Mrs Kim Crosskey

# Pearson Park Care Home

## Inspection report

Pearson Park Care Home
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Hull
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Tel: 01482440666

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

Pearson Park Care Home is situated within the boundary of the park and is close to local shops, amenities and bus routes into Hull city centre. The service is registered to provide accommodation and personal care for to up to 24 people with a mixture of shared and single occupancy bedrooms. However, the registered provider has made some of the shared bedrooms into single occupancy so the current total of people that can be accommodated is 21; there are 13 bedrooms for single occupancy and four shared bedrooms. Refurbishment is currently underway to change an unused room into two en suite bedrooms.

The registered provider is also the registered manager and will be referred to as the registered provider/manager throughout this inspection report. 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.

We undertook this unannounced inspection on the 8 April 2016; there were 19 people using the service at the time of the inspection. At the last inspection on 6 and 7 November 2014, we issued a compliance action to ensure the registered provider acted within the principles of the Mental Capacity Act 2005 (MCA). We found at this inspection there had been improvements in the way the registered provider/manager worked within MCA. Most people were able to make their own decisions but assessments of capacity and best interest meetings had taken place to discuss decisions to be made on people's behalf when they lacked capacity.

We found potential risk areas had not always been identified and recorded. For example, the rear garden area was accessible to people and there were some areas of the garden and the external environment that were potentially unsafe. These had not been included in the environmental risk assessment. Some people had bed rails in place but assessments of need for them and risk assessments had not been completed. We have made a recommendation about these points. There were other areas where the registered provider/manager had identified risk and taken measures to minimise it.

Most people received care tailored to their needs although we found this could be improved in some areas. People had plans of care to guide staff but on occasions these lacked full information about specific issues. We also found the layout of the environment did not take into account the needs of people living with dementia. For example, there was a lack of signage to help people locate their way about the service. We have made a recommendation about this.

We found people's health needs were met and they had access to community health care professionals when required. We found medicines were managed well and people received them as prescribed. One person received a medicine when required to support with their anxieties and although we saw staff did not administer this very often, the guidance regarding its use was not very clear.

People liked the meals provided to them and they told us they had enough to eat and drink. Staff referred people to dietetic services when they had concerns about their nutritional intake or weight loss. We found the choice of desserts for people with diabetes was limited. This was mentioned to the registered provider/manager to discuss with catering staff.

People told us staff treated them well and were kind and caring. We observed this in practice. We found staff were recruited safely and deployed in sufficient numbers to safely meet people's current needs. Staff received access to training, supervision and support. We found staff were able to raise concerns with the registered provider/manager.

There were some activities for people to participate in and some people chose not to join in and preferred to 'do their own thing'. Some people told us they would like more to do. The registered provider/manager told us they would check this out with people.

There was a quality monitoring system in place but this had not been wholly effective in identifying areas that required addressing. Action plans were not produced following checks and surveys which meant there was the potential for issues to be left unattended. The refurbishment of the service was underway and areas already completed looked nice but the project was taking a long time and we have judged this could potentially have an impact on people's home and living experience. The registered provider/manager acknowledged the refurbishment had taken a long time but said they had consulted with people and had not received any complaints. We have made a recommendation about this.

We found there was a complaints procedure and people told us they felt able to raise concerns.

The service was clean and tidy and staff had equipment to help them minimise the risk of infections. However, checks on the water system had not been completed for several years. The registered provider/manager told us they would source a company to do the checks.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

There were areas in the garden and the side of the property which were potentially unsafe for people to access. Most risk issues were assessed but the garden area had not been included in the environmental risk assessment and people who used bedrails had not been assessed for their use. We have made a recommendation about this.

Staff had sufficient personal and protective equipment to support to minimise the risk of infections but water tests for legionnaires had not been completed as per the registered provider policy.

Staff knew how to protect people from the risk of abuse and who to contact if they had any concerns.

People received their medicines as prescribed.

Staff were recruited safely and there were sufficient numbers available to meet people's current needs.

### Is the service effective?

**Good**

The service was effective.

Improvements had been made in the way the registered provider/manager worked within mental capacity legislation. Assessments of capacity were completed and best interest meetings held to discuss decision-making when people lacked capacity. People were supported to make their own decisions when they were able.

People's nutritional needs were met and they liked the meals provided. However, a wider selection of desserts for people with diabetes would enhance their choices.

Staff had access to training, supervision and support.

We have made a recommendation about increasing signage in the environment to support people living with dementia.

## Is the service caring?

Good

The service was caring.

Staff approach was observed as patient and caring. They provided explanations to people prior to the completion of tasks.

Staff treated people with respect and maintained their dignity. They encouraged people to be as independent as possible.

People's confidential records were held securely.

## Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Some areas of person-centred care could be improved to ensure people's specific needs were fully met. Some care plans lacked important details and one person's care plan had not been completed in a timely way.

There was a complaints policy and procedure and people told us they felt able to raise concerns.

## Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was a quality monitoring system in place but this had not been fully effective in identifying issues and addressing them in a timely way.

Refurbishment of the service was taking place and when areas were completed they looked very nice. However, the length of time of refurbishment for each communal room could potentially impact on people's home and living experience; an alternative room was provided for people to use each time. We have made a recommendation about these two points.

Staff and people who used the service said the registered provider/manager was supportive and always available and they felt they could talk to them about issues.

# Pearson Park Care Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 inspection took place on 8 April 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

The registered provider had completed a Provider Information Return (PIR) and we checked the contents prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection we spoke with local authority safeguarding and contracts and commissioning team about their views of the service. There were no concerns expressed by these agencies.

During the inspection we observed how staff interacted with people who used the service throughout the days and at mealtimes. We spoke with six people who used the service and one person who was visiting their relative. We spoke with the assistant manager, the deputy manager, two care workers and a cook. The registered provider/manager was on annual leave.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as 19 medication administration records [MARs] and monitoring charts for daily care, food, fluid and weights. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, training records, the staff rota, minutes of meetings with staff and

people who used the service, quality assurance audits, complaints management and maintenance of equipment records.

Requires Improvement

# Is the service safe?

## Our findings

People told us they were safe and trusted the staff. Comments included, "I feel safe because they lock the doors at night", "I trust the staff they are very good" and "There are plenty of staff around this makes me feel safe." People told us they get their medicines on time and said, "They bring my tablets to me here in my room" and "They make sure I get my tablets, I couldn't do this for myself anymore."

We saw the exterior of the building had areas that were potentially unsafe for people who used the service. The garden at the rear of the property had building equipment at one end; this had been cordoned off with a barrier. There was uneven ground and irrigation pipes protruding from the grassed area which was accessible from a door off one of the corridors. The registered provider/manager told us people with mobility difficulties did not access this part of the garden unaccompanied. However, these were potential trip hazards. There was a covered area for people to sit and smoke but the fabric-covered chairs were stained and marked with cigarette burns. The side of the house had a car with a flat tyre, which had been there for some time, building material with ivy growing around it and a hole covered with boards which were wet and sagging; this didn't give a good first impression of the service. There was a small courtyard area at the front of the building for people to sit and enjoy the warmer weather. We have asked the local authority health and safety officer to check out the area and provide advice to the registered provider/manager. The health and safety officer visited the service following the inspection and was happy the registered provider/manager had taken action to cordon off areas of concern; they advised the registered provider/manager about certain issues and to continue to monitor the impact of the refurbishment work. We spoke with the registered provider/manager following the inspection and they told us they were to concentrate on addressing the exterior of the building and making the garden more user-friendly before it was needed in the summer.

We recommend the garden area at the rear of the property be free from trip hazards for people and the cordoned off section where building materials and equipment are stored is included in the environmental risk assessment.

We were shown a bedroom door that would not close properly which meant the intumescent strips, in place as part of a fire safety mechanism, would not be effective. We mentioned this in feedback to the assistant manager who stated they would address this straight away. We spoke with the registered provider/manager following the inspection and they confirmed the door had been adjusted so it closed properly.

The internal communal areas were clean and tidy. One bedroom had a malodour which was mentioned to the assistant manager to check out and address. Staff told us they had access to personal, protective equipment such as gloves, aprons and hand sanitiser. There was liquid soap and paper hand towels in toilets and bathrooms to assist with good infection prevention and control. We saw unused shower heads and water outlets were flushed regularly but legionella sampling checks not been done for several years. The assistant manager told us they had difficulty in finding a suitable company to complete these checks but will pursue this again. The registered provider/manager's policy states, "Water storage container will be sampled for bacteria every three months by a competent person." We spoke with the registered

provider/manager following the inspection and they said water sampling tests would be addressed. They confirmed hot and cold water was stored at the correct temperature which helped to minimise the risk of legionella developing.

Staff we spoke with confirmed they had completed training in how to safeguard people from the risk of harm and abuse. They knew how to raise safeguarding alerts and who to speak with if they had any concerns. The service followed the local safeguarding team's policy and procedure for alerting and referring any incidents between people who used the service which met the threshold of abuse.

Risk assessments were completed for areas of daily living which posed a risk to people who used the service. These included leaving the service unescorted, mobility and nutritional intake. We saw there were four people who had bedrails insitu but there was no risk assessment completed to assess whether they were appropriate for them. The assistant manager found a blank risk assessment form for bedrails and told us these would be completed and held in people's care files. We spoke with the registered provider/manager following the inspection and they confirmed the assessments would be completed quickly. They said staff were now aware these needed to be done straight away when people were first admitted to the service and there was a chance the bed rails were required. People who used the service had personal emergency evacuation plans (PEEPs) to guide staff should any emergency evacuation be required.

Medicines used on a daily basis were stored securely in a trolley in the dining room and other stock medicines were held in a locked cupboard. There was also a fridge secured to the wall in the dining room. Staff recorded the temperature where medicines were stored to ensure this met manufacturer's recommendations. We saw the medication administration records (MARs) were signed when medicines were received into the service and when they were administered to people; medicines were administered to people as prescribed. We saw some people were prescribed a variable dose of medicine such as pain relief, laxatives and in one case a vitamin B compound. Also one person was prescribed a medicine to be taken 'when required' (PRN) to help alleviate their anxieties. These variable and PRN instructions were not fully clear and there were no protocols to guide staff in their administration. The file which held the MARs was untidy and the MARs had come loose which meant they were at risk of falling out. Some photos of people who used the service, which were used to aid identification, were missing and some were in black and white which made their features difficult to see. We noted, on occasions, staff used the same MAR to record the current month's medicines and also medicines for the next month were handwritten underneath; a separate MAR for each month would help to prevent errors from occurring. We spoke with the deputy manager about these issues to address.

We found there were sufficient staff on duty to meet the needs of people who used the service. There were three staff on duty during the day and two at night. There was also an assistant manager and the registered provider/manager during usual working hours Monday to Friday. There was a cook on duty seven days a week from 9am until 1pm and a domestic staff every alternate day. On the morning of the inspection, a member of staff had rung in sick at short notice and care staff told us they had been busy but had managed. The assistant manager told us there were about 10 people who used the service who required little or no assistance with personal care in the mornings so the staff on duty could concentrate their support on those people who did need more support.

Records showed new staff were recruited safely following submission of an application form, an interview and employment checks. These were carried out prior to new staff starting work in the service and included references and Disclosure and Barring Service (DBS) checks. The DBS checks are carried out to see if potential employees have a criminal record history so it can be risk managed and to see if they are barred from working with vulnerable people.

Good

# Is the service effective?

## Our findings

People told us they enjoyed the food. Comments included, "The food here is lovely, the cook knows what I want", "We get plenty of food and it's always nice" and "I get plenty of choice." People told us they could see their GPs when they wanted and were supported to attend hospital appointments. They said, "They ask me if I want to see the doctor when I'm not well", "I just tell them when I want the doctor and they ring him" and "I tell them not to bother him but they do."

We saw people had access to a range of health care professionals when required. These included GPs, district nurses, community psychiatric nurses, emergency care practitioners, dieticians, opticians and chiropodists. Staff supported people to visit hospital consultants at outpatient departments when required. Dates of visits to and from health professionals, and their advice and treatment were recorded in care files. In discussions, staff demonstrated they knew how to recognise the signs and symptoms that would prompt them to seek medical advice for people.

We observed people's nutritional needs were met but there was a limited selection of desserts made for people with diet controlled diabetes; there was fresh fruit and yoghurts available but we saw from records that people with diet controlled diabetes liked to eat the sponge cake with custard. We spoke with the cook and they told us the sponge cakes were bought in rather than homemade. Custard was homemade and could be made with a sweetener suitable for people with diet controlled diabetes; the service had sweeteners but these were the kind for use in drinks. Jellies purchased were not the sugar-free variety, however, the cook stated these items plus sugar-free sponge mixes could be ordered to help provide people with diet controlled diabetes a wider variety of desserts. Staff completed a nutritional risk assessment and people were weighed in line with this. We saw dietetic services were contacted when people's weight loss caused concern.

The menus offered a selection of meals over a four-week period. The cook visited each person during the morning to check whether they wanted the main meal or an alternative for lunch. There was a selection of sandwiches, salad and soup for the evening meal and breakfast was cereals, toast or porridge. People also had the option of having eggs on toast for breakfast. The menus showed there was roast dinner each Sunday. We saw drinks and biscuits were served in-between meals. There were tea and coffee facilities in the dining room so people who were able could make themselves a hot drink when required throughout the day. The meal served on the day of the inspection, fish, chips and mushy peas, looked well-presented and hot. People told us they had enjoyed their lunch.

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. At the last inspection on 6 and 7 November 2014, we issued a compliance action to ensure the registered provider acted within the principles of the Mental Capacity Act 2005. At this inspection we saw one person lacked capacity to make their own decisions about receiving medical treatment. This was

completed in line with best practice and best interest meetings were held to discuss the decisions. The registered provider/manager was aware of the need to assess people's capacity when important decisions were required and there was some doubt as to their ability to fully understand the choices available to them. Assessments of capacity and best interest meeting documentation had been completed for the use of bedrails for specific people.

We observed staff sought consent prior to completing tasks. For example, we saw them ask people discreetly if they wished to go to the toilet and whether they wanted to go to the dining room for lunch.

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). The assistant manager told us the registered provider/manager had considered two people may meet the criteria for DoLS. We spoke with the registered provider/manager following the inspection and they told us they had applied the 'acid test' for DoLS and found the two people had fluctuating capacity and it had been difficult to assess. They are to speak with the local authority, as the supervisory body to seek their advice about the two people.

There is a barrel lock to the front door which can only be opened by staff; all staff have a key for this purpose. The local fire safety officer has checked the lock and confirmed the necessity for all staff to continue to have a key in cases of emergencies. The assistant manager told us the registered provider/manager had plans to replace the barrel lock with a key code lock. This would help those people who have capacity to enter and leave as they choose but also for the service to remain safe and secure for those people who lacked capacity and who had the potential to leave the building unescorted.

We saw staff had access to training considered essential by the registered provider/manager. These included fire safety, moving and assisting, safeguarding, medicines management, infection control, basic food hygiene, health and safety, mental capacity legislation and first aid. Some staff had completed specific training such as dementia awareness, sensory deprivation awareness, mental health, Parkinson's disease, end of life, equality and diversity and how to manage behaviours which could be challenging. Staff told us they felt they had sufficient training to enable them to support people and assist them to meet their needs. They also told us they were supported by management and received formal supervision meetings where their practice and training needs could be discussed. Comments from staff included, "The manager is very approachable and would bend over backwards", "You can talk to them about personal life and they will work around that", "They are really good and supportive" and "I enjoyed doing the distance learning courses."

We noted the environment was suitable for people's needs and there had been some adjustment, for example with grab rails. However, there were no pictorial signs to remind people living with dementia of the location of their bedrooms, toilets, bathrooms, the dining room and the lounge; all the doors looked the same. The lounge had recently been redecorated but there was minimal stimulation on the walls. The assistant manager told us they were sourcing appropriate pictures for the walls.

We recommend the registered provider/manager obtains advice and guidance from a reputable source regarding making the environment more dementia friendly.

Good

# Is the service caring?

## Our findings

People told us they staff were kind and caring. Comments included, "The staff are wonderful", "They are all really nice and kind, they'll do anything for you" and "I just have to ask them and they do it, they are kind." No one could remember being involved with care plans or reviews. People told us the staff respected their privacy. They said, "They always knock and ask" and "The staff ask if want anything doing, I like that because there are some things now I can't do myself."

A relative told us, "She likes it here and is really settled. The care is good and the staff appreciate her illness." However, they also mentioned their relative had a lockable facility in their bedroom but there was no key available for them to use it and store personal items securely. This was mentioned to the assistant manager to address.

We observed staff involving people who used the service and positive interactions between them. The staff knew people's names and those of their relatives and were observed speaking to people in a kind and patient way. Staff gave explanations to people prior to performing any tasks, for example we observed member of staff give people their medicines; they spoke to people, provided a drink for them and gave the medicine in a pot so the person could pick this up themselves. During lunch, staff gave people their meals, chatted to them and encouraged them to be independent.

We saw staff treating people with respect and maintaining their privacy and dignity. People were smartly dressed in clean clothes, their finger nails were clean and hair was brushed. Men had been supported to shave. Staff were observed knocking on doors prior to entering bedrooms. One person's care plan detailed they were a private person who didn't like to mix and preferred to sit in their bedroom. We saw staff respected this but visited them to sit and chat when they had time.

Thirteen of the bedrooms were for single occupancy which afforded people privacy. There were four bedrooms for shared occupancy. These had a curtain screen between the two beds which could be used to provide privacy. We saw there were privacy locks on bedroom, toilet and bathroom doors.

We saw care plans reminded staff to promote people's privacy and dignity during personal care tasks and to encourage them to maintain their independence skills. For example, one person's care plan described how the person was independent when managing their own personal hygiene and only required monitoring and prompting to bathe and change their clothes. Another person's care plan stated, "Allow [person's name] to wash her own hands, face and front and assist with other areas of her back and legs." The care plans also gave examples of promoting choice, for example, one person's care plan stated, "Ask permission to keep tobacco and cigarettes for him." The care plans gave staff instructions regarding communication with people. For example, one person's care plan stated, "Speak slowly, clearly and be patient and ensure she understands."

We found people were provided with information about the service. The meals provided for the day were written on a notice board in the corridor outside the dining room. This detailed the main lunch time meal

and what was available for the evening meal. There was an activity schedule on the door leading into the lounge. This identified which activities staff were to carry out with people although a member of staff told us it could be subject to change if people wanted to do something else.

The registered provider/manager and staff were aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. People's care files were held securely in lockable cabinets in an area designated for staff in the lounge. Medication administration records were held in the medicine stock cupboard. The computer was password protected to aid security. Staff records were held securely in lockable cupboards in the registered provider/manager's office. The service was registered with the Information Commissioners Office, which was a requirement when computerised records were held.

Requires Improvement

# Is the service responsive?

## Our findings

There was a mixed reaction to activities. Some people told us they didn't do much during the day and other thought there was enough. Comments included, "I just do as I want really, I don't get involved with the activities", "I think it's just right, I like a quiet life and they leave me alone" and "I go out a lot so I don't get involved. I know they have singers and the like but I just keep away." People knew they had a right to make complaints and who these should be directed to. They said, "I would speak to the owner, I wouldn't let anything go" and "I would see the manager she's ok and she listens to you."

A relative told us they had raised some issues but the response had been slow in addressing them. They had not formalised the issues as a complaint but told us they had spoken with staff, however, they said some of them remained outstanding. We spoke about these issues with the assistant manager so they could be addressed. The assistant manager told us later that they had no record of any concern being raised, however, they would speak with the relative to try and resolve issues.

We saw people had assessments of their needs and the information was used to develop care plans. Some people had information in assessments and care plans produced by the local authority but not everyone had these in place. There was information about people's activities of daily living condensed onto one page for ease of access; these read like both an assessment and care plan and included some preferences such as gender of care worker. There was also a page of likes and dislikes and what activities and hobbies people used to participate in.

Some elements of the care plans gave staff good instructions in how to care for people in a person-centred way. For example, they described what people could do for themselves and where any risk had been identified. One person had a good care plan which described how staff supported them to manage their cigarettes safely and also to ensure their e-cigarette was refilled and recharged; it also described how not having access to cigarettes affected the person. Another person had a nutritional care plan which described how they would often say they were not hungry. Staff were reminded about the risk of the person refusing meals and were prompted to offer small portions. It also described what food the person enjoyed and to offer the meal later if they were anxious. The same person had a plan that described behaviours which could be challenging and what staff could do to divert them during these times.

However, some care plans lacked important information. For example, an information page at the front of one person's care file stated they had diabetes but there was no mention of this in the care plans on nutrition or general health. The same person had information recorded that indicated they could walk into other people's bedrooms and take their belongings but there was no plan for staff to follow to manage this. People who had bed rails in place had not been assessed to see if they required them. One person who had lived in the service for two weeks did not have a care plan but did have the one page 'activities of daily living' record which provided staff with basic information in how to meet their needs. These points were mentioned to the assistant manager to check out and address; they told us a full care plan for the new person recently admitted would be completed straight away.

We found people were provided with person-centred care, for example, one person had communication cards translated in their main language to help staff communicate with them and another person with vision difficulties had additional lighting in their bedroom. However, there were some areas where this could be improved. For example, we observed one person had swollen ankles as a result of nylon ankle socks being too tight which staff had overlooked. The person with vision difficulties was also unsteady and slow when mobilising and had recently trapped their ankle in a door which had a rapid self-close system; their relative was concerned this had not been adjusted to account for their needs. Following the inspection, the assistant manager told us they had evaluated the accident and felt the door did not require adjustment as the incident was a 'one off'. However, they told us they would continue to monitor this issue.

There were some activities for people and a weekly programme of events such as karaoke, crafts, ball games, dominoes, nail care, hoopla, skittles and bingo. Two people went to a local social centre and several people were able to come and go as they pleased to local shops and the park. Staff supported some people who required assistance to visit the shops. Some people preferred to stay in their bedrooms and only came out when they chose to socialise or if they decided to have their meal in the dining room. We saw people were visited by their relatives who were welcomed at any time. We observed people were happy sitting in the lounge reading newspapers, chatting to each other and on occasions they used the karaoke machine to sing songs. Other people chose to sit in the dining room and read their newspaper and go for a cigarette in the designated area outside. In the afternoon we observed one person and three of their friends sitting and chatting at a dining room table sharing a box of chocolates and having a cup of tea. Staff had time to sit and chat to people in the lounge. Some people told us they would like more to do. The registered provider/manager told us they would check this out with people again at the next 'residents meeting'.

The service had a policy and procedure to guide staff in managing complaints. The complaints procedure was on display in the service. The procedure gave timescales for resolution and to which agencies people could escalate the complaint if they remained unsatisfied with the internal investigation.

Requires Improvement

# Is the service well-led?

## Our findings

All the people we spoke with found the registered provider/manager approachable. Comments included, "I can go to her if I want anything, she's ok", "[Registered provider/manager's name] is ok, she listens to you and does what you ask" and "I have no problem with the manager she's nice." People told us they saw the registered provider/manager on a daily basis and knew she was in the office if they wanted her. "[Registered provider/manager's name] comes to see me most days and asks how I'm getting on", "If you want her she's in the office, no problems" and "I know where I find her when I want her."

Staff spoke with described the registered provider/manager as open and approachable. They all said they would be able to raise concerns with her and she would address them. A relative told us they felt able to raise concerns but the response to them was not always completed in a timely way.

The registered provider/manager was aware of their responsibilities with regards to notifying the Care Quality Commission and other agencies of incidents which affected the safety and welfare of people who used the service. Generally, we received notifications in a timely way but there had been three instances when we should have received information but this had not occurred. We spoke with the assistant manager about this and noted there was confusion about whether the incidents were notifiable. Two incidents had been discussed with the local safeguarding team and a third was an injury that had occurred to a person when they were away from the service. The assistant manager told us they would make sure they revisited the guidance about notifications and ensure all notifiable incidents were reported straight away in future. When we receive notifications it means we can check out how the registered provider/manager is dealing with incidents and what risk management plans they have put in place to prevent reoccurrence.

There was no full environmental audit to check the standard of bedroom furniture and timescales for renewals. We found several bedrooms had furniture which was old, hand rails were in need of varnishing and carpets needed replacing in some bedrooms and corridors. We found the light in one of the main toilets wasn't working and the fluorescent light leading to the outside area were people smoked was also not working. When we tried this latter light again the fluorescent bulb came on and the assistant manager told us they would check the light fitting to ensure there was no loose connection. The radiators in two of the main toilets were hot to touch and the assistant manager adjusted these during the inspection. One person's bedroom door would not close properly and their radiator valve had broken off so there was no way of adjusting the heat. Following the inspection, we asked for a refurbishment plan and although we received one with timescales for some areas of improvement, there were no timescales for the replacement of furniture; The registered manager/provider told us furniture was replaced on an ad hoc basis when needed and in line with budgetary constraints. The registered provider/manager told us the focus at present was on developing a room into two en suite bedrooms, refurbishing a walk-in shower room and making the rear garden fit for purpose. The registered provider/manager had completed refurbishment of the lounge since the last inspection but this took over a year to do and should have been completed in a more timely way to lessen the impact on people's living experience. The same situation applied to the rear garden as a section of it had been cordoned off for over two years.

We recommend any refurbishment is completed in a timely way to lessen the impact on people who used the service. Also a system is set up whereby a competent person checks the environment to identify potential safety issues, records what action is required and ensures this is completed in a timely way.

There was a quality monitoring system in place which consisted of some audits and seeking people's views. The checks seen were for policies and procedures, daily and weekly cleaning, medicines and staff training. We could not see any management audits had been completed on care records to make sure all important information was included and up to date although key workers reviewed them. This was mentioned to the assistant manager to address.

We saw surveys had been completed for people who used the service and others who had an interest in the service such as relatives, visiting professionals and staff. There were positive comments, but also some areas to improve on the surveys completed by people who used the service. The assistant manager said any shortfalls were discussed in meetings with people who used the service although the minutes of them did not make this clear. The assistant manager showed us the reverse of a survey where it was written they had addressed the shortfall. However, a full action plan which identified the shortfalls from the surveys and audits, what measures were required to address them, whose responsibility it was and timescales for completion would be useful for auditing purposes. This was mentioned to the assistant manager to address.

We saw meetings had taken place for people who used the service; we looked at the minutes of the meetings held in May, September and December 2015. These sought people's views on the care provided, activities, cleanliness, laundry, any concerns and apologies were offered for the building work. People were reminded they could raise concerns. Staff meetings took place approximately every two months. These were an opportunity to share information with staff and highlighted areas such as training, the staff rota, laundry, equipment and care issues.

There were very few accidents that occurred in the service. These were documented and the assistant manager told us the records were overseen by the registered provider/manager to look for patterns and trends and to update risk assessments.

The registered provider/manager had displayed, as required, the previous rating of the service following the last inspection in November 2014. This gave people information about judgments made at the last inspection.