

## Roseberry Care Centres GB Limited

# Chapel Lodge

### Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

Chapel Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Chapel Lodge provides accommodation for up to 63 people over two floors, accessed by a lift. All bedrooms are single with en-suite toilets. There are lounges and dining areas on each floor of the home. The service has a garden and a car park. This inspection took place on 23 August 2018. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. On the day of our inspection there were 43 people living at the service. One of those people was receiving respite care.

At our last comprehensive inspection in November 2017 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches of Regulation 18, Staffing and a continued breach of Regulation 12, Safe care and treatment. We took enforcement action and a warning notice was issued for Regulation 12. The service's overall rating was 'Requires Improvement'.

The registered provider sent us a report saying what action they were going to take to meet the requirements of the regulations. We carried out this comprehensive inspection to check whether the service had completed these actions.

At this inspection we found sufficient improvement had been made to meet the requirements of Regulation 18, Staffing. However, we found a continued breach of Regulation 12, Safe care and treatment in relation to the management of medicines and of the management of risk and a new breach of Regulation 17, Good governance. The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

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

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

The registered manager had started managing the service at the end of April 2018. 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.

At our last inspection we found some concerns about the management of some peoples medicines. We saw improvements had been made to address these concerns. However, at this inspection we found some new shortfalls regarding the management and administration of medicines.

There were planned and regular checks completed at the service to check the quality and safety of the service provided. However, our findings during the inspection showed some of the checks needed to be completed more robustly. These checks need to be done well so they identify any concerns so appropriate action can be taken to improve the quality of support provided.

At our last inspection people, their relatives and the staff told us there were not enough staff on duty to safely meet people's care and support needs in a timely way. At this inspection we concluded there was sufficient staff scheduled to be on duty. We found the registered provider had made sufficient improvement to meet the requirements of Regulation 18, Staffing.

During the inspection we found concerns in some people's individual risk assessments. The registered manager assured us that action would be taken to review these people's risk assessments.

We found concerns across a range of records relating to people's care. We shared this information with the registered manager. During the inspection, the registered manager took action to address any omissions or inaccuracies in the records we reviewed.

People we spoke with told us they felt 'safe'. Staff were aware of their responsibility to protect people from harm or abuse.

There were robust recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with people.

People and relatives made positive comments about the staff and told us they were treated with dignity and respect.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

Staff underwent an induction and shadowing period prior to commencing work and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles.

Staff received appropriate support to enable them to carry out their duties.

People were supported to have 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.

There were end of life care arrangements in place to help ensure people had a comfortable and dignified death

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community.

Complaints were recorded and dealt with in line with organisational policy.

We saw the registered provider actively sought out the views of people to continuously improve the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate 

The service was not safe.

The service did not have appropriate arrangements in place to ensure people were protected from the risks associated with medicines.

We found concerns in some people's individual risk assessments.

Staff had undertaken training in safeguarding adults from harm and abuse and were able to explain their role and responsibilities to us.

We found there were sufficient staff deployed to meet people's needs.

### Is the service effective?

Good 

The service was effective

Relatives made positive comments about the care their family member had received.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

We saw staff received appropriate support to enable them to carry out their duties.

### Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect, and their privacy was protected.

People and relatives made positive comments about the staff.

Staff enjoyed working at the service. Staff were able to describe how they maintained people's privacy and dignity.

### Is the service responsive?

The service was not always responsive.

We found concerns in some people care records.

There were a range of activities available at the service. People who did not want to engage in group activities were provided with one to one sessions.

Complaints were recorded and dealt with in line with organisational policy.

**Requires Improvement** 

### Is the service well-led?

The service was not well led.

There were processes in place to ensure the quality and safety of the service, but some of them were not always effective in practice.

The systems in place to ensure each person had an accurate, complete and contemporaneous record of their care and treatment and of decisions taken in relation to their care and treatment required improvement.

Relatives made positive comments about how the service was run and the new registered manager.

The provider actively sought out the views of people to continuously improve the service.

**Inadequate** 

# Chapel Lodge

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on 23 August 2018. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team consisted of three adult social care inspectors, two specialist advisors and one 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. One of the specialist advisors was a pharmacist and the other was a registered nurse who was experienced in the care of people living with dementia.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing the daily life in the service including the care and support being delivered. We were not able to speak with some of the people using the service because they were unable to communicate verbally with us in a meaningful way. Therefore, we observed a group of five people who used the service for a period of half an hour and recorded their experiences at regular intervals. This included people's mood, and how they interacted with staff members, other people who use services, and the environment. This method of observation is called the Short Observational Framework for Inspection (SOFI). Our observations showed that people were treated with respect by the staff and they were involved in the decisions about their daily activities.

We spoke with 11 people living at the service, six relatives, the regional operations manager, the registered manager, two nurses, six care staff, a domestic, two activities workers, an administrator, the assistant cook, a kitchen assistant and the maintenance worker. We looked around different areas of the service; the communal areas, the kitchen, bathroom, toilets and where people were able to give us permission, some people's rooms.

We examined a range of records including the following: seven people's care records, people's medication administration records, staff files and records relating to the management of the service.

# Is the service safe?

## Our findings

At our last inspection in November 2017 we found concerns about the management of medicines and the staffing levels at the service. These were breaches of Regulation 12, Safe care and treatment and Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and a warning notice was issued for Regulation 12 relating to the management of medicines. The registered provider sent us a report saying what action they were going to take to meet the requirements of the regulations. At this inspection we checked the progress the registered provider had made.

At this inspection we saw some improvements had been made to the management of medicines. For example, people's medication administration records (MAR) held protocols for administering medicines prescribed on an 'as needed' basis (PRN). We observed the nurse on the ground floor during the morning round. We saw they were well organised and had a caring attitude. However, we found areas where further improvement was required to ensure medicines were managed appropriately and people received them as prescribed.

At this inspection we saw medicine storage room temperature records were in place. We also saw the medication fridge temperature was being recorded and reset daily. We found some concerns with the items being stored in the fridge. For example, three open bottles of food supplement did not have an opening date or use by date written on them. This showed sufficient action had not been taken since the last inspection to ensure medicines stored in the fridge were managed appropriately.

We reviewed the arrangements in place to manage controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are stored and dealt with. We saw that controlled drugs were being stored correctly. However, we found the current stock did not match the register and one person's controlled drugs were missing. On further investigation we found a record of the destruction of these items by the service's clinical lead, but they had not completed the register. This showed they had not complied with the legislation. This also showed the checks completed to ensure controlled drugs were being dealt with properly and the register was accurate required improvement.

We saw the system in place to ensure that people's transdermal patches were administered at the right frequency required improvement. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. We found one person's transdermal patch had been renewed a day earlier than required. Another person's transdermal patch was renewed two days late.

Following the inspection, the registered provider's assistant director for quality and compliance completed an investigation which included a review of the two people's care records. They informed us there was no evidence to suggest that either person experienced any increase in pain or upset due to these errors. A daily

patch check sheet had been introduced, which would be completed daily by the nurse to mitigate the risk of patches being administered too late or too early. When MAR charts were changed the dates for renewing the transdermal patches would be clearly highlighted.

Some people were prescribed a thickening powder which is added to drinks and other fluids to prevent the person choking and reduces the risk of aspiration which causes chest infections and pneumonia. We noted that staff were using one person's supply of thickener on one of the tea trolleys to thicken three people's drinks. We found some concerns in three people's information about thickening drinks. For example, one person's care plan had been rewritten on the 19 July 2018; it stated they required fluids to be consistency of naturally thick yoghurt. We saw the same person's information in the service's catering folder had not been updated. It stated they required thin fluids, therefore the information had not been updated. We shared this information with the registered manager; they told us they would take immediate action to ensure accurate information was in place for staff to follow.

We saw regular medication audits were undertaken, but our findings during the inspection showed they required improvement to ensure they were effective. We also saw the reporting of medication errors required improvement. For example, the late renewal of one person's transdermal patch had not been reported as an error. We saw the reporting and recording of 'near misses' or potential learning sessions would benefit from being reviewed.

This was a continued breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment

During the inspection we observed staff supporting people to move by using the hoist or assisting people to stand. All these manoeuvres were carried out safely and with respect for the people being hoisted or supported to stand. However, whilst speaking with one person we identified they were not always being supported to move safely. They told us they were not always hoisted from their bed to their chair and demonstrated that staff held them under their arms. Their care plan and staff spoken with told us the person should be hoisted for all transfers. We shared this information with the registered manager; they assured us they would take action straight away to ensure the person was supported to move safely.

During the inspection we looked at people's individual risk assessments in their care records. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person. We saw the system in place to ensure people's individual risk assessments were completed required improvement. For example, one person had been living at the service since 14 August 2018, we saw a bedrails risk assessment or agreement was not in place. A falls risk assessment had been included in their records, but it had not been fully completed. Their care plan for eating and drinking identified they were at risk of weight loss and malnutrition and should be weighed weekly, but they had not been weighed since they had been admitted.

We reviewed another person's risk assessments and care plans. We were aware the person had sustained a fall recently. The person required two staff to transfer them using hoist. We saw there was no mention that the person would lean forward in their wheelchair when they became tired or wished to return to bed so they were at risk of falling and injuring themselves. There was no mention of any kind of safety belt being assessed for use when the person was in a wheelchair. This showed the person's potential risks had not been appropriately identified to ensure appropriate measures were in place to reduce their risk of falling. We shared this information with the registered manager and regional operations manager; they assured us the person's risk assessments would be reviewed when the person returned to the service from hospital.

There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. However, we checked the PEEPS (personal emergency evacuation plans) against the list of people who used the service provided by the registered manager. We found one PEEP was still in the file although we were told the person was no longer living at the service. We found a further two people did not have a PEEP. We discussed this with the registered manager who told us she would take immediate action to rectify the plans. We saw evidence the two PEEPs were completed on the day of the inspection.

We also looked at the fire risk assessment dated 4 September 2017 and found there were some outstanding actions highlighted by the fire safety officer. We discussed this with the registered manager and the maintenance worker who told us they would attend to the actions immediately.

This was a continued breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Care staff spoken with were able to tell us how they supported people who may have behaviour that could challenge others. One person we spoke with described how staff remained calm and supportive when they didn't feel well and shouted at staff. Staff understood that they needed to be left alone for a bit and then to come and check on them to see if they were feeling better. One person said, "I shout at them [staff] sometimes, but they all take it in good spirits."

We looked at staffing levels to check enough staff were provided to meet people's needs. Staff spoken with did not raise any concerns regarding the staffing levels at the service.

People we spoke with and their relatives told us they thought their family member was safe. However, two relatives said they did not think there was sufficient staff to meet the needs of people living at the service. They gave an example, they said, "Sometimes when we visit my (family member) has to wait a while when she needs attention to go to the toilet." Another relative was concerned that staffing levels at the weekends were not maintained as there wasn't a manager working at the weekends.

The registered manager told us staff members worked extra shifts to cover absences, and there were sufficient staff employed to ensure they did not have to use agency staff during the day. However, agency staff continued to be used to cover nursing shifts during the night. One relative we spoke with felt the agency staff did not look after their family member as well as the permanent staff. We were shown profiles for the agency staff and this included evidence of an induction into the service.

The registered manager told us how many staff were usually scheduled on duty each day. We saw that staff rotas confirmed that staffing numbers were at this level. We concluded that there were sufficient staff scheduled to be on duty. We found the registered provider had made sufficient improvement to meet the requirements of Regulation 18, Staffing.

We looked at the procedures for recruiting staff. We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We saw evidence of interviews being undertaken and inductions taking place before they were confirmed in their positions.

The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us the occurrences were monitored to identify any trends and prevent recurrences where

possible.

The registered provider had a process in place to respond to and record safeguarding concerns. We asked staff about what measures were in place to protect people from abuse in the home. Staff were able to tell us about signs of potential abuse and what they would do to report this. Staff confirmed to us that they had had training in this subject.

We found there were satisfactory arrangements in place for people who had monies managed by the service. We examined four people's financial transaction records and the balance was correct.

The service was well maintained. Systems were in place to check and ensure the safety of the premises and we saw certificates in relation to gas, electric, water and fire safety. Hoists and manual handling equipment had been serviced and tested as required.

The premises were clean and there were no malodours anywhere throughout the building. We observed staff wearing personal protective equipment (PPE) such as gloves and aprons.

# Is the service effective?

## Our findings

People we spoke with told us they were satisfied with the quality of care they had received and saw the doctor when they were not feeling well. One person said, "They [staff] are all good, couldn't fault any of them," In people's records there was evidence of involvement from other health care professionals where required, and staff made referrals to ensure people's health needs were met.

We saw people using the service were receiving care and treatment, as staff were aware of their needs, but we found some people's relevant documentation was not always completed, or always accurate. We shared this information with the registered manager; they told us they would take the necessary action to ensure this was put in place.

Most of the relatives we spoke with were satisfied with the care their family member had received. Comments included, "My [family member] needs all her food to be blended and fed by a tube. They [staff] are very good," "[Family member] is fine here. I think he is well looked after" and "The level of care has improved significantly over the last six months since senior management stepped in. We can't fault the care now. They show [family member] great respect and there have been times when staff have needed to protect [family member] dignity." Another relative told us they visited the service daily and they could not fault the care provided. One relative we spoke with described how their family member had not received appropriate support whilst having lunch one day, but action had been taken by staff so it did not reoccur. Another relative felt the care provided by the permanent staff was of a higher standard than the agency staff because the permanent staff knew their family member well.

People could choose to eat their meals in the dining room or in their room. We spoke with the assistant cook and kitchen assistant at the service and discussed people's dietary requirements. There was a summary board which had details of types of diet people required and any allergies. For example, an allergy to strawberries. Each person had a dietary notification sheet with details of any special dietary requirements and preferences.

People we spoke with made positive comments about the quality of the food at the service. We observed lunch service on both floors. We saw the dining rooms were inviting, and well laid out. There was a large print menu on each table for people to look at. People were offered drinks throughout the meal time. We saw people were appropriately supported to eat when they needed assistance. For example, one person was supported to eat at their own pace and not hurried at all. Another person was not eating, so one of the care staff came to talk to her. The person was pleased to be engaged in this conversation and ate her meal whilst doing so. We saw people were offered a choice if they didn't like what was on offer. Some people had chosen to eat their meal in their room. We saw people actively eating and enjoying their meal in their rooms. We also observed staff supporting people in their rooms who required assistance.

Staff we spoke with were knowledgeable about their roles and responsibilities around the caring and supporting of people who lived at the service. Staff undertook refresher training in their own time via online e-learning. In addition, the staff also received face to face training for subjects such as fire safety and moving

and handling. We reviewed the service's staff training spread sheet; we saw there was a robust system in place to monitor whether staff had completed their training. During the inspection we identified that a new staff member had not been enrolled on Care Certificate training. We shared this information with the registered manager and action was taken straight away to enrol them. The service had a clinical training programme planned for September 2018 to June 2019. This training would cover a range of areas including, wound care management, gastronomy management, epilepsy and diabetes care.

We spoke with five staff about the support they received. They confirmed they had regular opportunities for formal supervision and had also attended staff meetings. They said they felt supported by the registered manager and felt that their concerns were listened to. The nurse we spoke with told us she had spent some time with the clinical lead for the service and had given some PEG training as the equipment was slightly different to the ones they had previously used. Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

We looked at four staff files and found they contained records of formal supervision. The registered manager gave us a copy of the staff supervision and appraisal spreadsheet. We saw that staff were receiving regular support and the registered manager had schedule in place to ensure staff received an appraisal. An appraisal gives staff the opportunity to discuss their training and development and also gives the registered manager an opportunity to discuss any areas of practice which needed to be improved.

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

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person. The registered provider was complying with any conditions applied to an authorisation. Staff were able to describe how people were promoted to be as independent as possible and to make decisions for themselves.

There was signage to help people navigate through the home. Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

## Is the service caring?

### Our findings

People and relatives told us they were happy with the care they received at Chapel Lodge. Comments included, "I like living at the home, but rather be in their own home," "They are lovely staff," "We have a chat and have a joke with them [staff]," "The staff are alright, yes they are kind. I get up and go to bed when I want and I choose what to wear" and "The staff are very nice and caring." One relative told us that things had improved, such as the environment. Pointing at the floor, they said, "This is much better, easier to keep clean." They described the staff as first class, excellent and very caring. Another relative said, "The staff are very good. I can talk to them if I have any worries and they always talk to me."

There was a welcoming atmosphere at the service. One person said, "My family visits every day and are always made welcome". Relatives were invited to attend events held at the service such as the Summer Fayre. The registered manager's office was located near the entrance and they said relatives could call in if they wish to discuss anything.

We observed staff interacting positively with people who used the service throughout our inspection. They gave each person appropriate care and respect while taking into account what they wanted. We also observed that staff adapted their communication style to meet the needs of the person they were supporting. For example, kneeling down and speaking with the person on their level in a chair. We saw staff enabled people to be as independent as possible while providing support and assistance where required.

Staff we spoke with told us they enjoyed working at the service. They knew people well and were able to have meaningful conversations with them because of this. Staff were able to describe people's individual likes and dislikes, their life history and their personal care needs.

We saw that most of the people on the ground floor stayed in their rooms. People we spoke with told us they preferred to stay in their room and it was their choice. They decided whether they wanted their door open or closed. Most of the people we spoke with told us they liked to have their door open. One person said they felt trapped in if their door was closed. We saw staff knocking on doors and calling out before they entered people's rooms.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights.

In the reception area there was a range of information available for people, relatives and visitors. This included the schedule for residents' and relatives' meetings and a copy of the complaints procedure. There was useful information about different organisations available for people or their representatives to contact. For example, St Luke's Hospice.

## Is the service responsive?

### Our findings

During the inspection we found concerns relating to some people's care records. We found concerns across a range of records. For example, one person had been living at the service since 14 August 2018, they did not have all the relevant risk assessments and care plans in place. We shared this information with the registered manager; they told us the missing documentation would be completed. We saw another person's fluid charts for their PEG were not being totalled and some examples of double recording for feeds. We did not find evidence that the person had come to harm. However, as this record was not completed and calculated correctly it was not possible to properly monitor whether the person was receiving nutrition and fluids to adequately to meet their needs. We saw the person's care plan stated they required repositioning in bed every two hours. This did not match the charts in their room, which stated they required to be repositioned four hourly. We spoke with the registered manager who told us this had recently changed, but the care plan had not been amended. The person had sustained skin damage to their hand and knee. However, we noted the person's care records had been evaluated on the 23 July 2018, but there was no mention of this.

We saw the process in place to ensure that all relevant records regarding people's dietary needs were updated required improvement. For example, we saw the cook had not received a new notification when two people's needs had changed in regard to the thickening of their drinks.

This showed the registered provider had not ensured there were effective systems in place to ensure each person living at the service had an accurate, complete and contemporaneous record of the care and treatment provided to the person and of decisions taken in relation to the care and treatment provided.

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

The registered manager told us that people had a 'This is Me' document included in their care records, but they wanted to capture a better understanding about person's needs and wishes by completing 'life stories'. They told us one of the activities workers was completing 'life story' work with people. Life story work is an activity in which the person is supported by staff and family members to gather and review their past life events and build a personal biography. Life story work can help encourage better communication and an understanding of the person's needs and wishes.

A communication care plan was completed for each person. This helped to identify how to provide information to the person so it was accessible and tailored to meet their needs. A large print menu was on each table in the dining rooms for people look at.

We saw there were end of life care arrangements in place to ensure people had a comfortable and dignified death. One of the relatives spoken with told us their family member was being supported with end of life care. They described how the care being provided had been designed around their family member's needs.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community. The service had recently obtained a mini bus. On each corridor an activities board displayed the choices and calendar. For example, the August and September events were listed. This included the following, summer fayre, coffee morning, church, entertainment, Macmillan's cake morning, knitting, shows, arts and crafts, pamper days, chair exercises and trips. Two people we spoke with told us they had really enjoyed the summer fayre. One person told us they really liked the fact that people's relatives had also attended.

Some people using the service did not wish to engage in group activities, so the activities workers told us they visited people in their rooms and provided one to one activity sessions. People would choose an activity they would like to do. One person said, "The staff are always popping in for a chat and the activities lady comes in most days to chat, reminisce or look at photos. She helps me to make my activities book and takes me out shopping and to the pub." Another person told us they had recently come to live at the service and they had really enjoyed going out with one of the staff to the local shopping centre.

The registered provider had a complaint's process in place. The complaints process was displayed in the reception area. The regional operations manager was kept informed if the service received any complaints. One of the relatives spoken with told us the response to any concerns from the management had improved. They said, "I have raised concerns with management and they are resolved as soon as possible. This is a great improvement on a while ago."

We saw the system in place to ensure the registered manager was kept informed about any concerns raised by relatives or people using the service would benefit from being reviewed. One relative we spoke with told us their sibling had raised a concern about the support their family member had received. They told us their sibling had arrived at lunch time to find their family member in bed asleep. Staff had put their family member's lunch on a cushion/pillow in front of them. They found their family member asleep with their hand in their dinner. The relative told us staff had provided their family member with a table. We spoke with the registered manager, they told us they had not been made aware of this concern by staff verbally or in writing. It is important there are systems in place to ensure informal complaints are recorded and shared with the manager, so they can ensure appropriate action has been taken to prevent re-occurrences. For example, they identify that some staff require further training.

# Is the service well-led?

## Our findings

Since the last inspection there had been a change of management at the service. The new manager had started working at the service at the end of April 2018 and had registered with the Care Quality Commission. A new regional operations manager had also been appointed and regularly visited the service. Since the last inspection staff from the local authority and the NHS Clinical Commissioning Group had also been working with the service.

At our last comprehensive inspection in November 2017 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches of Regulation 18, Staffing and a continued breach of Regulation 12, Safe care and treatment. We took enforcement action and a warning notice was issued for Regulation 12. The service's overall rating was 'Requires Improvement'. At this inspection we saw some improvements had been achieved since the last inspection. We saw sufficient improvement had been made to meet the requirements of Regulation 18, Staffing. However, we found a continued breach of Regulation 12, Safe care and treatment.

We saw systems and processes had been established at the service and at provider level to assess, monitor and improve the quality and safety of the services provided. However, our findings during the inspection showed some of these systems and processes were not always operated effectively. For example, the checks completed to ensure medicines were managed appropriately and safely had not identified the shortfalls we identified at this inspection.

Our findings during the inspection showed the system in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of each person using the service was not always effective in practice.

We found concerns across a range of records relating to people's care. This showed the systems in place to ensure each person had an accurate, complete and contemporaneous record of their care and treatment and of decisions taken in relation to their care and treatment required improvement. We also found the system in place to ensure people's PEEPs plans were in place required improvement.

We saw there were systems in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. However, the system in place to ensure medication errors including near misses were reported needed to be more robust. We also saw the system in place to ensure any concerns made about the care provided were communicated to the registered manager needed to be more robust. To ensure lessons were learned and appropriate action was taken.

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

During the inspection we received positive feedback from relatives and people about the change of management. One relative commented, "Management is very good now compared to a while ago. Senior management involvement made significant changes to improve the quality and standard." Staff spoken with also made positive comments about the registered manager.

On the reception notice board and in several locations, we saw there was a schedule of the residents' and relatives' meetings. There was also an opportunity to complete a satisfaction questionnaire available in reception. We reviewed the minutes of the relatives' meeting held in July 2018. We saw a range of topics had been discussed including the actions from the last meeting. These topics included, the new flooring, activities, agency staff, dignity and respect. A food survey had also been completed with people living at the service in July 2018. We saw people had been asked for their food preferences and to comment on the timings of meals. This showed the service actively sought the views of people to continuously improve the service.

We saw staff meetings took place to review the quality of service provided and to identify where improvements could be made. For example, a general staff meeting, a domestic staff meeting and kitchen staff meeting had been held during July 2018. We saw that a range of topics had been discussed at the general meeting including, dignity and respect, records completion, staff rotas and uniforms. The registered manager told us they held two meetings during the day to enable staff on different shifts to attend. The registered manager had also completed an unannounced visit at night in August 2018 to check the quality of care being provided.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

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
Treatment of disease, disorder or injury	The provider has not ensured that care and treatment was provided in a safe way for service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had not ensured systems and processes to assess, monitor and improve the quality and safety of the service provided were effective in practice. The registered provider had not ensured the systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users were effective in practice. The registered provider had not ensured an accurate, complete and contemporaneous record for each service user was maintained.