

Mariarod Care Homes U.K. Ltd

# Rosemount

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

This inspection took place on 20 and 21 March 2017 and the first day was unannounced. The service was last inspected on 29 June 2016 when a focussed inspection was carried out due to concerns having been received. At the focussed inspection we found there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not sufficient numbers of suitably qualified, competent and skilled staff on duty after 3pm. This resulted in the key question 'safe' being rated as 'requires improvement'. Following the inspection the registered manager sent us an action plan telling us they would put another member of staff on duty from 3pm until the arrival of the night staff. Prior to that the service was inspected in February 2015 when it was rated overall as good.

Rosemount is a residential care home providing personal care for up to 20 people. The service supports older people, some of whom may have memory problems. On the day of inspection there were 14 people living at the service.

A manager, who was also the owner of the service, was registered with the Care Quality Commission. 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.

During this inspection in March 2017 we highlighted a number of issues that required improvement and identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not benefit from having social activity plans based on their life histories. This meant they did not receive person centred care. People's daily records did not indicate any social interaction between staff and people. People's dignity was not always respected. People were not protected by robust recruitment procedures that ensured only staff suitable to work with people needing help with their care were employed. One person had not received their medicines as prescribed. Staff did not receive appraisals and had not received training in the Mental Capacity Act 2005. Infection control procedures were poor and many parts of the environment were in need of attention and upgrading. For example, the lounge and dining area was poorly lit and some areas were in need of cleaning. Risks to people were not always well managed. Fire doors had needed attention and the carpet in the doorway to the lounge was badly frayed and presented a trip hazard. Following the inspection the registered manager sent us a detailed plan for addressing the environmental issues. The registered manager could not be assured people received correct pressure area care as records were incomplete. Improvements were also needed to complaints records. One person did not know how to make a complaint should they wish to do so. The lack of effective quality assurance systems had meant these issues had not been identified and addressed.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS), although they had not received training in this area. Staff were trained and knowledgeable in how to support people's personal care needs.

Although we found many areas that required improvement staff, visitors and people were happy with the standard of care being provided.

People's personal care needs were met all personal care was provided in private. People and their relatives could be involved in making decisions about their care if they wished. People's care plans contained details of how their personal care needs were to be met and were reviewed regularly. People we spoke with expressed satisfaction with the care they received at the service. We asked one person who had lived at the home for 10 years if they were happy with the care they received. They replied "yes thank you". Another person was asked if they felt they received good care. They told us "Oh yes, yes we get on very well with them [staff]." They went on to say "they [staff] are very kind, marvellous, they are very kind to us." Another person said "yes quite happy, I seem to have a lot of friends."

People's personal care needs were met by ensuring there were sufficient staff on duty. However, we saw that staffing levels had been reduced between 3pm and 9pm. The registered manager told us this was because the people living at the service had lower care needs than those that had lived there at our last inspection. They said they would increase staffing levels if numbers and the needs of people increased. People we spoke with told us they did not have to wait for their needs to be met. During the inspection we saw people did not have to wait for attention from staff.

People were protected from the risks of abuse. Staff knew how to recognise and report abuse. We asked people if they felt safe at the service. One person said "Oh yes definitely," others said "oh yes very lucky really" and "yes I do feel safe."

People were supported to maintain a healthy balanced diet and to maintain good health. We spoke with a visiting community nurse who told us that the home was very good at contacting them when required. They said staff always acted on any advice given and were confident people's healthcare needs were being met.

We have made recommendations in relation to medicine management, staff support and training in the MCA, respecting people's dignity and monitoring staffing levels.

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

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

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not safe.

Risks to people's health and welfare were not always well managed.

People's medicines were not always managed safely.

People were not protected from the risks of unsuitable staff being employed to care for them, as there were no robust recruitment procedures in place.

People's needs were met by ensuring there were sufficient staff on duty.

People were protected from the risks of abuse as staff knew how to recognise and report abuse.

**Requires Improvement** ●

### Is the service effective?

Aspects of the service were not effective.

The environment needed attention to ensure it was suitable to meet the needs of people living there.

People's rights were protected as staff followed the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

People received care from staff that were trained and knowledgeable in how to support their personal care needs.

People were supported to maintain a healthy balanced diet.

People were supported to maintain good health.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

People's dignity was not always respected.

**Requires Improvement** ●

People's needs were met by kind and caring staff.

All personal care was provided in private.

People and their relatives could be involved in making decisions about their care.

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

Aspects of the service were not responsive.

Aspects of people's care such as their social care needs were not person centred and responsive to their needs.

People's care plans contained details of how their personal care needs were to be met and were reviewed regularly.

People and their relatives felt that if they raised concerns they would be dealt with.

**Requires Improvement** ●

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

Aspects of the service were not well led.

Systems had not been established that ensured the provider could assess, monitor and improve the quality of care provided.

Staff told us they felt well supported by the registered manager.

People and their relatives were happy with the standard of care being provided.

**Inadequate** ●

# Rosemount

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

This inspection took place on 20 and 21 March 2017, the first day was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert by experience had experience of caring for older people.

Not everyone living at Rosemount was able to tell us about their experiences. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We met with all of the people using the service and spoke with six people in private. We spoke with four staff, the registered manager and three visitors. We also spoke with a visiting healthcare professional. Following the inspection we received information from the local authority's quality improvement team.

During the inspection we looked at a number of records including three people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration, complaints and staffing rotas.

# Is the service safe?

## Our findings

This key question was last inspected in June 2016 when it was rated as requires 'improvement'. This was because we found staffing levels were not sufficient to meet people's needs. At this inspection in March 2017 we found staffing levels met people's needs. However, we found other areas for improvements.

People were not entirely protected from risks associated with their safety and well-being.

People were not protected from the risks associated with the employment of staff who may be unsuitable to work with people requiring help with their care needs. This was because there was not a robust recruitment system in operation. We looked at the files for three staff, including the staff member most recently recruited. In two files we saw that staff had not been thoroughly checked to ensure they were suitable to work at the service. The Disclosure and Barring Service (DBS) check for one person had been obtained after they started to work at the service. The DBS checks people's criminal history and their suitability to work with vulnerable people. The DBS for another staff member contained details of a criminal conviction. There was no risk assessment in place to ensure the staff member was suitable to work with people requiring help with their care needs. The registered manager told us they had carried out a risk assessment, but had not recorded it.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Arrangements for ensuring the environment remained safe were not always well managed. Doors within the service were fitted with devices that enabled the doors to remain open, but would close automatically in the event of a fire. We saw three doors being propped open using boxes, a wedge and a chair because the devices were not working. During the inspection the registered manager arranged for these devices to be repaired and they were in working order by the end of the inspection. The carpet by the entrance door to the lounge was frayed and could present a trip hazard. The registered manager told us the carpet was due to be replaced by 30 August 2017. They told us that in order to minimise the trip hazard they would cover the frayed area with tape and monitor people's movements into and out of the lounge. We saw a sticker on the electrical socket serving the chairlift stating it had failed an electrical test on 27 January 2017. The registered manager told us this had been retested and was safe, but staff had not removed the sticker.

Arrangements for preventing cross infection were not well managed. The upstairs communal toilet had no soap and the communal bathroom had no soap or toilet paper. Antiseptic gel containers were fixed to walls around the service. None of the containers contained gel and all were very dirty. The laundry floor was cracked and some tiles were missing. The poor flooring meant there was a risk of cross infection from soiled laundry. The registered manager told us the floor would be replaced by the end of September 2017. They told us in order to minimise the risk until the floor was replaced they would cover the cracked area with vinyl. An infection control audit completed on 27 February 2017 highlighted fans and telephones needed cleaning. This was signed as completed on 15 March 2017. The audit also highlighted the need for a colour coded chart for cleaning equipment chart. This was to ensure staff used the correct equipment when

cleaning the kitchen and toilets in order to prevent cross infection. This had not been completed at the time of the inspection.

Risks relating to people's pressure area care were not well managed as records were incomplete. At our inspection in June 2016 we found gaps in one person's repositioning records. This meant the provider could not be assured staff were following instructions to minimise the risks of pressure damage. During this inspection in March 2017 we again saw incomplete records in relation to this person's care. We also saw another person's care plan stated they needed to be repositioned every two hours. The person spent the night in bed and the day time in their chair in the lounge. Records indicated the person was not repositioned as often as their care plan stated. For example, records for the night of 8 February 2017 indicated the person had not been repositioned as needed on three occasions. We discussed this with the registered manager and staff who told us they were confident the person had been repositioned, but staff had not completed the records. However, without complete and accurate records the registered manager could not be assured the risks to people's pressure area care was being managed as required. We spoke with a visiting healthcare professional who had no concerns about people's pressure area care. We saw where people had been assessed as being at risk of damage to pressure areas there was suitable specialist equipment such as mattresses and cushions in place and no-one at the service had pressure damage to their skin.

The risks relating to the environment, cross infection and pressure area care had not always been assessed and minimised. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff using disposable gloves and aprons as required. This minimised the risks of cross infection when staff were caring for different people.

We looked at the Medicine Administration Records (MAR) for three people. All records were signed to say people had been given their medicines at the time prescribed. However, when we looked at the blister pack containing one person's medicines we found one capsule had been removed from the blister and then put back into the pack. This meant the person had not received their medicine as prescribed and the MAR had been incorrectly signed by staff. We raised our concerns with the registered manager. They told us staff had not followed the correct procedures for administering medicines and would ensure staff received updated training.

We recommend the provider ensures all staff receive updated training in medicines management.

Medicines were stored safely in a locked trolley in a locked cupboard. Only staff who had received training administered medicines. Fridge and room temperatures were checked daily to ensure medicines were stored at a safe temperature. Audits of medicines were undertaken on a monthly basis and records were kept of any medicines returned to the pharmacy. The pharmacy that supplied medicines had completed an audit in February 2017 and had not identified any issues with the systems.

Some risks to people's safety and welfare were assessed and plans put in place to minimise these risks. For example, risks relating to people who required help with moving and transferring had been assessed and there were detailed plans for staff on how to help people move safely. Risks relating to falls had also been assessed and plans put in place to minimise the identified risks. Audits relating to falls for 2016 were seen and these showed two people had fallen several times. It was identified that this was because of an infection and antibiotics had been prescribed. Records showed neither person had fallen since. Audits for January 2017 had been completed, but none had yet been completed for February 2017.



There were maintenance contracts in place for the servicing of equipment such as hoists and gas and electrical installations. The equipment had been tested in line with current regulations.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. There was information available for staff on how to safely evacuate people from the building should the need arise, such as in a fire.

People were protected from the risks of abuse. All four staff we spoke with knew about different types of abuse, how to recognise abuse, and what they would do if they thought someone was being abused within the service. They also knew who to contact outside of the service and were confident the registered manager would address any concerns they raised. We asked people if they felt safe at the service. One person said "Oh yes definitely," others said "oh yes very lucky really" and "yes I do feel safe."

During our inspection in June 2016, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because after 3pm until the night staff came on duty at 9pm, there were insufficient staff to meet the needs of the people living at the service. Following the inspection the registered manager sent us an action plan telling us they would ensure there was another member of staff on duty from 3pm until the arrival of the night staff at 9pm.

At this inspection in March 2017 we found there were two care staff on duty from 3pm to 9pm. Rotas showed this had been the staffing level since 27 February 2017. The registered manager told us they had increased staffing levels to three staff from 3pm to 9pm following our last inspection. We saw a rota dated 2 January 2017 that showed this had been the case. However, this had been reduced as the people living at the service had changed and their needs were lower. The registered manager told us they did not use a specific tool to calculate staffing levels, but based rotas on people's needs and the number living there. During the inspection staff we spoke with told us they felt staffing levels were sufficient to meet the needs of people living there. The visiting healthcare professional we spoke with said they felt there may not be enough staff when people's needs increased, though they had no specific examples. We discussed the reduction in staffing numbers with the provider who assured us they would increase staffing levels if numbers and the needs of people increased. People we spoke with told us they did not have to wait for their needs to be met. During the inspection we saw people did not have to wait for attention from staff.

We recommend the provider sources and uses a specific tool to ensure there are sufficient numbers of staff on duty at all times.

## Is the service effective?

### Our findings

People did not benefit from a comfortable and pleasant living environment. The lounge and dining area were 'L' shaped and there was no natural light in the dining area. The windows in the lounge were very dirty. Many of the lights in this area were not working and the area was very poorly lit. There was an unpleasant odour in the entrance hall when we arrived. Some chairs and cushions in the lounge and one bedroom also had an unpleasant smell. The lounge had a waste bin that was full to overflowing and there was old food in a box of tissues. There was debris behind chairs in the lounge and in the bathroom. The debris was dusty and had obviously been there for some time. Air freshener devices were also fixed to walls around the service and all of these were empty. One fell off the wall when we touched it. None of the radiator covers had been painted and many areas of the service had chips in the paintwork. One bedroom that had been used for double occupancy was now being used for one person. However, the second bed had not been removed and this restricted the area the person had for their use.

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

The registered manager told us that the staff member responsible for domestic duties had called in sick that morning and that this was the reason some of these matters had not been dealt with. However, they also agreed that some areas looked as if they had not been cleaned for some time and the whole environment needed a deep clean and other improvements. They agreed to address the cleanliness of the service and maintenance issues straight away.

The registered manager gave us a list of improvements they intended to make to the environment and these included new carpets and lighting in the lounge and dining areas, new dining chairs and some redecoration. Following the inspection they sent us a detailed list of when these matters would be attended to. For example, this told us the dining room would be redecorated and new lighting and flooring would be fitted and new chairs purchased by the end of August 2017. They also said all radiators would be painted by the end of November 2017.

People living at Rosemount had needs relating to living with dementia and this could affect their ability to make decisions for themselves. People were able to make day to day decisions for themselves, but may not have the capacity to make more complex decisions about their health and welfare.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had not received training in relation to the MCA. One staff member had a good knowledge of the Act, but three did not know the principles of the Act. However, this did not impact directly on people as

throughout the inspection we heard staff applying the principles of the MCA. Staff asked people for their consent before they provided any care and frequently offered choices of food and drink. We raised our concerns about staffs' lack of knowledge of the Act with the registered manager and the member of staff recently appointed to ensure staff received training to enable them to meet people's needs effectively. They both agreed to prioritise training for staff in this area and told us some staff had already been given training work books for this subject.

The lack of understanding of the MCA by some staff meant that not all records were completed correctly. We saw a best interest decision had been made for one person in relation to them receiving medicines without a full assessment of their capacity having been made. However, we also saw a complete assessment of one person's capacity to participate in planning their care. Staff had taken care to discuss care planning with the person at different times during the day. This was to check if the person had capacity to make a decision at varying times. It had been determined the person lacked capacity to make a decision in this area. A discussion had been held with relatives and a decision had been made in the person's best interest for staff and relatives to plan their care on their behalf.

We recommend the provider ensures all staff have a thorough understanding of the principles of the MCA and the records that need to be completed in relation to this.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals 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. The service had a locked entrance door and people were not free to leave the service unaccompanied. However, people were able to go out into the garden unaccompanied if they wished and had been assessed as safe to do so. Because of the restriction on leaving the service the registered manager had made applications to the local authority to deprive everyone living at the service of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority no authorisations had been granted at the time of the inspection.

People were supported by staff who had received a variety of training to help them meet people's needs. Training included first aid, assisting and moving people, falls response and improving outcomes for people with dementia. Staff were given 'work books' relating to each topic which they read and then completed a series of questions. The work books were then sent to the training provider who marked the answers and returned certificates to the service when staff had been successful in gaining the required pass mark. Staff told us they felt the training they received helped them deliver care that met people's needs. People told us they felt staff had the knowledge and experience to meet their needs.

The provider had recognised the need to establish a system to ensure staff received, supervision and appraisals to ensure staff were supported to carry out their roles. One staff member had been delegated for ensuring this system operated effectively and a plan had been implemented.

We spoke with the member of staff who had recently been delegated this responsibility. They told us they checked staff were competent in each area through observation and individual supervision. They told us they had set up a system to ensure staff received regular supervision and appraisals. All staff had received supervision, but they had not yet completed any appraisals. Staff told us they received supervision, but this had not been regular until recently. However, we saw some evidence on staff files that staff had received supervision from the registered manager approximately every two months.

We recommend the provider keeps the systems for ensuring staff are supported under review.

People were supported to receive a healthy balanced diet with plenty to drink. Staff frequently offered people tea, coffee and biscuits or cold drinks. People told us they were always offered a choice at mealtimes and one person said "if it's something I don't like they get you something else". One person told us they had seen a menu and told us "yes I take my pick" and added "I like something quite plain, they try to do their best". People told us they enjoyed the food and comments included "Food is very good" and "The food's very good here."

We saw that one person had been assessed by a healthcare professional as needing their food pureed and thickeners in their drinks. We saw this person being assisted to eat their pureed diet by staff. Staff were gentle in their approach and ensured the person was not rushed. We also saw the person received drinks that were thickened to the correct consistency.

People were supported to maintain good health and staff made referrals to healthcare services where required. Records showed people had seen their GPs and health and social care professionals, such as chiropodists and community nurses as needed. One person told us they had seen an optician that morning. We spoke with a visiting community nurse who told us that the home was very good at contacting them when required. They said staff always acted on any advice given and were confident people's healthcare needs were being met.

## Is the service caring?

### Our findings

People's dignity was not always promoted. At lunchtime we saw staff put a protective tabard on everyone sat at the dining tables. No one was asked if they wanted to use the tabard or if they would have preferred another way of protecting their clothes such as a napkin.

We recommend the provider ensures people's dignity is promoted at all times.

Not everyone living at Rosemount was able to tell us about their experiences. Therefore we spent some time in the lounge area and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. During this time staff popped in and out of the lounge and asked people if they were alright or needed anything, but they did not take the opportunity to engage people in social conversation.

Staff at Rosemount treated people with kindness. When staff did speak with people they communicated well, giving them their full attention and talking in a pleasant manner. We saw that people responded well to staff, speaking, smiling and laughing with them. There was laughter and appropriate banter between staff and people during the interactions.

We saw people were relaxed and happy in staffs' presence. Staff carried out their duties in a caring and enthusiastic way. Staff were observed to be kind and patient, supporting people in an easy, unrushed and pleasant manner. They walked with people at their pace and knelt down to be on people's level when chatting to them. Staff were mindful of people's needs. They offered plenty of fluids and discreetly asked if people needed help with personal care. We heard staff gently prompting people to use the toilet.

People's privacy was maintained. Staff took care to ensure any personal care was provided in private. We saw the door to one person's room was always open. The room was off the main corridor and all visitors going to the lounge could see the person, who spent all their time in bed. Staff told us this person liked their door open as they liked to see what was going on. The person was unable to tell us about their preferences and there was no evidence of this request on their care plan. Staff told us the person had lived at Rosemount for many years and they all knew this was what they wished.

People we spoke with expressed satisfaction with the care they received at the service. We asked one person who had lived at the home for 10 years if they were happy with the care they received. They replied "yes thank you". Another person was asked if they felt they received good care. They told us "Oh yes, yes we get on very well with them [staff]." They went on to say "they [staff] are very kind, marvellous, they are very kind to us." Another person said "yes quite happy, I seem to have a lot of friends."

One visitor we spoke with felt their friend was receiving good care. They told us "Oh very! I've got to know everyone here, it's a lovely place, it really is nice." Another visitor said "I don't come very often but [name] seems all right." One visitor had brought their relative to Rosemount that day for a short stay. They told us their relative had spent some time at the service two years ago and had been very happy about returning.

They told us "It's very nice and the staff are great."

People's relatives had been asked to complete a questionnaire in January 2016 about the care provided at the service. Nine relatives had responded and five had 'agreed' people received high quality care while four had 'strongly agreed'. All nine respondents felt staff were friendly, kind and caring.

Not everyone was able or wished to be involved in planning their care. We saw that where people or their relatives wished to take part in planning their care they could be. One person we spoke with told us they were happy for their relatives to deal with their care planning.

## Is the service responsive?

### Our findings

Not everyone received care that was person centred and responsive to their needs.

People did not always receive person centred care as their social care needs were not fully met. Care plans contained some details of their personal life histories. However, not all plans had information on how staff could support people individually with their social care needs. Personal life histories capture the life story and memories of each person and help staff deliver care responsive to their needs. They enable the person to talk about their past and give staff an improved understanding of the person they are caring for. Personal histories have been shown to be especially useful when caring for people with dementia.

People were sat for long periods of time just looking around the room. Staff did not encourage conversation between people by taking any opportunity to sit with them. Staff did not attempt to find out what people would like to be doing and support them to do this. One staff member came into the lounge and turned on the television. They did not ask people if they wanted the television on, and if they did what channel they preferred.

Staff were able to tell us about some people's life histories and told us about one person's military career, and that they often spoke with the person about this. The person confirmed this. Another person's plan said they liked cross stitch and staff knew about the person's interest. However, there was no plan for people to receive regular support with their interests and daily records made no reference to staff interaction other than supporting personal care needs. Some people would only be able to take part in activities on an individual basis and while staff told us they had time to spend with people chatting to them, we saw little evidence of this.

There were no drinks or snacks available for people to help themselves to if they wished. We did not see a menu displayed and some people told us they did not know what was for lunch.

One person's care plan stated they needed the use of headphones and microphone to aid their communication. We saw the person did not always wear the headphones and staff told us the person did not like wearing the headset and so did not keep it on all the time. However, we saw staff struggling to work out how the headphones worked. This indicated they did not use the equipment on a regular basis. We saw staff had difficulty in communicating with the person when the headphones and microphone were not used, but once staff had them working the person responded with a smile.

One bedroom that had been used for double occupancy was now being used for one person. However, the second bed had not been removed from the room. We discussed this with the registered manager who said the person had only just decided to stay. However, this showed the service had not considered the person's needs in relation to making their room comfortable and homely.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some staff were responsive to people's needs. On one occasion a member of staff approached a person who had got up from their chair and was looking around. The staff member discreetly asked the person if they needed the toilet, wanted to go for a walk a drink or sit somewhere else. The person said they wanted to sit in the sun. The staff member asked the person where they wanted to sit and walked over with them chatting about a visitor that was expected later in the day.

Staff knew the personal care needs of the people they supported. People's personal care needs were detailed in their care plans and these were reviewed regularly. Staff were able to tell us how people liked to be supported with their personal care needs. For example, they were able to tell us what time people liked to get up and go to bed and what they liked to eat and drink. One staff member told us how one person liked their hair in a particular way and we saw the person had their hair dressed in the way they preferred. Some of the ladies had their nails painted and they told us a beautician came in to do these for them.

People were offered some activities and there was a timetable displayed in the hallway. This included board games, an art day, bingo and outside entertainment. Over the two days we were inspecting we saw one session of bingo taking place on a day other than what was displayed on the timetable. People playing bingo were not fully encouraged to participate in the game. Each had a very small card and needed the assistance of staff to complete it. People appeared to be unaware that the game was taking place and did not seem to understand what was happening even when staff told them they had a number or had won a prize.

The registered manager told us there had been a recent reduction in the amount of activities provided due to the activities organiser having left. They told us they had appointed someone to the post and they were due to start the week after the inspection.

Some people were happy with the level of activities on offer and one person told us "On a Friday we have Bingo, all sorts of carrying on". However, they told us they would like to get out and about more. Staff told us they took people out into the garden or local town when the weather was fine. Another person told us "If we stay in we generally play games." Some people told us they preferred to stay in their rooms and never went into the lounge or dining room. They told us they were happy to do this and spent their time reading, doing puzzles and writing letters.

There was a complaints procedure displayed in the hallway and we looked at the way the service managed people's complaints. We saw one complaint had been received in July 2016 and had not been fully resolved. The registered manager told us this was because the local authority was now dealing with the matter. No other complaints were recorded. However, we saw in the minutes of a meeting that one person had raised a concern about a member of staff. The registered manager told us they had dealt with the matter to the person's satisfaction. We spoke with the person and they confirmed this. The registered manager was reminded that all such matters should be recorded in the complaints log and they agreed to do this. One person told us they were unsure how to make a complaint, but had not had any concerns to raise and added "They [staff] are all really nice to us". Other people told us they would raise any concerns with staff and were confident they would be dealt with.

Occasional meetings were held for people to raise any concerns and discuss menus and activities. The last one being held on 7 February 2017 when no specific requests meals or activities had been made.



## Is the service well-led?

### Our findings

The registered provider for the service was also registered as manager. The registered manager was at the service on a daily basis. They told us they had previously been supported by a deputy manager who had been delegated the responsibility for ensuring there were systems in place to monitor the quality of care at the service. However, the systems had not always been effective and they had taken over the role of monitoring the systems themselves approximately a year ago. They were now supported in their role by another deputy manager and a recently appointed administrative assistant who was to be responsible for quality assurance audits and ensuring staff received appropriate training. The registered manager told us they obtained information on the quality of care being provided through the audit system and quality questionnaires sent out to relatives.

During this inspection in March 2017 we highlighted a number of issues that required improvement and identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems had not been established and operated effectively in order to assess and improve the quality of care being provided at the service. The registered manager was reactive rather than proactive in their approach to monitoring the quality of care being provided. For example, they had agreed to address some issues, such as risks in the environment, when we pointed them out. However, none of the issues we highlighted had been identified through the quality assurance systems and acted on immediately.

Medication audits had not identified that one person had not received their medicines as prescribed. The system in place to monitor the effectiveness of care planning was not effective. It had not identified people who did not benefit from having social activity plans based on their life histories. Systems in place to ensure people were protected by robust recruitment procedures were not sufficiently robust or were not followed. Systems for ensuring staff had training and skills required to care for people did not identify staff who did not receive appraisals and had not received training in the Mental Capacity Act 2005. Systems for ensuring infection control and cleanliness procedures were robust were ineffective. Infection control procedures were poor and many parts of the environment were in need of attention and upgrading. Systems for ensuring risks to people's safety were not robust and people were exposed to the risk of harm. People were put at risk because action had not been taken to ensure fire doors operated effectively and to ensure trip hazards were eliminated. The registered manager could not be assured people received correct pressure area care as records were incomplete. People's daily records did not indicate any social interaction between staff and people. Improvements were also needed to complaints records. One person did not know how to make a complaint if they wished to do so. There was no systematic approach to determine the number of staff and range of skills required in order to meet the needs of people and keep them safe at all times. The staff team had not been developed to ensure they displayed the behaviours to people that demonstrated respect.

A member of the local authority's quality team had visited the service on 1 February 2017 to provide advice. They had previously visited at the end of 2015 and given advice and provided a Service Improvement Plan (SIP). However, they found this had not been kept up to date and it was suggested in the report made following the February 2017 visit that items such as an infection control audit should be added. They also identified there were no audits for care plans or housekeeping.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager sent us a detailed plan for addressing the environmental issues.

There were some systems in place to monitor the quality of care being provided. For example, care plans, medicines and infection control had been audited in February and March 2017. However, as these had only recently been put in place it was not possible to tell if they would be effective in improving the service being provided.

The registered manager told us they kept their knowledge of care management and legislation up to date by completing all the same training as care staff, using the Care Quality Commission's website and by reading care trade magazines. They told us they also received regular updates from their training provider and had received training in order for them to train staff in moving and transferring techniques.

Staff, visitors and people were happy with the quality of care being provided. A visiting healthcare professional told us they felt people were well cared for. Nine relatives had responded to a quality questionnaire in January 2016 and five had 'agreed' people received high quality care while four had 'strongly agreed'. All nine respondents felt staff were friendly, kind and caring. The registered manager told us they had recently sent out more questionnaires, but had not received any responses at the time of the inspection.

People knew the registered manager and we saw good interactions between them and people living at the service. One visitor told us they felt the service was well-led. Staff told us they felt well supported by the registered manager and could go to them for advice any time. One said "You can go to [name] anytime, she's brilliant". Staff told us they received supervision from the administrative assistant on a regular basis.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People did not receive person-centred care that was responsive to their needs. Regulation 9 (1)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services were not protected against the risks associated with their safe care and treatment. Regulation 12 (1)(2)(g).
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  People did not live in an environment that was clean and properly maintained. Regulation 15 1(a)(e).
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010: Fit and proper persons employed.  Recruitment procedures had not been established and operated effectively to ensure only suitable persons were employed. Regulation 19 (2).

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes had not been established to assess, monitor and improve the quality of the service provided. Regulation 17.

**The enforcement action we took:**

issued a WN