

Indigo Care Services Limited

# Cambridge Park Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 8 and 9 August 2018 and was unannounced on the first day.

At the last inspection in July 2017, the service was rated Requires Improvement and the provider was in breach of three regulations. These related to risk management and safeguarding adults in the key question safe, person-centred care in responsive and governance in well-led. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve these key questions to at least good. We checked to see that the action plan had been completed and found progress in some areas but further improvements were required in others. We identified new concerns. This was the second Requires Improvement rating for the service.

Cambridge Park Care Home accommodates up to 60 people across two floors. Evergreen Suite on the first floor provides residential support and Courtyard Suite on the ground floor specialises in providing care to people living with dementia. The building is purpose built with lift and stair access to the first floor. All the bedrooms are for single occupancy and the majority have en-suite facilities. At the time of our inspection there were 35 people using the service.

Cambridge Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new registered manager in post. A registered manager is a person who has registered with the 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.

Although we found some improvements had been made at this inspection, concerns remained in several areas. We found continued regulatory breaches in relation to safe care and treatment and good governance. We also identified a new breach in relation to staffing. You can see what action we told the provider to take regarding the above areas at the back of the full version of the report.

The provider's systems to assess, monitor and improve the quality of the service provided had not been effective in identifying and addressing all the issues highlighted during our inspection or consistently driving improvements in line with their own action plans.

Sufficient staff were not on duty to meet people's needs at all times. Staff were not visible in communal areas on the Courtyard Suite for long periods of time and inspectors had to seek staff support to manage incidents on two occasions, where people's behaviour challenged the service.

We found shortfalls with the standards of hygiene and cleaning in areas of the home. There were mal odours

and we found items of furniture, fittings and equipment which were damaged and could not be cleaned effectively. The shortfalls in staffing and hygiene standards had also impacted on some people's dignity.

People were supported to make their own decisions and choices. They had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had assessments of capacity and best interest decisions made on their behalf if they lacked capacity; documentation regarding best interest decisions showed all relevant persons were involved.

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority where safeguarding concerns were raised and such incidents were managed well.

Staff had a good understanding of people's needs and risk assessments were in place to guide them on how to provide consistently safe care. The registered manager closely monitored any accidents and incidents that occurred to identify any actions that could be taken to prevent a reoccurrence and keep people safe. People received their medicines as prescribed; the registered manager confirmed the provision of air conditioning units had been requested, to ensure medicines were stored safely.

Safe recruitment systems continued to be in place. Staff received sufficient training, development and support to ensure they were skilled and competent.

People gave positive feedback about the food provided and staff supported people to make sure they ate and drank enough. Staff worked closely with healthcare professionals to make sure the care and support met people's needs and they received medical attention when necessary.

People's care plans were person-centred and were regularly reviewed. Work was in progress to reassess each person's needs to support the development of new electronic care records.

The provider had adapted the building to make sure it was suitable and met people's needs. Dementia friendly décor supported people's orientation and wellbeing. There were themed communal areas and accessible outdoor spaces for people to use and enjoy. Some redecoration had taken place but we also observed areas of the service were looking tired and in need of refreshing. The provider had a renewal programme in place.

People who used the service and their relatives were complimentary about staff approach. They said staff were kind and caring and respected people's privacy. Staff had a good knowledge of what people could do for themselves, how they communicated and where they needed help and encouragement.

People were encouraged to participate in a range of activities within the service and local community, although these had been more limited recently due to changes in activity staff. Relatives told us they could visit anytime and staff supported people to maintain relationships.

There were systems in place to enable people to share their opinion of the service provided. People told us they felt able to make a complaint in the knowledge that it would be addressed.

We received positive feedback about the management of the service. People, relatives, professionals and staff told us the registered manager was caring, approachable and responsive to feedback.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Satisfactory standards of hygiene and cleaning had not been maintained.

Sufficient numbers of staff were not provided to meet people's needs safely. Staff were recruited safely.

People received their medicines as prescribed. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe. Safeguarding incidents had been reported and well-managed. Improvements had been made to the management of risk.

### Is the service effective?

**Good** ●

The service was effective.

Staff supported people to make their own decisions. When people lacked capacity for decision-making, the provider used appropriate legislation and included relevant persons in the best interest decisions made on their behalf.

People's nutritional needs were met through menus that provided choices and specialist diets were catered for. People's health care needs were managed effectively.

Staff received a range of training and development relevant to their role. Staff said they felt well supported.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

Staff were kind, patient and caring in their approach. Staff had developed positive relationships with the people they supported. However, some people's dignity had not been maintained.

Staff knew people well and promoted their independence where possible. People were provided with information and

explanations so they could make choices and decisions about aspects of their lives.

### Is the service responsive?

**Good** ●

The service was responsive.

People's needs were assessed and care plans developed, which helped staff deliver care in an individual way.

Although people had opportunities to participate in activities within the service and in outings to local facilities, these had been more limited recently due to changes in activity staff.

The provider had a complaints policy and procedure which was displayed in the service. People felt able to raise complaints and concerns and staff knew how to manage them.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

Some improvements had been made since the last inspection. However, continued breaches of regulations were identified at this inspection.

Systems for quality monitoring required strengthening to identify all shortfalls and support effective improvements.

The new manager provided leadership and direction in the daily management of the service.

# Cambridge Park Care Home

## Detailed findings

### Background to this inspection

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

The inspection was prompted in part by notification of a serious incident. The incident was brought to the attention of Humberside Police and North East Lincolnshire Safeguarding Adults Team who are not taking any further action. However, the information shared with the Care Quality Commission (CQC) about the incident indicated potential concerns about the management of risks. This inspection examined those risks.

The inspection took place on 8 and 9 August 2018 and was unannounced. On the first day of the inspection, the team consisted of two inspectors and an inspection assistant. The second day of the inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We contacted the local authority safeguarding and commissioning teams. We also contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who used the service. We observed staff interacting with people and the level of support provided to people throughout the day, including activities and meal times.

We spoke with eight people who used the service and four relatives who were visiting the service during our inspection. We also spoke with the registered manager and a selection of staff; these included the deputy manager, team leaders, five support workers, the cook, the laundry assistant, the activity coordinator and a member of the housekeeping staff.

We looked at six people's care records, three staff recruitment files and reviewed records relating to the management of medicines, complaints, staff training, records in relation to maintenance of the premises and equipment. We checked how the registered manager and provider monitored the quality of the service; we also looked around the environment.

# Is the service safe?

## Our findings

At the last inspection in July 2017, we found safeguarding concerns had not been responded to in a timely way and action had not always been taken to reduce the potential for avoidable harm to occur. Also, some people had been put at risk because staff used low level physical interventions to deliver care and had not completed relevant training. Shortfalls had been identified with the management of risk to people's safety and welfare. At this inspection, we found improvements had been made. However, we found concerns in other areas.

Staff told us they had received safeguarding training and received regular updates. Staff had a good understanding of their responsibilities to keep people safe. They described how they safeguarded people from the risk of abuse or harm and the action they would take to report concerns. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and we saw they had notified all relevant agencies of any concerns in a timely manner. They had also completed investigations and provided timely information when requested to do so. Previous incidents had been well managed. Policies in relation to safeguarding, whistleblowing and equality and diversity reflected local procedures and contained relevant contact information.

Individual risks to people had been assessed including those related to the use of specific equipment such as bedrails, weight loss, skin damage, choking, the safe moving and handling of people and falls. We found risk assessments and support plans for people who demonstrated behaviour that challenged the service contained more individualised information and more detailed control measures to guide staff in how to help minimise risk. The risk assessments had been reviewed regularly and updated as required. People received one-to-one support to maintain their safety where necessary.

Staff had completed training in the management of challenging behaviour. Staff confirmed they did not use any physical interventions when delivering care support. They described how two people who used the service could be resistive to personal care support and how they used distraction techniques successfully to deliver safe care. They explained how they would leave the person and return later if they were too anxious and this worked well.

Some people had fallen on a number of occasions. We checked the care records of people who were most at risk of falls and found risk assessments had been carried out and reviewed on a regular basis. Accidents were recorded and analysed to look for patterns. Medical advice was sought where necessary and preventative care plans and equipment such as pressure sensors to alert staff when people at risk of falling were moving, were put in place.

We completed a tour of the premises as part of our inspection. We identified a number of shortfalls regarding the standards of cleaning and hygiene in areas of the service. There were mal odours in the corridors on both floors and in one person's room. Carpets in some people's rooms were stained and areas of flooring were damaged or stained. We found items of equipment and furniture such as sofas, bedding, chairs, tables, hoists, beds, wheelchairs, toilet seats and commode pans were not clean and hygienic. Some



items of furniture, fittings and equipment were damaged and could not be cleaned effectively. We found the cleaning rotas did not clearly identify all the tasks to be completed.

These issues meant there was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

Following the inspection, the registered manager confirmed they had commenced action to address the issues including the completion of a deep clean, introduced new cleaning schedules and held a meeting with the housekeeping staff.

There were 35 people residing at the service at the time of the inspection. Fifteen people were accommodated on the Courtyard Suite with staffing levels of one senior care assistant and two care assistants during the day and two care assistants at night. Twenty people were accommodated on the Evergreen Suite with levels of one senior care assistant and three care assistants (the third care worker previously 'floated' between the suites, but was currently based on the first floor due to the dependency levels.) There was one senior care assistant and one care assistant on the night shift.

The registered manager completed a staffing dependency tool and this was reviewed regularly. The design and layout of the building had a significant impact on the staffing at this service and we could not see this was factored into the calculations. We observed staffing levels were sufficient on the Evergreen Suite and staff told us that staffing levels had improved since the floating carer was based on that floor.

However, we observed staff were not present in the communal areas on the Courtyard Suite for long periods of time and there were two incidents observed by an inspector where they had to request support, to protect people's safety. A member of staff was directed to walk round the floor regularly and be present in the lounge areas, but staff told us they found this very difficult with other care demands. We observed care staff had little time to engage with people. All the staff we spoke with said they needed another member of staff on that floor and they missed the support from the 'floating' member of staff.

Care records showed few people were offered or had been supported with baths or showers. When we spoke with staff about this concern they told us they had little time to support people with this care task. One member of staff told us she had assisted eight people with baths the previous weekend, however four other members of staff explained they had not provided support with showers and bathing for up to three or four weeks.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

Following the inspection, the registered manager confirmed they were using agency staff to increase the number of staff on the Courtyard Suite and were recruiting to fill staff vacancies.

People received their medicines as prescribed. Only trained staff, whose competency had been assessed, administered people's medicines. We saw records relating to the receipt, administration and disposal of medicines were accurate. We observed staff were patient and caring when administering medicines; they sat with people, gave them explanations and assisted them to take their medicines. When medicines had been prescribed to be taken 'as required' there were detailed instructions for staff to follow. This helped to ensure these medicines were used effectively and consistently. The temperature of both medicine storage rooms regularly exceeded the maximum temperature recommended by the manufacturer. The registered manager

confirmed they were aware of this issue and the provision of extractor fans had been requested.

Health and safety related checks were completed regularly to help keep the premises and equipment safe for people. This included fire safety checks, fire drills and checks of lifts, hoists, electrical, gas and water safety. There were also policies and procedures for dealing with emergency situations.

People felt safe at the home and with the staff who supported them. One person told us, "I feel safe." A relative said, "I have always felt my [family member] was safe and well looked after." Some people were unable to verbally express their views to us. We saw people looked comfortable with staff supporting them. Some people smiled and laughed with staff and made physical contact such as touching them and holding hands.

The staff recruitment process remained robust and included employment checks prior to staff starting work in the service. These included an application form to assess gaps in employment, two references, an interview and a Disclosure and Barring Service (DBS) check. DBS checks helped employers make safer recruitment decisions and included a police check.

## Is the service effective?

### Our findings

At the last inspection in July 2017, we had concerns that staff did not have a clear understanding of the implications of the Mental Capacity Act 2005 (MCA) and the need to involve all relevant persons in best interest decision-making. We found improvements had been made in this area.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager had made applications to the local authority for DoLS, nine of which were authorised and the remainder were awaiting assessment/authorisation. We saw one authorisation had just expired and the registered manager had not yet completed a re-application. We received confirmation this had been completed following the inspection and the recording systems for DoLS had been reviewed. People who were assessed as lacking capacity and who had restrictions for their safety such as bedrails, sensor mats or wheelchair lap straps had best interest meetings recorded in their care files. This ensured relevant people involved in their care were consulted about restrictive practices and discussions had taken place about why these were necessary. Staff were clear about the need to gain consent before carrying out care tasks and supporting people to make their own decisions.

Staff had completed a range of training to ensure they had the skills and abilities to meet people's needs effectively. New staff completed a comprehensive induction programme. Essential training covered topics such as safeguarding, dementia, moving and handling, infection prevention and control, first aid, fire safety, health and safety, nutrition, mental capacity legislation and equality and diversity. Completion rates were above 90%. The training matrix showed any outstanding training had been identified and booked. Specific training to meet people's individual needs had also been completed by relevant staff; courses included, management of behaviour that challenged, catheter care, Parkinson's disease, dementia and end of life care.

The registered manager used supervisions and appraisals to monitor staff's performance, wellbeing and support their professional development. A member of staff told us, "Our line manager does supervisions. We get those quite often. If we have any worries or queries, it's a good chance to talk to them about it." Completion rates for supervision and appraisal meetings was above 90%.

We saw people's health care needs were met. Staff knew when external healthcare professionals were involved in someone's care and what their role was in supporting that person. They were knowledgeable

about specific issues such as the prevention of pressure ulcers and how to spot the signs of a urinary tract or chest infection and the action to take. A professional we spoke with commented that they considered staff could make more timely referrals to health professionals for advice and had discussed this issue with the registered manager. The records we reviewed showed timely referrals had been made.

When assessed as required, people had pressure relieving mattresses in place. During the inspection, inspectors had to prompt staff to check and adjust mattress settings to the correct level for multiple mattresses. Incorrect mattress settings had the potential to cause skin damage or prevent correct pressure relief. The registered manager confirmed they would ensure the systems for checking mattress settings were reviewed and improved.

Relatives told us their family member's healthcare needs were well managed. Comments included, "Whatever health care needs he has they are dealt with immediately" and "Staff are very on the ball and quick to contact the GP or district nurse. They are very good at letting us know of any concerns they have." A visiting health care professional told us, "The staff are very good and we are happy with the standards of care here. Staff report any concerns to us promptly. They follow our advice and we have a good working relationship with them."

People's nutritional needs were assessed and a screening tool was used to identify any concerns. Staff checked people's weight and monitored their food and drink intake when necessary. The cook told us they checked out any meal preferences with people and gave examples of specific meals they had provided. Special diets were catered for and diet notification records informed the kitchen staff of people's food likes and dislikes, allergies and those at risk of losing weight or changes to their dietary needs.

Menus were displayed and people were shown meals to support their choices. We saw people were given an alternative meal when they did not want the choices offered. The meals looked nicely presented. A good range of drinks and fortified snacks were served in-between meals.

People and relatives gave us consistently positive feedback about the meals served at the home. Their comments included, "The meals are really good, top notch", "Very nice meals, there are lots of choices" and "He loves the meals. When he hasn't been well, the cook has made special meals for him. The textured meals are well presented."

The premises had been adapted to support the needs of people who lived there. The décor on the Courtyard Suite supported the orientation of people living with dementia, with the provision of contrasting paint colours, memory boxes and pictorial signage. People's bedrooms were personalised to their preferences. There was a good range of themed communal spaces and quiet areas, which enabled people to choose where they spent their time. A local youth project had supported the new design of the courtyard area and we saw people enjoying this space, sitting on the new chairs, planting flowers and holding the rabbits. We found many areas of the home required redecorating and refurbishing. We saw some work had been completed and new furniture ordered. The registered manager confirmed the work programme had been agreed, and they were chasing up the start date.

## Is the service caring?

### Our findings

During the inspection we observed positive staff interactions which supported and protected people's dignity, however we considered the shortfalls in hygiene standards and staffing impacted negatively. For example, some people's dignity had not been fully protected as they were using equipment which was not clean and we found two people's beds had been made that day and the bedding was stained and had not been changed. We also found people had been left for long periods of time unattended in the dementia unit and some people's access to regular baths and showers had been limited. Shortfalls in staffing and standards of hygiene have been addressed in the 'key question Safe' earlier in the report.

People looked relaxed and comfortable around staff and we observed kind and caring interactions between staff and people who used the service. For example, we saw one person clearly enjoyed chatting with staff about their working life and the cars they drove. Staff knew the person well and understood how to engage them in remembering the places they liked to visit. We saw a member of staff sat with a person reading the paper with them and talked about the latest news stories. We overheard a member of staff telling a person how nice their hair looked that day and they received a big hug and kiss from the person.

We observed how staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. People had been supported to personalise their rooms and some people's rooms contained ornaments, photographs, pictures and items of furniture. Clothing had been put away tidily in wardrobes and drawers which showed staff respected people's possessions.

People were encouraged to be as independent as possible. Care plans focused on what people's existing abilities were and how to support people to maintain their skills and independence. We observed one person was being encouraged by staff to transfer out of their arm chair and walk with their walking frame, they were being given lots of praise and reassurance about how well they were doing. Another person was given lots of encouragement to eat their meal independently and managed this with regular prompts from staff.

Professionals also noted a good staff approach. Comments included, "I've noticed the staff do try and support people's independence", "Staff communication with the residents is good and they know people really well" and "I feel the team are very caring and try their best with the service users. There are some very experienced members of staff working at the home and they do tend to know the service users very well. I have observed good relationships being built with service users and their families and it is rare families complain to me at reviews about the care their loved ones are receiving."

We saw people who used and visited the service were provided with a good range of information. This included information about the service and the provider organisation, safeguarding, the complaints procedure, advocacy services, benefits, fire safety notices, results of quality audits and surveys and forthcoming activities and events.

Relatives and visitors were welcomed in a caring and friendly manner. We heard staff asking relatives how

they were and asking about their wider family members. People told us the staff team were kind, caring and they liked them. Comments included, "They [staff] spoil me rotten. I'm fairly independent, but they always check how I am and if I need any assistance" and "Very caring and kind staff, all of them." Relatives also praised the staff. Comments included; "Every member of staff, in our opinion, work above and beyond. Their care and respect for our [family member] is wonderful and he thinks the world of them all. They are extremely supportive of us too", "When my [family member] arrived they were told this was their home and to treat is as such" and "[Family member] is well cared for. Staff are lovely and always dress them nicely. This was important to [family member] and the staff understand this and make sure their clothes match."

We discussed equality, diversity and human rights with staff and the manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. People's assessments detailed aspects of their needs including characteristics identified under the Equality Act such as the awareness of the needs of people who identified as LGBT+. This made sure the service was able to meet their care, health and support and cultural needs and provide them with individualised care.

We saw staff maintained confidentiality. They completed telephone calls and discussions about people's health care needs in private and people's reviews were held in their bedroom or a quiet room.

## Is the service responsive?

### Our findings

At the last inspection in July 2017, there were concerns that the care plans did not guide staff to deliver safe care and treatment. Care records were not always reviewed and there were gaps in risk management. At this inspection, we found improvements had been made in this area.

The provider was in the process of introducing an electronic care recording system at the service and staff were reassessing each person's needs and setting up new care plans and risk assessments. The registered manager confirmed approximately a third of the care plan records had been transferred to the new system. They told us they were reviewing the standard of the new records and accessing further training for staff where necessary.

Care plans and risk assessments contained person-centred information relating to people's needs and incorporated guidance from healthcare professionals when necessary. For example, people who were at risk of choking had been seen by speech and language therapists and appropriate diets prescribed. People's care plans included information about their dietary needs, the risks and guidance for staff on how these should be managed. People who had experienced weight loss were provided with a fortified diet and prescribed nutritional supplements, where necessary. Where people had experienced falls, we saw their environment had been reviewed and referrals made to the falls team if necessary. The use of bed rails had been risk assessed to make sure they were appropriate and safe.

Clear behaviour support plans were in place which informed staff on the preferred strategies to use to reduce anxiety and keep people safe, if people displayed behaviours that challenged. These had been reviewed at regular intervals.

People's care plans recorded information about any decisions they or the people acting on their behalf had made regarding end of life care. People's wishes regarding resuscitation and details of any preferences people had for their funeral arrangements were included in the plans.

People told us staff were responsive. A person who used the service said, "The staff are always asking us if we need support and are very willing to help." A relative told us, "They are very responsive and will contact the GP or the nurse if needed. If you ask them to do anything they'll do it."

Staff understood the importance of getting to know people and how they liked to be supported. One member of staff explained, "We spend time with people and their families and get to know them. Some people have certain routines and we get to know what they are."

The care records showed that relatives had been involved in the assessment process and provided information about people's lives such as their background, their hobbies and interests and family lives, social history, family network and previous interests and hobbies. Relatives we spoke with all said they had seen, read or contributed to their family member's care plan and they felt involved in care and support decisions. We saw they were regularly contacted should people's care needs change. One relative said, "Yes,

we have been very involved in the care planning and made aware of any concerns immediately."

An activity coordinator was employed to plan activities and provide opportunities for meaningful stimulation. The registered manager explained that the provider previously employed two coordinators and they were in the process of recruiting to fill this vacancy. Staff told us they struggled to provide activities at times due to workload pressures, but they supported the activity programme where possible. We observed some good one-to-one sessions with people participating in gardening, arts and crafts, games and reading the paper. We also observed times when people were sitting in the lounge or their rooms and not engaged in any activity.

A pictorial activity planner was on the wall on both suites which included trips out each week and visits from therapy dogs and entertainers such as singers. During the visit, we observed people were supported to participate in a reminiscence session and watch a DVD of the local area. Music was on in the dining room and people enjoyed singing along to the songs played on the jukebox. We saw a member of staff brought her children in to visit and they helped her to take the home rabbits round to people in the lounges and bedrooms. One person really enjoyed this activity, we saw they had a lovely smile on their face as they sat holding and stroking one of the pets. Staff said the person loved the rabbits and had named them.

People who used the service and relatives we spoke with told us management and staff were approachable and they felt comfortable raising any issues or concerns or making a complaint if necessary. People were given information about complaints when they moved in and this information was also posted in the entrance hall.

The registered manager kept a record of concerns and complaints received, how these were investigated and the outcome and response provided. These records showed they took appropriate action in response to concerns to improve the service where necessary. This showed us they listened and learned from people's feedback about the service.

The service met the Accessible Information Standard (AIS). The AIS is a law that aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's sensory loss and communication needs were flagged up in assessments and recorded in the person's care and support plan, providing clear instructions for staff on how best to communicate with the person. Information was provided to people in any format they required.



## Is the service well-led?

### Our findings

At the last inspection in July 2017, there were concerns that effective governance systems were not established and operated within the service; shortfalls were found in relation to the management of risk and safeguarding people. At this inspection, we found improvements in these areas. However, we found continued shortfalls in the service as evidenced by the new regulatory breaches cited in this report.

Systems to assess and monitor the service were in place, but some of these needed to be improved. For example, an infection prevention and control audit had been completed on 16 and 17 May 2018 and scored 74% (inadequate). Not all actions had been signed off and no new audit had been completed. The 'daily walk around' records completed by the registered manager had identified concerns in relation to cleaning and odour, as had the provider's quality performance team reports for June and July 2018, however these issues had not been addressed consistently.

Although areas of the home had been redecorated in recent months, there were many areas which required redecoration and renewal. There was no separate environment audit which would support the registered manager to identify all shortfalls. Some of the renewal was identified in the home's comprehensive action plan, but not all and the registered manager confirmed that timescales had not been agreed for all the work. Not all the actions detailed in the health and safety inspection report from May 2017 or all the actions from the fire risk assessment report dated March 2018 had been signed off or included in the home's action plan.

The registered manager completed a staffing dependency tool which was reviewed regularly. The lay out of the building was not factored into the staffing calculations. The provider's quality team report dated 25 and 26 July 2018 had identified people in communal areas in the Courtyard Suite were left unattended for long periods of time and records showed few baths or showers being offered to people or taken. The staffing levels and staff deployment had not been reviewed.

The provider's quality team had completed audits in June and July 2018 which were mapped to the CQC's key question outcomes. Both quality reports had rated the service as Requires Improvement overall.

Governance systems were inconsistent and not always effective as issues had not been identified or addressed through quality audits and reviews. We concluded there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014, good governance.

The registered manager was aware of their registration responsibilities regarding sending notifications of incidents or accidents which affected the safety or welfare of people who used the service. Since the last inspection, we have received these appropriately, in a timely way.

Incidents and accidents were monitored at service level, through the registered provider's clinical governance team and reviewed at manager's meetings. Monthly audits were completed to look for patterns and trends and we saw action had been taken to mitigate risk, such as use of sensory equipment and referrals to the falls team, following accidents.

There had been a change in registered manager since the last inspection. The new registered manager had been appointed in September 2017 and registered with CQC since February 2018. They spoke about the culture of the organisation as being open and they felt able to raise concerns with their line manager. They spoke about the values of the organisation and their priorities and vision to improve the homes reputation and make it successful. The registered manager was pleased with the appointment of a new deputy to support the improvement work needed.

Staff spoken with told us the registered manager was approachable, supportive and making improvements. Comments included, "The management are really good. I feel well supported", "We have a lot more meetings now and they do listen to us. The staff teams have been sorted and working better" and "The manager is making a difference." Staff told us morale was still up and down. One member of staff said, "The new organisation made us lots of promises and they are slow in delivering some of these. The new medicines systems are good, but we need a lot of investment in the environment now."

People and their relatives were positive about the management of the home. Comments included, "We find the current manager and deputy very approachable and helpful. We think the service is well-managed", "It's a good home, with lovely staff", "I have never been disappointed with [Name of person's] care or regretted the decision to place them here" and "The manager is always available" and "It's well run and I've always been happy here."

People and their relatives were consulted about the service through surveys and meetings. We saw the results of this consultation were published on the notice board in the entrance area, entitled 'You said-we did.' People had asked for more outings which were being provided. This demonstrated that the views of people were sought and acted upon. Staff surveys had been issued in April 2018 and the responses still needed review.

Staff told us the communications systems in the home were effective and they felt well informed. There were regular shift handovers and a weekly 'cascade' information record was maintained. Regular staff meetings were held to ensure staff had up to date information about issues affecting the service and people who lived there. The registered manager held a daily 'flash' meeting with representatives from each department where information and any concerns were shared and plans made for the day. We sat in on one of the flash meetings. Staff could participate, express their views and make suggestions. Staff told us they found these meetings useful.

The provider had introduced staff recognition schemes. The cook had been nominated for a 'Heart Award' and was successful in achieving the 'catering hero' award, which they received at a 'gala dinner' in April.

The registered manager and staff team were developing good links with other health and social care professionals involved in people's care and treatment. They had reviews of people's care with community nurses, social workers and specialist nurses. The registered manager explained how they were trying to develop closer links with local community groups, such as the local housing scheme, schools, colleges and local clubs.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The registered persons had not ensured appropriate standards of cleaning and hygiene were maintained to a satisfactory standard to ensure people were protected from the risk of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered persons had not ensured adequate systems were in place to monitor and improve the quality of the service delivered to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered persons had not ensured sufficient staff were on duty at all times to meet people's needs and ensure their safety.