

# Mr Ronald James Cottam

# Carrick Lodge

## Inspection report

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### 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?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 21 July 2015. The last inspection took place on 27 May 2014, there were no breaches of the legal requirements at that time.

Carrick Lodge is a care home which offers care and support for up to 38 predominantly older people. At the time of the inspection there were 27 people living at the service. Some of these people were living with dementia.

The service had a registered manager in post. 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 was not present at the service during this inspection as they were on leave.

We looked at how medicines were managed and administered. People received their medicines as prescribed. We saw staff had transcribed medicines for five people, on to the medicine administration records following advice from medical staff. However, these handwritten entries were not signed and had not been witnessed by a second member of staff. This meant that there was a risk of potential errors and did not ensure people always received medicines appropriately. Creams were not dated upon opening and so staff were unaware

# Summary of findings

when the items may expire and not be safe to use. The medicine refrigerator temperature was not always recorded daily to ensure any faults would be noticed immediately, and the temperature in the fridge had been recorded above the safe storage temperature for medicines. This meant the safe storage of medicines that required cold storage could not be ensured.

People were sharing soap bars, toiletries, sponges and towels. Disposable paper towels were not available for use. This meant people were not protected from the potential risk of acquired infections.

People told us they felt safe living at Carrick Lodge. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. However, training was not regularly updated and some staff were not aware of how to raise a concern outside of the service should they need to do so.

Care plans contained risk assessments for a range of circumstances including moving and handling, nutrition and falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. However, although accidents and incidents were recorded in people's files such events were not audited by the registered manager. This meant any patterns or trends were not recognised, addressed and the risk of re-occurrence was not reduced.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The service had vacancies for carers and kitchen staff at the time of this inspection. People told us; "I can always get someone if I need them" and "I think there are enough staff." Staff told us they felt there were not enough staff. Their comments included; "In the afternoons there are just two of us with a senior who does the medicines, we have people here who need two staff to help them at times and that means there is no one left on the floor to see to people in the lounges and their rooms if they need us" and "I don't think we have enough staff to be able to spend time with people occupying them, especially now we don't have anyone

doing activities." During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively.

The provider and deputy manager were not clear on the 2014 criteria following a high court ruling regarding the Mental Capacity Act 2005 and related Deprivation of Liberty safeguards. Applications had been recently made by the registered manager to the local authority for authorisation of potentially restrictive care plans for every person living at the service. We did not see evidence of how such a decision had been reached for each individual whose files we reviewed.

Supervision and training records used by the registered manager to monitor when staff were due for the next supervision or training updates were not always accurate. Staff did not receive regular supervision in line with the policy held at the service. Appraisals and training updates were not always arranged as required.

People had access to healthcare professionals including GP's, opticians, specialist nurses and chiropractors.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed although not consistently regularly. People's changing needs were recorded. Where appropriate, relatives were included in the reviews. People's life histories were documented in their care plans.

Activities were provided by a visiting volunteer and care staff when they had time. There was not an activity coordinator and some families and staff told us they felt there was not enough for people to occupy themselves, and people slept a lot of the time.

People told us; "No problems at all, staff are very kind" and "Its like a family here." Relatives told us; (the person) is well taken care of" and "(the person) is always is clean and tidy." Visiting healthcare professionals told us; "They are always on the ball when they phone us, the staff seem sensible and caring." During the day of the inspection we observed care being provided to people by staff who did not rush and were caring, patient and kind.

# Summary of findings

People's dignity and privacy was mostly respected by care staff when care and support was carried out. We heard staff speaking to people in lowered voices asking if they wished to use the bathroom. When care was provided to people in their bedrooms their doors were kept closed. Staff spoke respectfully about people who lived at the service with fondness and compassion. However, some continence products were used communally and unnamed products were seen available for staff to use for people in bathrooms.

The registered manager was supported by a deputy manager and senior care staff. We saw the service sought the views and experiences of people who used the service, their families and friends and also visiting healthcare professionals. The results of the most recent survey were being collated at the time of this inspection. Some comments seen were; "I never have any concerns with the standard of care, residents always well cared for and obvious that staff actually care" and "(the registered manager) is always helpful and you never feel a nuisance." However, there were no residents, families or staff meetings held regularly to seek people's views and ideas regarding the service provided.

The registered manager and deputy manager worked in the home regularly providing care and supporting staff this meant they were aware of the culture of the home at all times. They did not receive any dedicated administration time as part of their working day.

There were systems in place to monitor the quality of the service provided. The service had a maintenance person who was responsible for dealing with any repairs required. Equipment such as moving and handling aids, wheelchairs, lifts and fire equipment were regularly serviced to ensure they were safe to use.

Providers have a responsibility to comply with the Health and Social Care Act 2008 regulations and submit statutory notifications to the Care Quality Commission (CQC) when any event which may impact on their service provision occurs, such as death of a service user or any concerns of abuse that may be raised. The CQC have not received any notifications from the service. The provider agreed there had been deaths of people at the service in the past which had not been notified to CQC.

Concerns found during this inspection had not been identified through effective audit processes by the registered manager prior to our visit.

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

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

People and their families told us they felt people were safe at the service, however, we found the service was not entirely safe. Risks to people in the event of a fire were not always recognised and managed.

The management of some medicines was not safe.

People were not protected from the risks associated with acquired infections.

The service had sufficient numbers of staff to meet people's care needs

**Requires improvement**



### Is the service effective?

The service was effective. Staff were aware of how to protect people's rights and act in accordance with their wishes.

Staff felt well supported by the management team.

Food looked appetising and people told us they had a good choice.

**Good**



### Is the service caring?

The service was caring. Families were involved in their family members care.

Staff were kind, caring and compassionate.

We saw the home sought the views and experiences of people who used the service, their families and friends and also visiting healthcare professionals.

**Good**



### Is the service responsive?

The service was responsive. The care plans were detailed and informative with clear guidance for staff on how to support people well.

People and staff told us there were not enough activities to occupy people at the service.

People were supported to raise any concerns within the service however, information provided regarding outside agencies was out of date.

**Good**



### Is the service well-led?

People, their families and staff found the registered manager to be approachable, however, the service was not always well-led.

Information held by the registered manager regarding staff training and supervision was not accurate.

Notifications had not been sent to the Care Quality Commission in line with legal requirements.

**Requires improvement**



# Carrick Lodge

## Detailed findings

### Background to this inspection

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

The inspection took place on 21 July 2015. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the home. This included past reports. No notifications had been received by CQC. A notification is information about important events which the service is required to send us by law.

We spoke with the provider, the administrator, the deputy manager, 6 staff and four people who lived at the service. Not everyone we met who was living at Carrick Lodge was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices to help us understand the experience of people who could not talk with us. Following the inspection we spoke with three visiting healthcare professionals and three families of people who lived at the service.

We looked at care documentation for three people living at Carrick Lodge, medicines records for all the people living at the service, eight staff files, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

Accidents and incidents that took place in the service were recorded by staff in people's records. However, such events were not audited by the registered manager. This meant that any patterns or trends would not be recognised, addressed and the risk of re-occurrence was not reduced.

Whilst walking round the service we saw there was a part glazed door with leaded lights, on the ground floor, which had an area of approximately 8 inches of tape across an area of the door where the glass had broken. The provider told us; "Its been like that for years." This door was marked "Fire Exit" we opened this door to find the external door beyond was locked and a key was not available. The light fitting in this area was loose and away from the wall and did not function. We discussed this with the provider who told us this was no longer used as a fire escape even though the signage was still present. This meant people may assume this was a viable "Fire Exit" and attempt to use this exit in an emergency. The area would not be lit at night as the light was not functioning and they would not be able to get out of the building. A double door leading to the dining room marked as 'fire door to be closed in the event of a fire', were held open by automatic fire closures. However, one of these doors was physically secured across a staircase by a hook preventing it from closing in the event of the fire alarm sounding. There was a sign on this door stating; "Door to be secured at all times." Staff told us; "We would have to remember to unhook it to let it close." We asked the provider about this who told us; "Yes we know about this, we have been meaning to change it to a stair gate like the other stairs, but we haven't done it yet." The most recent fire officer audit of the service had issued a non compliance notice in October 2013. The recommendations in this report had been actioned by the service although the fire officer had not returned to review these actions and produce a compliant report. The provider told us the fire officer had discussed the actions, taken by the service, over the phone and was satisfied with the action taken. This fixing open of the fire door had taken place after the fire officer's audit of the service. We saw the fire door closures had been checked by staff as working effectively on 10 July 2015 and it was stated; "All doors closing on alarm sounding." This was not the case as one

door was fixed open by a hook and did not close on the alarm sounding but required a member of staff to physically unhook the door for it to close. This meant the safety of people in the event of a fire was not ensured.

To the side of the front door were two large windows which were not restricted in their opening and opened very wide. We heard two people, who lived in the service and were standing close to these windows, discussing how they wanted to climb out of them and leave the service. It would be possible for a person to leave via this route if no staff were in the vicinity to prevent this occurring. There were no staff present at this time in the entrance hall.

The above is a breach of regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they received their medicines when required. Visiting healthcare professionals told us; "We have no concerns over medicines management. Requests for medications are prompt and appropriate." We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines for five people, on to the MAR following advice from medical staff. However, these handwritten entries were not signed and had not been witnessed by a second member of staff. This meant that there was a risk of potential errors and did not ensure people always received medicines appropriately. Some people had been prescribed creams and these had not been dated upon opening. This meant staff were not aware of the expiration of the item when the cream would no longer be safe to use. The service was not holding any medicines that required stricter controls.

The service were storing medicines that required cold storage and there was a medicine refrigerator at the service for this purpose. There were records that showed medicine refrigerator temperatures were monitored to ensure that any fault with the refrigerator would be noticed quickly and the safety of the medicines inside could be assured. However, there were gaps in these recordings. In July 2015 there had been no checks made on this refrigerator on the 17 and 19 and temperatures of 9.3 degrees centigrade had been recorded. Medicines that require cold storage should be stored between 2 and 8 degrees centigrade consistently. This meant it could not be ensured that medicines were being stored correctly and would always be safe and effective for people. Earlier in July an external pharmacist

## Is the service safe?

had visited to carry out an audit of medicines at the service. There had been a recommendation made that the room in which the medicine refrigerator was held, should have a room temperature log kept. There was no room temperature logs present at the time of this inspection.

An audit trail was kept of medicines received into the home and those returned to the pharmacy for destruction. However, there was no regular audit of the MAR to help ensure people always received their medicines as prescribed.

During our tour of the service we found three bars of soap which had been used in a bathroom on the first floor. The deputy manager did not know who the soap belonged to and removed them. There were unnamed toiletries which had been used in one bathroom. We found unnamed sponges in two bathrooms. In all toilets, bathrooms and shower areas there were communally used towels. There were no paper towels available. We asked the housekeeping staff about the towels and were told they were changed daily. The deputy manager told us; “No paper towels are used as the registered manager does not like them, and service users put them down the toilets.” This meant people were sharing soap, toiletries, sponges and towels and were not protected from the risk of acquired infections. The policy for infection control in the service was dated 2012 and had not been reviewed.

The above is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014

People and their families told us they felt safe at Carrick Lodge. Comments included; “Oh yes I feel safe here,” “I am very satisfied with it all, I am safe” and “No problem at all.”

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Not all staff had received recent training updates on Safeguarding Adults and were not aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. However, there were “Say no to abuse” leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council and leaflets in every person’s room offering information on how to report any concerns they may have. Some staff had not received formal updates on training such as Safeguarding Adults since 2008.

The service held the personal money for people who lived at the service. People were able to access this money to use for hairdressing, toiletries and other items they may wish to purchase. The money was managed by the administrator. We checked the money held for two people against the detailed records kept at the service and both balanced.

Care plans contained risk assessments for a range of circumstances including moving and handling, nutrition and falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example one care plan, for a person who was cared for in bed, stated they were at high risk of pressure damage to their skin. Their care plan stated the person required to be re-positioned regularly by two carers to help reduce the risk of pressure damage and we saw this was regularly recorded as done.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example one person became anxious before meals in the dining room and the records stated; “(the person) will voice their wish not to have lunch or dinner in the dining room usually about 30 minutes before meals” and “Responds well to carers letting them know that a tray will be taken to their room and saying they can just eat what they want to.”

Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The provider told us the service had stopped accepting new people due to staff shortages. The provider told us; “It is really difficult to get staff especially during the summer, so we have decided to stay with the numbers we have as we know we can manage that.” The service was recruiting for new care staff and kitchen staff at the time of this inspection. People told us; “I can always get someone if I need them” and “I think there are enough staff.” Staff told us they felt there were not enough staff. Their comments



## Is the service safe?

included; “In the afternoons there are just two of us with a senior who does the medicines, we have people here who need two staff to help them at times and that means there is no one left on the floor to see to people in the lounges and their rooms if they need us” and “I don’t think we have enough staff to be able to spend time with people occupying them, especially now we don’t have anyone doing activities.” Staff told us there had been a turnover of staff recently. We were told staff received their working shift pattern just a few days before the week they were to work and that this did not give staff the ability to plan their social life and family commitments. Staff told us they felt some staff did not like the short notice of being told of their working rota and had left. Staff told us it was challenging when staff members reported in sick at short notice as this placed pressure on other staff to stay at work longer. One relative told us; “They seem to be short staffed.” The deputy

manager told us staff morale was good at the time of this inspection and that everyone was working well together. Staff confirmed they were generally happy working at the service.

During the inspection we saw people’s needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were three care staff in the morning and two in the afternoon supported by a manager on each shift. There were two staff who worked at night. Shifts were from 8am to 2pm, 2pm to 8pm, with night staff working 8pm to 8am. At weekends there were four staff on each day shift as there were no administrative, cleaning or laundry staff at this time and care staff covered these tasks. Staff told us they felt they were a good team and worked well together.



# Is the service effective?

## Our findings

Visiting healthcare professionals told us they viewed the service as a specialist dementia unit that supported and cared for people with high needs. Staff were able to tell us how they protected people's rights and provided care in accordance with people's wishes. For example, one person became very anxious at times regarding their medicines. Staff were advised and guided to reassure the person at these times, and select a time agreed with the person for when medicines would be given and this was to be adhered to as this would promote trust and establish a working routine. However, staff were not clear on the legislation regarding the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. The MCA provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014, the criteria for when someone may be considered to be deprived of their liberty had changed. The service had applied for all the people at the service to have an authorisation for a potentially restrictive care plan.

Visiting healthcare professionals told us; "The nurse responsible for personal care planning to avoid emergency admissions is happy with the way in which the home has supported the process." Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support.

Staff told us they received some training. Staff commented; "I have done my manual handling and safeguarding adults" and "I had an induction, I have been here a year, and not much training though." Another told us; "I did most of my training at my previous job, I only work part time, I haven't done much here." Training records were kept by the

registered manager and held on the computer. These records indicated with an 'x' that named staff had undertaken a variety of training. We were told by staff the dementia awareness training was not a formal training session and took the form of a typed information sheet, as did training for equality and diversity and health and safety. First aid training was not shown on the training record. There were no dates on the training record against staff names indicating when training took place. We checked staff personnel files and did not find evidence of certificates to show training had been attended as indicated on the training record. This meant it was not possible to establish what training had been attended and when. There was however, information available for staff on a noticeboard relating to medicines management, dementia care and understanding consent and staff felt they had sufficient knowledge to meet people's needs. Families told us they felt the staff met their family members needs.

Supervision is an opportunity for staff to spend time on a one to one basis with their manager to discuss working practices and share information. The registered manager held a record which showed three staff members had "Yes" written next to their names indicating they had supervision in March and June 2015. However, there was no record of this having taken place in their personnel files. We checked the personnel files for five staff, only two staff had received supervision on one of the occasions shown on the supervision record. Kitchen and domestic staff were not shown on this record. The supervision policy stated staff should receive supervision every 12 weeks. There was no evidence this policy was being followed. The deputy manager had received an appraisal in April 2015. However, not all staff had received annual appraisals. Appraisals are an effective process whereby a manager can give staff members feedback on their performance throughout the year and an opportunity for staff and management to identify any training requirements that may be needed. Staff told us they felt well supported by the management and could approach them at any time if needed.

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service. Following the inspection we spoke with visiting healthcare professionals who told us; "They (staff) are very good, they contact us straight away if needed, I have no concerns, they are very attentive and "They (staff) are quick

## Is the service effective?

to identify things that need addressing.” We also spoke with families of people who lived at the service, they told us; “They (staff) speak with us when they need to, they have been having problems recently with (the person) and their toileting issues, the room isn’t brilliant but I think the care is very good.”

Two bedrooms were undergoing a re-fit at the time of this inspection. Signage throughout the building was clear and supported people who required orientation to their surrounding due to dementia. Bathrooms and toilets were clearly marked with pictures and bedroom doors had name plates with people’s name on. The deputy manager told us people were asked what they would like on their doors. People were able to decorate their rooms to their taste, and we were told one person painted their room bright yellow as it was their favourite colour.

Two of the four bathrooms were not being used as equipment was broken. Most people had ensuite facilities in their rooms but we were told everyone living at the service required assistance from staff and equipment when bathing or showering. One bathroom on the first floor had a light switch which was high above the door and not easily accessible by people wishing to use the bathroom. This meant the bathroom light could only easily be operated by staff. We asked the deputy manager why this was the case and she did not know. Families told us their family members were always clean and tidy and well cared for. We saw people were bathed regularly from records kept by staff.

Newly employed staff were required to complete an induction before starting work. However, the Common Induction Standards were still being used by the service for new staff and had not been replaced by the Care Certificate processes which had commenced in April 2015. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

We observed the lunch time period in one of the dining rooms. Food looked appetising and people told us they had a good choice. Comments included; “Food is very good,” “They will do something else if you don’t like what’s on the menu” and “Its all very good.” People were asked what they would like to eat once they were seated for their meal. This meant staff were considering people’s needs who had difficulty making choices for themselves. People who required support with their meals ate in the conservatory with staff support.

We spoke with the cook who was knowledgeable about people’s individual needs and likes and dislikes. People’s dietary requirements were catered for. The main meal of the day had been moved to the evening from the lunch time. This decision had been made following a trial of moving the main meal. It was found that people were more settled in the evening having had a hot meal and were more active during the afternoon having had a lighter lunch. The kitchen had been assessed as having a five star rating at the last environmental health inspection in 2013. Fluids were available to people throughout the service.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people’s well-being. For example one person had been refusing food and so staff were recording their intake to ensure they had sufficient. Food and fluid charts were kept for some people at the home. There were some gaps in three people’s records where staff had not always recorded people’s intake.

People had access to healthcare professionals including GP’s, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

# Is the service caring?

## Our findings

People told us; “No problems at all, staff are very kind” and “Its like a family here.” Relatives told us; (the person) is well taken care of” and “(the person) is always is clean and tidy.” Visiting healthcare professionals told us; “They are always on the ball when they phone us, the staff seem sensible and caring.”

Families were involved in their family members care. We saw they were given the opportunity to read care plan reviews and were asked, if appropriate, to sign in agreement with the content. The diary showed entries such as; “Care plans (details of room numbers) read and agreed by next of kin” and “Minor amendments needed to room (number of room).”

During the day of the inspection we observed care being provided to people by staff who did not rush and were caring, patient and kind. We saw staff kneeling down next to a person who was upset and comforted them and asked how they could help them. The staff member then kissed them and hugged them and the person became calm. We saw staff supporting people to walk around the service as they chose, chatting as they went. Visitors were offered private areas to spend time with their family members if they wished. One person was seen waving their walking stick and asking people to get out of their way. There was no one in their way at this time, however, the care staff member spoke to the person in a calm manner saying, “Lets try to keep the bottom of the stick on the floor (the person’s name).” The person then used their stick appropriately and walked out of the room calmly.

In a shower room we saw a large sign on the wall stating; “Do not use green pads during the day time!!!” Below this sign was an amount of green pads which were being used communally and not named for an specific person’s use. We asked the deputy manager about this and we were told; “We keep telling them (staff) but it still happens, they use the green pads and then we run out for night time.” The communal use of pads did not ensure that the correctly assessed product was always being provided for individuals, and did not respect people’s dignity.

People’s dignity and privacy was respected by care staff when care and support was carried out. We heard staff speaking to people in lowered voices asking if they wished

to use the bathroom. When care was provided to people in their bedrooms their doors were kept closed. Staff spoke respectfully about people who lived at the service with fondness and compassion. Some people were living with dementia and some staff used information that they knew about the person to have meaningful conversations with them throughout the day.

People’s life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people’s backgrounds and past lives. Staff told us; “We know them well, and it helps to know what they like and what their interests are .” Care plans clearly guided staff on the preferences and dislikes of people at the service. One care plan stated; “Prefers to be called (their name)” and “Likes to have breakfast in her room.”

Bedrooms were decorated and furnished to reflect people’s personal tastes. One room had been completely redecorated for the person as it was particularly important to them to have it how they liked it.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for and dressed in clean clothing.

Throughout the inspection most people were comfortable in their surroundings. Some people were showing signs of agitation and were asking to leave, this was responded to by staff with gentle reassurance and the distraction of conversation, the offer of an activity or a cup of tea.

We saw people moving freely around the home spending time where they chose to. Staff were available most of the time to support people to move to different areas of the home as they wished.

We saw the home sought the views and experiences of people who used the service, their families and friends and also visiting healthcare professionals. The results of the most recent survey were being collated at the time of this inspection. Some comments seen were; “I never have any concerns with the standard of care, residents always well cared for and obvious that staff actually care” and “(the registered manager) is always helpful and you never feel a nuisance.”

# Is the service responsive?

## Our findings

Some people were not able to express their views and experiences relating to their care due to their healthcare needs. We spoke with relatives who told us; "They always call when it is needed, they are very good" and "Most of the staff are really good, but they (people who live at the service) do not have much activity arranged for them and (the person) really enjoys puzzles but staff don't have the time to spend with her now they have not got an activity coordinator any more." Visiting healthcare professionals told us; "We have no concerns about this home, have always found the staff excellent, they show common sense and compassion."

Visiting healthcare professionals told us; "We are very happy with the responsiveness of staff, and impressed with their care plans and assessments."

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. The deputy manager was knowledgeable about people's needs.

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. There was an administrator who sat in the entrance hall behind a desk and greeted everyone as they arrived. However, the administrator was not easily visible to people and visitors as there was a white grille pulled down in front of the desk, giving the appearance the desk was closed and unstaffed. Behind the grille there was a 'shop' where items were for sale such as chocolate and shampoo however, it was not visible to people in the entrance hall due to the grille being down. We asked the administrator why the grille was not open when they were present at the desk and we were told the provider had asked it remain closed. This did not support people to actively visit the 'shop' and purchase sweets and other items independently should they choose to do so. The administrator told us they did a 'sweet run' around to service to ensure everyone was able to purchase items if they wished.

The format of people's care plans had been recently changed. The deputy manager told us they had received good feedback on the new format both from staff at the

service and visiting healthcare professionals. The care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated on the computer to help ensure they were accurate and up to date. Family members were given the opportunity to sign in agreement with the content of care plans.

Detailed daily notes were not completed by staff. However, staff did complete a chart in the morning, afternoon and at night. The chart required a signature of the staff member providing the care and a letter indicating if the person was stable or if there was a change in the person. Details of how the person spent their day and their mood and interaction with any activities were not always recorded. We discussed this with the provider who felt the chart, which he had created, was an attempt to cut down the burden of paperwork. We saw good communication between care staff and management regarding any changes in people's condition and needs. One staff member was heard asking the deputy manager if the district nurse could review a person's dressing as it was becoming loose. Staff also used a communication diary to prompt staff about hospital appointments, transport needs and family and external healthcare professionals visits.

Some people were being cared for in bed and received hourly 'comfort checks' to ensure they were comfortable and to check if they needed anything. We saw these hourly checks were carried out and recorded by staff. This meant that carers were monitoring people's support needs.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

The information seen in care plans helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time. For example, one care plan stated; "(the person) likes to watch TV and listen to music – Elvis Presley and Cliff Richard. Likes film music from musicals." We visited this

## Is the service responsive?

person's room throughout the inspection and found music from film musicals to be playing from the music system. One person enjoyed smoking cigarettes and was supported to access the garden regularly alone if they wished.

In one care plan staff were advised regarding a person having a specific infection which was defined by initials. We asked the deputy manager about this who replied; "I don't know what that is." The deputy manager and the administrator searched the persons file to try to identify the initials and were not able to find them. The deputy manager told us this would be removed from the file as it could be ambiguous for staff and visiting healthcare professionals.

Care plans were reviewed, however of the three we saw two had not been reviewed since May 2015 and one had not been reviewed prior to that since January 2015. This meant care plans were not consistently reviewed regularly to take account of any changes in people's needs.

People had access to a range of activities both within the home and outside. Puzzles, newspapers and books and DVD's and CD's were available to people. An activities co-ordinator was not employed currently as this work had been part of the administrators role and had been stopped due to pressure of work. There was no organised programme of events, but staff told us they tried to sit with people and support them when they had time. A volunteer visited the service regularly to offer people activities such

as dancing, craft and quizzes. People had access to quiet areas and a secure outside space. Staff told us; "I don't think there is enough for people to do" and "They tend to just sleep a lot, we try out best but it is difficult."

Some people chose not to take part in activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells.

We checked to see if any concerns had been raised to the service, and how they had been responded to. We saw the last recorded formal complaint was in 2009. However some concerns had been received at the service and these had been responded to appropriately.

There was a process for people to follow should they need to raise any concerns within the service. However, people and families were not provided with information on how to raise any concerns they may have outside of the service. Details of the complaints procedure were contained in the pack provided upon admission to the home. However, this procedure did not contain the contact details for external organisations such as the ombudsman or the Care Quality Commission. The complaints policy required updating as it contained the name of a past regulatory organisation which no longer existed. The provider assured us this would be addressed immediately.



# Is the service well-led?

## Our findings

Families of people who lived at the service told us; “The registered manager seems ok,” “The registered manager can be a bit off hand and not very approachable in my experience, she tends to avoid me” and “The registered manager and the deputy manager are excellent, they involve me and let me have my say in the care of (the person).”

Staff told us the registered manager was approachable and available for them to access support and advice if needed. One member of staff told us; “We all muck in here, it’s a family atmosphere, I have seen (the registered manager’s name) with her hand down the toilet unblocking it when necessary.”

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager and senior care staff. The provider spent time at the service regularly.

Staff told us they felt well supported by the management however, they did not have regular staff meetings at which staff could be kept informed of any operational changes. There was no formal system for staff to voice their opinions or concerns regarding their views of the service provided. The deputy manager confirmed there had been no staff meetings in 2015 and that this was not unusual, as the registered manager only tends to have them if there are ‘issues’.

There were no residents or families meetings held to seek the views and experiences of people who used the service. However, there had been a survey offered to people, their families, visitors and healthcare professionals. The results of this survey were being collated at the time of this inspection. We saw some of the feedback and it was mostly positive. The previous survey results in 2014 were reported in a pictorial chart showing people felt the service was very good overall.

The provider and deputy manager were not clear on the 2014 court ruling regarding the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. The changes to this legislation had not been taken into account when assessing if people might be deprived of their liberty. Applications had been recently made by the registered manager, to the local authority for authorisation of potentially restrictive care plans for every person living at

the service. We did not see any evidence of how such a decision had been reached for each person whose files we reviewed. One person living at the service had been deemed to have the capacity to consent to their own care and their care plan review had been signed by them. This person also held a key to their own room which they chose to lock sometimes and were deemed to have the capacity to do this of their own accord. Another person at the service was also deemed as possibly not meeting the criteria, laid down in the court ruling, by the administrator during our feedback session. This meant the provider was not clear on the legislative changes that had taken place in 2014 regarding who should be considered for such an authorisation. The registered manager and the deputy manager had not attended updates on the Mental Capacity Act 2005 and the related legislation on Deprivation of Liberty Safeguards (DoLS) since 2008.

The deputy manager told us that; “No one has capacity here” and “Mental capacity assessments had been carried out by community psychiatric nurse’s and we have worked from that.” However there was no record of any assessments and discussions with others relating to the decision to apply for a DoLS authorisation in people’s files. The community psychiatric nurse team told us they had not supported the service with these applications and were not aware of the service having applied for authorisations for everyone. We asked the deputy manager to see copies of any capacity assessments and were told there had not been any done recently. However, one person had details of a best interest meeting in their file, which had been held to discuss if they should continue to live at the service or go back to their own home.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager and deputy manager worked in the service regularly providing care and supporting staff. This meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person and encouraged two way communication between care staff and managers. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

The recent fire officer’s test in July 2015 stated all fire doors were closing on the sounding of the fire alarm. However, one door did not close as was hooked back across a

## Is the service well-led?

stairwell and required to be physically released by staff. This was to pose a barrier to the stairs for people who may be at risk of using the stairs unaccompanied. This meant the management had not recognised the risk in an emergency that this door could pose. The provider said; “Ok you can smack my hand I have overlooked it along with everything else going on, we have done stair gates on the others just not this one, we will do it now.”

There were systems in place to monitor the quality of the service provided. The service had a maintenance person who was responsible for dealing with any repairs required. We saw staff entered items that required action in a book which was then signed off as done by the maintenance person. Audits were carried out of the premises both externally and internally by the provider. Equipment such as moving and handling aids, wheelchairs, lifts and fire equipment were regularly serviced to ensure they were safe to use.

The registered manager and the deputy manager did not have protected administration time as part of their working day. There was no record of the registered manager having received any formal supervision or appraisal.

During the inspection we saw several sheets pinned to the walls in main corridors containing the names of everyone living in the service together with their room numbers. We discussed such confidential personal information being publicly displayed did not protect people’s privacy. We were told such sheets were there to assist the staff with remembering where each person had their bedroom. However, the provider agreed that staff should know this information and the sheets were removed during the inspection.

The new Care certificate processes, which had come in to use from April 2014 had not been implemented by the management team. The deputy manager was unaware of the change in the requirements regarding the support of new staff. The provider and the deputy manager were unaware of the new inspection methodology commenced by the Care Quality Commission in October 2014. This was explained to deputy manager prior to the inspection and to the provider at the feedback session.

Training and supervision records did not contain accurate information and did not support the effective monitoring of

when specific staff were next due training or supervision. For example, the registered manager had undergone first aid training in November 2014 but this was not shown on the training record and the managers had not attended any update on the MCA and DoLS since 2008. Supervision records indicated staff had received support when there was no record in the files to support this. It showed the names of eight day staff and five night staff. We were told by the administrator there were 10 day care staff and four night staff with one member of staff alternating between the two shifts. This meant some of the records held by the registered manager were not comprehensive.

Care plan reviews were not always carried out regularly and consistently.

Policies and procedures held at the service required review. Many policies were not dated which meant it was not clear when they had been reviewed. Some held incorrect information, for example, the Induction policy did not contain information on the Care Certificate, and the Safeguarding Policy did not contain accurate current guidance for staff.

Staff recorded the amount of food and fluids taken by people and we were told by the deputy manager that these records were monitored by management. However, it was not clear what action was taken by management when gaps were seen in these records.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Providers have a responsibility to comply with the Health and Social Care Act 2008 regulations and submit statutory notifications to the Care Quality Commission (CQC) when any event which may impact on their service provision occurs, such as death of a service user or any concerns of abuse that may be raised. The CQC have not received any notifications from the service. The provider agreed there had been deaths of people at the service in the past which had not been notified to CQC.

This is a breach of regulation 18 of the Care quality Commission (Registration) Regulations 2009.

The registered manager had not identified the concerns raised at this inspection through regular and effective audit processes.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Systems or processes must be established and operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity Regulation 17 (1) (2) (b) (c) (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  Care and treatment must be provided in a safe way for service users including the proper and safe management of medicines and assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. Regulation 12 (1) (2) (g) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent  Care and treatment of service users must only be provided with the consent of the relevant person. If the service user is 16 or over and is unable to give such consent because they lack capacity do so the registered person must act in accordance with the provisions of that Act.

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

The registered person must notify the Commission without delay of the incidents specified in paragraph (2) which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity. Regulation 18 (1) (2) (e)

This section is primarily information for the provider

## Enforcement actions

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