangements at the service. They confirmed improvements had been made under the new registered manager.

Systems had been introduced to regularly obtain people's views on the service.

Records were not always accurate or reflective of the care and support being given.

**Requires Improvement** ●

# Arrowsmith Lodge Rest

## 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 was 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 19 and 20 July 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience was someone who had personal experience of caring for someone who used this type of care service.

Before the inspection, we asked the provider 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 the improvements they plan to make.

Prior to the inspection visit we received concerning information relating to how the service maintained records such as support plans and risk assessments. The local authority contract monitoring and commissioning teams provided us with information about the service. At the time of the inspection a safeguarding investigation was ongoing.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the provider, the registered manager and five care staff. We spoke with six people living in the home and with six relatives.

We looked at a sample of records including four people's care plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits. We also looked at the results from a recent customer satisfaction survey.

We observed care and support in the communal and dining room areas during the visit and undertook a tour of the home.

## Is the service safe?

### Our findings

People living in the home told us they felt safe in the home. They said, "Oh yes, I feel safe", "I feel safe; we've no bad books open", "The staff are nice to me. I feel fairly safe" and "The staff are very kind." Relatives told us, "[Family member] is safe", "It feels safe; he is well looked after, everyone is" and "[Family member] seems to be safe." However, one relative said, "I have a few concerns about [family member's] care and safety." During the inspection we observed people were comfortable around staff. We observed staff interaction with people was friendly.

We looked at how the service managed risk. Environmental risk assessments and procedures to be followed in the event of emergencies were in place. Individual risks had been identified in people's care plans and included skin integrity, nutrition, dependency, falls and moving and handling. However, we found that risk assessment information had been duplicated in the care plans by using different systems which meant the scoring to indicate the level of risk was not consistent and could lead to inappropriate action being taken to reduce or remove the risks. We also noted that the severity of the risk was not considered when determining the review frequency. For example one person's assessment indicated they were at high risk of developing pressure sores; the records had been reviewed in February 2017 and were not due to be reviewed until six months later. The registered manager assured us the care records would be reviewed and reviews would be completed at least each month.

We looked at how behaviours that challenged the service were managed. We found there were limited risk management plans or guidance around potential triggers, managing behaviours or how to support the person. We also noted that incidents had not always been clearly recorded. This meant it was difficult to monitor what was happening in the service and whether staff had taken appropriate action to protect people. Staff had access to policies and procedures and records confirmed training in responding to behaviour that challenged the service had been provided; this helped keep staff and others safe from harm.

There was evidence to support incidents and accidents were being analysed by the registered manager each month. However, we noted the type and date of incident and accidents had been recorded but not the time; this meant it was difficult to determine whether incidents were occurring at particular times of day or night and whether there were contributing factors associated with the time of day or night. The registered manager assured us this would be reviewed.

The provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment records of two members of staff. We found that not all the checks had been completed before staff began working for the service. For example a full history of employment, suitable references and a photograph as a means of identification had not been obtained. A health assessment, to determine whether a person was fit to undertake the role applied for, had not been requested following the application which did not demonstrate a fair recruitment and selection process.

The provider had not followed safe and robust recruitment processes. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Disclosure and Barring Service (DBS) checks had been obtained. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. When agency staff were used, confirmation was received that they were fit and safe to work in the home.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and from the risk of abuse. The contact information of local agencies and information about how to report abuse was easily accessible to staff and information was displayed for people living in the home and their visitors.

We discussed safeguarding procedures with staff. They were clear about what to do if they witnessed or suspected any abuse and indicated they would have no hesitation in reporting any concerns. They told us they had received safeguarding vulnerable adults training and the records we looked at confirmed this. Staff were confident the management team would deal appropriately with any concerns they raised and were aware they could report their concerns to external agencies if they needed to. We discussed the management team's responsibilities for reporting incidents and safeguarding concerns. We noted the management team were working in cooperation with other agencies. At the time of writing this report a safeguarding investigation was ongoing.

Prior to the inspection we were told there had been staffing shortfalls. We looked at the staffing rotas. The rotas were unclear as only given names had been used, roles were not recorded and agency staff were not clearly identified. We found a designated carer was in charge with three care staff during the day and two care staff and one sleep in carer at night. A cook was available each day and domestic and laundry staff were available every week day. An activities person was available for pre-arranged days. The registered manager was available five days each week and also worked as part of the team. There was an on call system in place which was known to staff.

Any shortfalls due to leave or sickness were covered by existing staff or by regular agency staff; this ensured people were cared for by staff who knew them. We noted staff were available in the main lounge area and that any calls for assistance were responded to. However, we also noted people were left unattended for long periods of time, particularly in the smaller lounges. We were told an additional staff call unit had been ordered for the small lounge following a request from a relative.

Staff told us, "We tend to work with the same staff. I work with a good team, we know each other well and the work gets done. I can only speak for my team", "They are a good bunch to work with", "Some staff have no respect for the rest of the team, they don't work as part of the team and we have to check on them all the time" and "The same staff let us down all the time; sometimes we don't have time to cover the shift. I'm not sure whether anything is being done." The registered manager assured us action was being taken to address the issues including ensuring staff were accountable for their actions and ensuring new staff were recruited following an increase in people living in the home. The registered manager did not use a recognised staffing tool to help determine the staffing numbers.

We recommend the service seeks appropriate guidance on the use of a recognised staffing tool to help determine numbers of required staff on duty.

People using the service said, "The staff are decent enough and come when I need help", "They are helpful and friendly" and "Staff bob in to my room to ask if I need anything." Relatives said, "The atmosphere can be very different depending on the group of staff that are on the shift; some staff are very clicky", "They could always do with more staff but there always seems to be enough around when I visit", "One member of staff always rushes [family member]" and "I think there are enough staff to make sure people are looked after."

We looked at how people's medicines were managed. We found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. However, we noted boxes and bottles were not routinely dated when opened and handwritten entries were not always witnessed. There were no records to support 'carried forward' amounts from the previous month which helped to monitor whether medicines were being given properly. The registered manager assured us this would be resolved. We observed people's medicines were given in the correct manner with encouragement as needed.

A monitored dosage system (MDS) of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate sleeves according to the time of day. Care staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice were being undertaken. Policies and procedures were available for them to refer to.

We looked at four Medication Administration Records (MAR) charts; they were accurate, clear and up to date. Medicines were clearly labelled and codes had been used for non-administration of regular medicines. People were identified by photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of administering certain medicines to them. Controlled drugs (medicines that may be at risk of misuse) were not currently being used at the home. We noted there were systems in place to manage these medicines safely.

Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. The community pharmacist had undertaken a recent audit and no shortfalls had been noted.

We looked at the arrangements for keeping the service clean and hygienic. We did not look at all areas but found the home was clean. However, we noted a strong odour throughout the ground floor; the first floor was odour free. The provider was already aware of this and the main lounge carpet was being replaced. Records showed staff had received infection control training in 2016. Infection control policies and procedures were available although they were very brief and did not provide staff with the information they needed. There was no designated infection control lead who would take responsibility for conducting checks on staff infection control practice and keeping staff up to date. The registered manager assured us this would be addressed.

We noted staff hand washing facilities, such as liquid soap and paper towels were available in bedrooms and pedal operated waste bins had been provided in most rooms. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Further bins were being provided to reduce the risk of cross infection. Appropriate protective clothing, such as gloves and aprons, were seen in use around the home. There were contractual arrangements for the safe disposal of waste.

A domestic and a laundry person worked each week day. Cleaning schedules were completed and we were told sufficient cleaning products were available. There were audit systems in place to support good practice

and to help maintain good standards of cleanliness. One person living in the home told us, "The home is clean; the cleaner works really hard." A visitor said, "The cleanliness has improved."

We saw equipment was safe and had been serviced. We found documentation was in place to demonstrate regular health and safety checks had been carried out on all aspects of the environment. For instance, water temperatures, emergency lighting and the fire systems. We also noted servicing certificates were available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed all equipment was in full working order. The provider carried out on-going maintenance and repairs and arranged for professionally trained people to undertake any specialist work.

Training had been given to staff to deal with emergencies and to support them with the safe movement of people, fire safety and emergency first aid. During our visit we observed safe and appropriate moving and handling interactions. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. There was a business continuity plan in place to respond to any emergencies that might arise which set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

People had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building. The registered manager was reviewing these to include more detail and was also reviewing the risks relating to the use of paraffin based creams. There was key pad entry to the home and visitors were asked to sign in and out which would help keep people secure and safe.

The environmental health officer had given the service a five star rating for food safety and hygiene. This was the highest rating that could be awarded.

## Is the service effective?

### Our findings

People told us they were happy with the service they received at Arrowsmith Lodge Care Home. They told us, "It is a nice place", "I am looked after", "I'm comfortable I have to stay in bed" and "It's not my home but I am settled." Relatives said, "Overall I have been very pleased and happy with the way in which [family member] has been looked after" and "I am very happy with the way things are. It's not an easy job but they make it like a home."

We looked at how the service trained and supported their staff. We found staff received a wide range of appropriate training to give them the necessary skills and knowledge to help them to support people properly. Most staff had completed a nationally recognised qualification in care or were currently working towards one. Staff told us, "I get lots of training" and "I get enough training to help me with my work."

We looked at the induction process for new staff. We noted the induction was very brief and it was unclear what area had been covered or whether new staff had received a basic induction into the routines and practices of the home. In addition there were no records to support a period of time working with more experienced staff. We discussed this with the registered manager and new records were made available following our inspection. The Care Certificate had been introduced. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Records showed staff were provided with regular one to one supervision and assessments were being introduced to check their knowledge and competence. An appraisal of their work performance was undertaken each year which would help identify any shortfalls in their practice and any additional training needs. Staff told us they felt supported by each other and by the management team. Staff meetings had been introduced and staff were able to express their views and opinions and were kept up to date.

Regular handover meetings, handover records and communication diaries helped keep staff up to date about people's changing needs and the support they needed. Staff spoken with had a good understanding of people's needs.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager and staff expressed an understanding of the processes

relating to MCA and DoLS and records showed they had received training in this subject. At the time of the inspection three DoLS authorisations were in place and any associated conditions of the authorisation were being met. Twenty three other applications had been made to the appropriate agency. This helped to ensure people were safe and their best interests were considered.

We observed people being asked to give their consent to care and treatment by staff. Care records showed people's capacity to make decisions for themselves had been assessed and useful information about their preferences and choices was recorded. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person. We found people's consent and wishes in relation to care had been recorded. This meant that people, particularly those with limited decision making, would receive the help and support they needed and wanted.

The service had a policy in place with regards to resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). A DNACPR decision is an advance clinical assessment recorded to guide staff in the event of a person's cardiorespiratory arrest or death. We looked at records relating to DNACPR decisions. Records showed decisions had been discussed with people and/or their relatives and with a medical practitioner and clearly documented to ensure their wishes would be upheld.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The food is lovely", "It's very good", "The meals are excellent" and "I always get enough to eat; it's not very exciting." A relative said, "[My family member] enjoys the vegetarian option and the fish meals."

During our visit we joined some people for lunch at one of the dining tables. The dining tables in the main lounge were not used as people continued to be seated in the lounge armchairs with small tables provided. We did not see any valid reasons for this and noted people were not asked if they preferred to be seated at a proper table for their meal. Staff told us this was people's choice. People were not offered condiments and sauces although they were provided on request. Cold drinks were offered and adapted cutlery and crockery was provided to maintain people's dignity and independence. The meals were attractively served.

We saw people being supported and encouraged to eat their meals by staff who were cheerful and attentive. People were offered a choice of meal; we observed one person being provided with an alternative on request and additional portions were offered. Drinks, fruit and snacks were offered throughout the day. We noted one person was being offered different meals to tempt him to eat and we observed chocolate bars were distributed to other people.

People's care records included information about their dietary preferences and any risks associated with their nutritional needs. Prior to the inspection we were told nutritional intake monitoring forms were not being completed. We saw this had been discussed with staff and a member of staff was nominated each shift to ensure records were completed. However, one person's food and drink records had not been completed on a regular basis; this meant it was difficult to determine whether the person had received the diet and nutrition they needed and also meant that there was insufficient oversight by the person in charge of the shift. People's weight was checked at regular intervals and shared with the nurse practitioner for review. Records showed appropriate professional advice and support had been sought when needed.

We looked at how people were supported to maintain good health. People's health care needs were assessed and kept under review. Any nursing care was provided by the district nursing team. People were registered with a GP and staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Staff told us they had good

relationships with visiting health professionals. Two relatives confirmed people's health needs were monitored and met.

We found the home was comfortable and warm and aids and adaptations had been provided to help maintain people's safety, independence and comfort. There was an up to date development plan for the home and a system of reporting required repairs and maintenance was in place. We discussed the effectiveness of providing a maintenance book where staff could record any required repairs and maintenance.

Communal areas were comfortably furnished. People told us they were happy with their bedrooms and some had arranged their rooms with personal possessions that they had brought with them; this promoted a sense of comfort and familiarity. Bathrooms and toilets were located within easy access of bedrooms and commodes were provided where necessary. The ground floor corridors provided plenty of safe walking space for people and items of interest such as old photographs and various displays were positioned along the corridor walls. On the ground floor people's bedroom doors had their name or familiar items displayed outside and were painted in different colours to help people to recognise their bedrooms; first floor bedroom doors were plain. Some people's rooms were arranged with personal possessions to promote a sense of comfort and familiarity.

Call systems were available in all areas and an additional call bell had been requested for people in the small lounge. We found a number of the bedroom doors were fitted with unsuitable locks. One door had a slide lock fitted on the outside of the door; this was removed during our inspection for safety reasons. The registered manager was advised to consult with the fire safety officer regarding appropriate door locks. The registered manager and the provider assured us they would undertake an audit of all doors and ensure removal of unsuitable locks and ensure appropriate locking devices were provided. We asked the provider to notify us when appropriate actions had been completed.

There were secure patio areas, provided with seating and decorative planters for people to enjoy in the warmer months

## Is the service caring?

### Our findings

People told us the staff were 'caring', 'wonderful', 'lovely' and 'kind'. They said, "The staff care", "I am content here" and "I am looked after; the girls care about me and make sure I am okay." Relatives said, "They seem to care", "They are very caring and responsive", "I am grateful to the staff for the care [family member] has received so far" and "Staff are caring and kind. There is no rough treatment. They really do care. I can't praise them enough." A staff member said, "I like to treat people like I would like my mum and dad to be treated."

People were encouraged to maintain relationships with family and friends. They confirmed there were no restrictions placed on visiting; visitors told us they were made to feel welcome. One relative said, "You can call in anytime."

We observed good relationships between staff and people living in the home and overheard laughing and encouragement during our visit. People who required support received this in a timely and unhurried way. We saw staff spent time chatting with people. We observed one staff member dining with one person later in the afternoon. People appeared comfortable in the company of staff and it was clear they had developed good relationships with them.

People's privacy and dignity was respected. We saw people were dressed appropriately in suitable clothing of their choice. People told us they were happy with their bedrooms. They said, "I like my room; it has everything in it that I need" and "My bedroom is my own space; it is clean and comfortable." Each person had their own room which was comfortably furnished. As noted earlier in the report some bedrooms were either not fitted with appropriate locks or there were no locks at all which could result in people not having the privacy they wanted. However, people told us they could spend time alone if they wished and that staff knocked on doors and waited for permission to enter. We saw pictures of door knockers on bedroom doors to remind staff to knock before entering and notices were displayed advising staff to knock before entering. One person said, "Staff are fine if I want to spend time alone in my room. They always check on me just to make sure I am safe."

There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

Where possible, people were able to make their own choices and were involved in decisions about their day for instance how they wished to spend their time and what they wanted to eat. People told us, "I can please myself" and "They know my routines and what time I like to go to bed. I'm an early riser." Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence.

People were encouraged to express their views by means of daily conversations and customer satisfaction surveys. Meetings for people living in the home and their relatives had recently been re-introduced. People told us they had found the meetings useful as they had been able to discuss the things that matter to them

and had been kept up to date with any proposed events and changes. Areas for discussion included refurbishment, staffing, activities and care plans. Relatives said, "The meeting was very positive" and "I think this is a big improvement. I would like them to be held on a regular basis." The registered manager told us meetings would be held six monthly.

Prior to receiving a service people were provided with information about the service in the form of a service user guide; this gave useful information about the standards they should expect. The registered manager planned to re issue the information to people at the next care plan review meeting. There was information about advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members. We noted some people were supported by advocates.

All staff were aware of how to respect people's confidentiality. People's records were kept safe and secure and there was information available to inform them on how their rights to confidentiality would be respected.

## Is the service responsive?

### Our findings

At our last inspection in May 2016 we found the provider had not always ensured the plans of care were being followed in day to day practice. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we looked at the arrangements in place to plan and deliver people's care. Prior to this inspection we were told the care plans and associated records were disorganised and not always reflective of the care and support people were receiving. Following recent advice from the local authority the registered manager had reviewed the care plan system.

People had an individual care plan which was underpinned by a series of risk assessments. We found information was recorded about some people's preferences and routines but this was not consistently recorded. This information was needed to ensure people, particularly people living with a dementia, received personalised care and support in a way they both wanted and needed.

We found information in the care plans was not always reflective of the care being given. For example one person's plan did not reflect the care being provided by staff in relation to skin integrity and another person's plan did not clearly reflect behaviours that challenged the service. There was no information recorded to indicate why one person had been seen by the community mental health team or how staff should manage another person's catheter care. Whilst we could see some of the information in the care plans had improved we found there was still a lack of clear instruction for staff which could result in care not being provided as needed. We discussed this with the registered manager who acknowledged the care plan documentation required further development and assured us that improvements were underway.

Prior to the inspection we were told people's care records were not being completed properly. We looked at people's records in relation to positional changes, diet and fluid intake and continence monitoring and found they had generally been completed properly although we noted there were still a number of gaps in the recording of dates and times. We discussed this with the registered manager who advised audit tools had been introduced that would help improve the record keeping. We also noted the importance of completing records had been recently discussed with staff. We found that only senior staff were responsible for documenting daily care in the plan and other staff only recorded care activities on the handover sheet. This meant the records were being completed by staff who had not given the care and could result in inaccurate information being recorded.

There were systems in place to ensure staff could respond to people's changing needs. This included a handover meeting at the start of each shift and the use of communication diaries and handover sheets. There was also a notice board that detailed any actions requested by the district nurses. Staff told us communication was good. Daily records were written in a respectful way. However we noted night time handover information indicated one person had a suspected infection; this was not referred to during the morning report. This meant staff may not be aware of people's changing needs.

The provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences. This was a continued breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had commenced a review of all the information in each care plan and people had been invited to attend the review meeting. Most of the relatives spoken with told us they were kept up to date with any changes. Relatives said, "I have had the chance to go through the care records" and "I have been involved in the care plan and am kept up to date" They said, "I am kept up to date; they ring if there is a problem".

Before a person moved into the home a detailed assessment of their needs was undertaken by the registered manager. Records showed information had been gathered from various sources about all aspects of the person's needs. Most people were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home and staff were able to determine whether the home was able to meet their needs.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details, information about their medicines and, where possible, a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted people were directed to raise their concerns with CQC. However, this was incorrect as people should in the first instance contact the local authority commissioners with any concerns about their care. There was a complaints procedure displayed in the home and in the information guide.

People told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the registered manager. People said, "We are well looked after; I have no complaints at all" and "Everything is good. I would tell the staff if I was unhappy." Relatives said, "If I have issues then it's sorted. Sometimes I have to remind them but it's done in the end", "I know about complaints but have not had cause to make one", "I have no complaints so far" and "I have had to bring up issues again as they have not been resolved." Comments from the recent satisfaction survey included, "I feel able to approach any member of staff if I had concerns about my [family member]" and "I am not aware of the complaints procedure but have raised minor irregularities."

There had been six complaints made about this service in the last 12 months regarding care and support, the availability of equipment, mealtimes and staffing levels. Records showed action had been taken to respond to the complaints; we noted one complaint was still being followed up and an acknowledgement had been delayed. The complaints information was shared with staff and discussed at management meetings to help improve the service.

The service had a dedicated activity coordinator which meant the provision of activities were not dependant on the availability of care staff. The activity coordinator had started dementia awareness training to help her in the role and a record of activities undertaken by each person was maintained. From our discussions and from the records maintained we could see that people were able to participate in activities in small groups or on a one to one basis. Activities included, games, crafts, colouring, dog walking and visits to the local shop, café and pub. During our visit we observed people chatting with staff, colouring, watching TV, listening

to music and enjoying the sunshine whilst sitting on the patio. People were supported to follow their faith and regular church visits to the home were arranged. People said, "I can join in if I want. It depends what it is", "I like to watch the horse racing", "I get my hair done; there are things to do." Relatives said, "[My family member] is as happy as Larry; he has been out to the pub and to the café. He wouldn't get to do that if he was at home" and "The activity person has made a difference. They have their nails done, play dominoes and chat together. Some people go out for a walk."

## Is the service well-led?

### Our findings

People spoken with during the inspection made positive comments about the management of the home. One person said, "It's a nice enough place; the people in charge seem to know what they are doing." Relatives said, "There have been some improvements made by the new manager but it will take time to change things for the better", "The new manager has improved things" and "You get to know everyone; it is a community in itself." Staff said, "The manager is making improvements; she works as part of the team and knows what is going on."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home interacting warmly and professionally with people, relatives and staff. We were told the registered manager was available to speak to people, their visitors and staff at any time.

The registered manager told us she was supported by and worked closely with the provider. We were told the provider was available in the home most days and was available to talk to staff, people using the service and their visitors. We were shown a provider monitoring report and a management planning meeting had been held undertaken in April 2017. Areas discussed included recruitment of staff, complaints and cleanliness. The management team had set out planned improvements for the service in the Provider Information Return. This showed us the management team had an understanding of the service and strove to make continual improvements.

We found systems to monitor areas such as medicines management, accidents and injuries, falls, record keeping, health and safety, infection control and the environment had been introduced in April 2017. However, whilst we noted some shortfalls had been identified it was clear the systems had failed to identify shortfalls as noted throughout this report. The registered manager told us the audit tools were being further developed.

The provider failed to operate effectively systems or processes to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were encouraged to voice opinions informally through daily discussions with staff and management, completion of the customer satisfaction survey and more recently through meetings. We noted people had commented that they were not involved in care plan reviews and had suggested improvements to the activities and to the home; the registered manager had taken action to respond to some of these issues which showed people's views were being listened to. An annual satisfaction survey had been undertaken in February 2017; the results indicated varied views about the service and ranged from satisfactory to very good. The registered manager was aware of the comments both positive and negative and was working hard to improve the service. The results had not been analysed or shared with people so it was difficult to determine what action was being taken to respond to their comments.

All staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. Most staff indicated they had a high satisfaction with their jobs and enjoyed working at the home. One staff told us, "I know what is expected of me and what my responsibilities are." Regular meetings had commenced; the minutes showed a range of information had been discussed such as communication, personal care and break times. Staff told us they were able to air their views and felt they were listened to. One staff said, "The meetings keep me up to date and I feel I can speak up." Additional information such as the importance of completing records had been shared during handover periods or in a memorandum.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had submitted notifications to CQC and other agencies.

The organisation had achieved the ISO 9001:2008. This is an accredited award which is focused on meeting customer expectations and delivering customer satisfaction.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences. Regulation 9 (1)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. Regulation 12 (2)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  systems or processes to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. Regulation 17
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not followed safe and robust recruitment processes. Regulation 19 (2)

