

## Ridgeway Residential Home Partnership

# Ridgeway Residential Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 18 December 2015 and 5 January 2016. The first day of the inspection was unannounced.

Ridgeway Residential Home provides personal care for up to 16 people over retirement age, who may be living with dementia or may have a physical disability. It does not provide nursing care. This is provided by the community nursing service. At the time of this inspection there were 14 people using the service.

We last inspected this service on 21 January 2014 and found that the service was meeting the requirements of the regulations we inspected at that time.

A registered manager was in place and they were present on the second day of the inspection. The registered manager is also registered as the manager of another residential service and they divided their time between the two services. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The recruitment process was not robust and did not ensure all the required information about prospective staff had been obtained prior to them working at the service.

The management of medicines was not always adequate. Medicines were not always stored at the manufacturer's recommended temperature. Records relating to medicines were not always signed by staff to ensure their accuracy.

The Mental Capacity Act 2005 requires providers to ensure safeguards are in place when someone does not have the capacity to make an informed decision about their care and treatment. People's capacity to consent had not always been assessed. The provider had not taken appropriate action in line with legislation and guidance to ensure people's rights were fully protected.

The majority of people said there were enough staff on duty to maintain their care needs and safety. However people said staff did not always have the time to engage with them in social activities or to sit and chat.

We received mixed responses about the food provided at the service. The registered manager and provider were aware of people's concerns about the food and were keen to listen to them to ensure this improved.

The service offered a weekly activities programme. However, activities on offer were limited and did not always reflect people's individual abilities, hobbies or interests. This was an area several people identified for improvement.

Some people expressed concern about the approach and attitude of some staff. The registered manager was aware of these concerns and was working with staff to ensure their approach improved. During the inspection staff demonstrated a kind and caring approach and were mindful of people's privacy and dignity.

Quality assurance and audit processes were in place to help monitor the quality of the service provided. However improvements were needed as some of the shortfalls we found during this inspection had not been picked up prior to our visit. Not all records were accurate or up to date.

People said they felt safe living at the service. Comments included, "I've got nothing I could fault this place for at all..." and "They're very good at helping me." There were systems in place to protect people from the risk of harm. Risks associated with people's conditions or care needs had been identified and actions were in place to reduce risks. However, risk assessments and care plans were not always up-dated following changes or accidents to ensure actions remained adequate. Staff had a good understanding of safeguarding vulnerable adults and knew what to do should they have any concerns about poor practice or possible abuse.

Two people said they would be reluctant to raise concerns. However, people knew who to speak with should they have any concerns and complaints were investigated and resolved as far as possible.

People were supported to eat and drink enough and maintain a balanced diet. Staff, including the cook were knowledgeable about people's individual nutritional needs. People had access to healthcare professionals to meet their health needs. Feedback from a visiting health professional showed the service worked in partnership with them for the benefit of people using the service.

Staff had opportunities for regular training to enhance their skills and knowledge of working with people at the service. Staff said they were well supported by the deputy manager and registered manager.

We found four 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.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not safe.

Appropriate pre-employment checks had not been completed on all staff prior to them starting work at the service.

Appropriate arrangements were not in place for the safe management of all medicines.

Risks to individuals had been considered and actions were in place to reduce identified risk. However risk assessments were not always reviewed following incidents to ensure they remained relevant.

There were systems in place to make sure people were protected from abuse and avoidable harm. Staff were aware of the procedures to follow to report abuse.

There were enough staff on duty to ensure people's daily care needs were met, however staff had little time to spend with people socially.

Requires improvement



### Is the service effective?

Aspects of the service were not effective.

Where people did not have the capacity to consent, the provider had not always acted in accordance with the legislation and guidance.

People were offered a varied and nutritious diet and they were supported to eat and drink to ensure they maintained good health. However, we received mixed feedback about the quality of the food provided.

People saw health and social care professionals when they needed to and staff followed their advice.

Staff received training to update their skills and knowledge.

Requires improvement



### Is the service caring?

Aspects of the service were not always caring.

Although most people made positive comments about staff and how they were cared for, this was not consistent.

We saw positive interactions where staff respected people's privacy, dignity and choices.

Relatives and friends were encouraged to visit and were made to feel welcome during their visits.

Good



### Is the service responsive?

Aspects of the service were not always responsive.

Requires improvement



# Summary of findings

Activities available to people were limited and did not reflect people's individual abilities, interests and hobbies.

People had been involved in planning their care and care plans detailed their individual needs. However, care plans had not always been reviewed following incidents to ensure they remained accurate.

The service had a complaints procedure and people were aware of how to raise concerns, although two people felt reluctant to express concerns they might have.

## Is the service well-led?

Aspects of the service were not well-led.

Some quality assurance processes were in place to monitor the quality of the service provided. However, improvements were needed as some of the shortfalls we found during the inspection had not been picked up prior to our visit.

Incidents and accidents were not formally analysed to help identify if any patterns or trends could be avoided. Not all records were accurate and up to date.

Systems for obtaining the views of people who used the service were in place and people's suggestions were acted upon.

**Requires improvement**



# Ridgeway Residential Home

## Detailed findings

### Background to this inspection

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

The inspection took place on 18 December 2015 and 5 January 2016. The first day of the inspection was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

Some people using the service were unable to provide detailed feedback about their experience of life at the home. During the inspection we used different methods to help us understand their experiences. These methods included both formal and informal observation throughout the inspection. 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 with us. Our observations enabled us to see how staff interacted with people and see how care was provided.

We met or spoke with all of the people using the service and spoke with seven in detail about their experience. We spoke with three relatives of people using the service and seven members of staff including a provider partner; the registered manager and deputy manager; care staff and ancillary staff. One health professional responded to our request for feedback about the service.

We reviewed the care records of four people and a range of other documents, including medication records, three staff recruitment files and staff training records, and records relating to the management of the service.

# Is the service safe?

## Our findings

The Provider Information Return (PIR) stated recruitment policies ensured only suitable people were employed and Disclosure and Barring applications were submitted and references obtained. However, we found the recruitment process was not robust and did not ensure all the required information about prospective staff had been obtained prior to them working at the service. Disclosure and Barring Service (DBS) checks had not been obtained for two members of staff prior to them starting work at the service. A DBS check provides information about any criminal convictions a person may have. None of the three personnel files we looked at contained a full employment history with gaps explained. Evidence of satisfactory conduct from previous employer had not been returned for one person; two 'references' on file were from friends. The registered manager said this was because the staff member was from overseas and they had been unable to get a reference from their previous employer. The registered manager and provider's representative explained due to staff leaving they had "desperately needed staff..." They added that sometimes they had 'taken a risk' when all the recruitment information had not been returned but staff had been employed. **This is a breach of Regulation 19 Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Medicines were stored securely however, records of fridge temperatures showed they were not always stored at a temperature recommended by the manufacturer. On five occasions in December 2015 the medicines fridge temperature exceeded recommendations. Following the inspection the registered manager informed us a new thermometer had been purchased to ensure readings were accurate. Where staff had handwritten entries onto the medicines administration records, these had not been signed by staff responsible to ensure accuracy and accountability. The deputy manager completed weekly medicines audits which focussed on the quantity of medicines in the service to ensure these tallied. Other aspects of medicines management, such as fridge temperatures and records were not included in the weekly audit, meaning these issues were not picked up and addressed. **We recommend the service follows the NICE National Institute for Health and Care Excellence Guideline, Managing Medicines in Care Homes Published 14 March 2014.**

Other aspects of medicines management were safe. People received their medicines as prescribed. There were effective systems in place for the receipt, administration and disposal of medicines. Staff responsible for the management of medicines, including administration, had received training to help ensure safe practice. Staff assisting people to take their medicines did so in a caring way; ensuring people had the time to take their medicines.

We received mixed feedback from people using the service about whether there were always enough staff on duty. Some people using the service felt staffing was "...not so good..." People said this did not affect their safety or comfort but more their interactions with staff and the activities available to them. One person said, "No-one ever has time to stop by and chat" and another said, "...the trouble is I'm too much on my own...if the staff came to talk to me it would be better..."

Staff spoken with said shifts were busy with the current staffing levels and dependency of people using the service. They felt at times people had to wait for attention and they had little time to spend with them other than when delivering care. One said, "More staff would reduce the rushing, waiting and make people more relaxed..." Another said, "It can be very busy late afternoon and suppertime. There are only two of us on then..."

The registered manager said they had not carried out an analysis of need and risk as the basis for deciding sufficient staffing levels. They said staffing levels were a regular topic of conversation between management and staff and if and when necessary staffing levels were increased. The 'usual' staffing levels were three care staff from 8am until 2pm and two care staff from 2pm to 8pm. There was one waking and one sleeping member of staff on duty overnight. Two cooks and a cleaner were also employed although cleaning staff worked 24 hours per week and not at weekends. The staff rota confirmed this. The registered manager spent three days a week at the service, although her time spent at the service was not recorded on the staff rota.

We looked at the dependency levels of people using the service. Five people required the assistance of two staff for safe moving and handling and for some aspects of personal care. Everyone at the service required some assistance or prompting and supervision with personal care. Two people required regular assistance to change their position to reduce the risk of pressure damage. Staff said they were responsible for preparing afternoon teas

## Is the service safe?

and serving suppers and cleaning up afterwards, which took time. They were also doing the laundry although they added the bulk was done by the night staff. The registered manager said care staff had been told to only do the laundry 'in between other duties...'

During the inspection we saw no lengthy interactions between people in the communal sitting room and staff. Interactions were based around care tasks and although people were not rushed and staff were polite they spent little time in conversation or engaging in social activities.

**We recommend a 'needs' analysis and risk assessment be undertaken as the basis for deciding suitable staffing levels.**

When we asked relatives and a visiting professional whether there were sufficient staff, they were happy with the levels of staffing, one relative said, "There always seems to be enough staff. They are around..." A visiting health professional said, "...there is always a member of staff on duty available to help me..."

Risks to people's safety and health had been considered. Risk assessments were in place and identified the specific risks for individual's, for example related to mobility; falls; skin care; nutrition and choking. The actions staff should take to reduce the risk of harm to people were included in the risk assessments. Staff were aware of the risks to individual's and were able to describe the actions outlined within the assessments. Risk assessments were reviewed regularly. However, we saw from the daily notes of one person they had experienced difficulties with swallowing during a mealtime, which required first aid intervention. The risk assessment review completed a few days after the incident stated "...no reports of choking to date..." We discussed this with the registered manager who was unaware of the incident. They said they would investigate and up-date the risk assessment to ensure the level of risk recorded was accurate and the necessary action to reduce the risk was still appropriate for the person. The person had been assessed by a speech and language therapist and their recommendations were contained within the person's care records. Staff were aware of the actions to be taken to reduce the person's risk of choking, including appropriate

foods to be offered. Where the person had declined to comply with the recommendations of the speech and language therapists this had been discussed with the therapist and recorded in the care records.

Accidents and incidents were recorded on 'incident/accident forms'. However, these forms were not always completed with detailed information about what happened and in five of the seven records we reviewed there was no information recorded about 'recommendations to avoid similar accidents occurring'. One person had experienced two falls between October 2015 and December 2015. Their care plan and risk assessment had not been reviewed to ensure the measures in place to prevent falls were sufficient. Records showed no serious injuries had been sustained by people following falls or other minor accidents.

People said they felt safe at the service. Comments included, "I am content..." and "I am safe here I have people to help me..." Relatives of people said the service was 'very safe' and they had never seen any untoward behaviour by staff. One said, "I feel (relative) is definitely safe here, staff are lovely with (relative)..." and "I have never seen anything of concern here...no shouting or raised voices..." A visiting health professional said they "...always thought highly of the care provided..."

Staff had received training to help them understand and recognise issues relating to safeguarding people from abuse. Staff were able to describe practices which may concern them and they understood their responsibility to report any concerns to the registered manager. They were also aware of external organisations to contact, such as the local authority, they could contact should they feel concerns were not being dealt. Staff had confidence the registered manager would act on concerns. The registered manager was aware of her responsibilities in relation to safeguarding.

Personal Emergency Evacuation Plan (PEEP) were in place with information about the support individual's would need should an emergency evacuation of the building be necessary. This demonstrated the service had plans and procedures in place to safely deal with such an emergency.



# Is the service effective?

## Our findings

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's capacity to make and understand the implication of decisions about their care and support had been assessed and documented within three of the four care records we reviewed. The care plan for one person showed they lived with dementia, had short term memory loss and they were 'daily confused...' However the mental capacity assessment within their records was blank. There was no evidence of how decisions had been made about this person's care and support and there was no record of a "best interest" meeting. This meant that consent was not being sought in line with the MCA. **This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People's consent was obtained prior to staff providing day to day care and support. For example, throughout the inspection staff involved people in how and when care and support was provided. Staff offered choices to people and allowed them time to make their wishes known. People's preferences were respected by staff. For example, where they spent their day; what they wore, and what they ate and drank. People who had capacity said they were able to make their own decisions, they had choice and independence. They had chosen to move to the service when they were unable to manage elsewhere. They said they were able to leave the building to go for walks or into the garden as they wished.

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 registered manager said no-one was subject to a Deprivation of Liberty application at the time of the inspection. However, an assessment of people who may be at risk of being deprived of their liberty had not been completed. For example, one person was living with dementia and was unable to leave the service and was under constant supervision to ensure their safety. However, they made no attempt to leave the building and express no desire to leave. The registered manager said they would review the person's needs and consider if a DoLS application was appropriate.

Some staff had received training on the requirements of the MCA and the associated DoLS and the registered manager was making arrangements for training for staff recently appointed. Staff were able to describe the basic principles of the MCA and how this impacted on their role. One told us, "We always ask people what they would like, try to involve them and think about individual situations..." Another said, "Even if someone has dementia they can make some decisions and can still choose what they wear or eat..."

We received mixed comments about the food at the service, with some people less than enthusiastic. Comments included, "...My family were all good cooks so I can't get used to it here"; "I thought the food was quite good at first....I've asked for a small portion but it's too much and they just say well leave what you don't want, but it's off-putting" and "...where I sit I see the food coming in and out of the kitchen and you see how much gets taken back every day..." Some people felt the poor meals were down to poor quality food. Other people said they liked the food. One person said, "The food is good. I have no complaints..."

People said they did not usually have a choice of the main meal but that if they did not like what was offered they could request an alternative. On the first day of the inspection people were offered a choice of dishes at lunchtime. The food served had been cooked freshly that day and looked appetising. Where necessary, staff supported people in an unrushed and discrete way. Staff also encouraged people with their meal and asked if they had eaten enough or whether they would like more. Throughout the inspection people were offered a variety of drinks and snacks.

We discussed people's feedback about the food with the deputy manager, who said they were aware that some



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people were dissatisfied. They explained the changes made to the menu and lunchtimes following people's feedback. As people had complained meals were 'sloppy', gravy boats were introduced to enable people to help themselves to an amount they preferred. Custard was also served separately following feedback. In between the days of the inspection the registered manager had circulated questionnaires to people using the service about the food provided. We were shown six completed questionnaires. Overall positive feedback about the food was reported by the five people. The registered manager and cooks were keen to listen to and act on people's suggestions to improve their experience of the food served. On the second day of the inspection we observed that the majority of people enjoyed the lunchtime meal and there was little waste.

The menu was prepared by the cook who said people's likes and dislikes were taken into account when menu planning. A review of the four week menu showed people were offered a varied diet with fresh daily vegetables. The cook was aware of people's likes and dislikes and dietary needs. The cooks prepared special diets for some people, such as soft foods or meals suitable for diabetics. There was a good store of fresh, dried and frozen foods. The cook said they did not have a strict budget and that the majority of fresh foods, meats and vegetables, came from local suppliers.

Where people had been identified as being at risk of weight loss, this had been discussed with the GP and action taken to prevent further loss. For example the use of supplement drinks and high calorie foods. Records showed people's weight was generally stable with no significant losses. A health professional said where staff had been concerned about a person's weight this had been discussed and action taken to address this. They added, "referrals to us are timely..." One person was on a weight reducing diet and they had been delighted with the results and thanked staff for their support.

People's health needs were met with the involvement of relevant professionals. For example, people had access to their GP; the community nursing service; speech and language therapist; podiatry and dentist. A health professional said the service worked well with them and staff were "quick to call us if there are any problems..." The

health professional confirmed staff followed their recommendations. They added, "The staff are very good, attentive. They know what they are doing and we have confidence in the service..."

People said they were satisfied the staff were trained and understood their needs; however two people felt some new staff were less well trained. One person said, "Some are better than others..." A visiting health professional said long serving staff were 'skilled and well trained'.

New staff were supported with a formal induction period during which they completed a nationally recognised staff induction, the Skills for Care 'Care certificate'. The registered manager explained existing staff were being encouraged and supported to complete elements of the 'care certificate' to build on their skills and knowledge. One member of staff who had just completed the care certificate said, "The training and support has been very good."

Staff said they were happy with the training and support they received. One said, "We are offered lots of training, most is done by an external trainer..." Another said, "We have regular training and up-dates..." Records showed staff had completed training in relation to health and safety matters, such as moving and handling; fire safety and infection control. Other training completed related to people's health conditions, such as dementia care, diabetes; mouth care and person centred care.

Staff said they had supervision occasionally but not regularly. Supervision is regular, planned and recorded sessions between a staff member and their manager. It is an opportunity for staff to discuss their performance, training and wellbeing; and for managers to give staff feedback. The registered manager said two staff were receiving regular supervision to improve their performance and records confirmed this. They said they meet with other staff regularly on an informal basis to hear their feedback and would use supervision sessions where concerns were raised. Staff said they could speak with the registered manager or deputy manager at any time if they had any concerns. The registered manager said staff annual appraisals were completed. We reviewed two completed in 2015, which were comprehensive. They showed the individual's achievements, objectives and training and development had been discussed and rated.

# Is the service caring?

## Our findings

Two people gave us mixed reports about the approach of some staff. Although they made generally positive comments about staff, there were times when they felt they had been poorly treated by some staff. This was in references to particular occasions when they felt staff had not responded well to their requests. One said, “There’s nobody cruel but there are some who aren’t what I’d call caring...” Another was unhappy about the attitude of some younger care staff, saying, “...They tell me what to do...” The deputy manager explained there had been a change of staff over the past two or three months and some people had been unsettled by the changes as they had liked the staff who had left.

We discussed these issues and staff approach with the registered manager. They were aware of the incidents and had recorded them as complaints from people. As a result of people’s concerns, the registered manager had met formally with staff to discuss their approach with people. Supervision records showed the registered manager had spoken with staff about the need to understand individuals and build positive relationships. The registered manager continued to monitor the staff’s approach and performance and spoke regularly with the people who raised the concerns. Additional training was being arranged to promote a more person centred culture within the staff team.

Other people spoke highly of the level of the care they received. Comments included, “They are all very kind and caring”; “I’ve got nothing I could fault this place for at all...” and “They’re very good at helping me.” Relatives were equally happy with the level of care and support provided. They said, “(My relative) is happy...the care is brilliant...they do so much for him and nothing’s too much trouble...” Another said, “I trust them completely (staff) ...I know my (relative) is well cared for...”

Observations throughout the inspection showed people were treated with kindness. All staff spoke with people in a respectful way and ensured people’s dignity was respected. When staff assisted people to move using equipment including hoists and wheelchairs, at all times they did this with care and attention to people’s safety, comfort and dignity. People received their personal care in private. Staff

knocked on people’s doors before entering and closed the door for privacy when delivering personal care. One person named one of the male carers as ‘excellent’ and said they appreciated the young men doing the job of caring for her.

It was obvious from interactions that staff had developed good relationships with most people. One person living with dementia smiled broadly and held staff’s hand when staff approached them. Staff were gentle and reassuring towards the person, which put them at ease. Staff ensured another person was pain free and explained to them about their medicines in a way that enabled them to make a decision. The relative of another person described how their family member had “bonded so well with staff.” They added, “They (staff) understand his sense of humour and lift his spirits...”

People were encouraged to bring their own mementoes when they move to the service, meaning their bedrooms were personalised with items meaningful to them.

Care records showed that, where they were able, people were involved in the planning and reviewing of their care. Some people confirmed they had been involved in discussion with staff about their care and support and they were aware they had a plan of care. Relatives also said they had been invited to ‘care plan review meetings’ where appropriate. One relative explained that at a recent care review the deputy manager showed they had a good knowledge of the person’s needs and preferences. They added staff knew their relative “so well and could answer all the questions better than I could now.” Care plans showed relatives had been able to support people who may lack capacity during care reviews.

A relative described the service as “small, homely and friendly...” They said this had been a major influence when choosing the service. They added, “We wanted (our relative) to come here as it has a family feel...” Staff were able to tell us about the people who lived at the service, including information about their life histories and personal preferences. This included information about people’s preferred routine and health and care needs.

Relatives confirmed that visiting times were flexible and they were able to visit at any time. One said this was reassuring for them and showed the service was “open”.

## Is the service caring?

They added, “It is lovely here...” Relatives said they were always welcomed by staff and offered refreshments on their arrival. During the inspection we observed relatives and visitors were coming and going throughout the day.

‘Resident’s meetings’ had not been held recently or regularly. The registered manager explained these meetings had not been well attended in the past. The

registered manager felt as the service was small they saw people and their relatives regularly. This provided an opportunity for people to discuss any suggestions for improvement. People using the service, relatives and professionals said they could speak with the registered manager or deputy manager at any time should they have any requests or suggestions.

# Is the service responsive?

## Our findings

People's social needs were not always met. People said they would like to be offered more social activities and opportunities to get out and about. One person said, "I wish I could get out more...I really wish we had a minibus here...I'd like to collect money for one." Other comments included, "I feel lonely sometimes...The staff don't have time for anything like a chat..." and "There is nothing for me to do. I have no interest in what happens in the lounge..." One person enjoyed reading but had read all of the books on their bookshelves. They said they did not have access to the library or other ways of getting more books. This had not been picked up by the staff so the person could continue to enjoy this activity.

Some people said they did not enjoy spending time in the communal area; comments included, "I like my own TV and I watch the intelligent quizzes to keep my brain going but in the lounge it's on all day"; "There's no-one in there I can talk to" and "They all just doze in there and I've got nothing in common with them." A relative said the only improvement they would like to see would be "...far more activities that (relative) could take part in..."

There was a 'social activity' programme on display in the hallway, which showed the activities planned for each month. These showed activities were limited and were focused mainly on providing group activities rather than meeting individual preferences or interests. For example, one month's activities consisted of one manicure session; a 'foot spa' session, a hairdressing session; exercise session; movie afternoon; a music session; and holy communion. Games such as dominos and a quiz were also on the programme as the activity for the day. Several days were described as 'rest day' or 'resident's choice'. On the first day of the inspection seven people attended a Christmas carol concert put on by a local charity group. Other than this, we saw no other meaningful activities being offered to people, either in the communal space or in their bedrooms.

The service did not have an activities coordinator. Staff explained they tried to deliver some group sessions in the afternoons when time allowed. Some people said they had friends and family or volunteers to help them go out and participate in community activities or events, but that few social activities were organised by the service.

The activities records showed people were offered little in the way of meaningful or regular activities. For example, the care plan for one person highlighted 'isolation' as the person spent their time in their room. The care plan stated 'staff to spend one to one time regularly with the person'. The activity record for this person showed between January and December 2015 they had attended two reminiscence sessions and received 11 one to one sessions. The records for the same period for a second person who lived with dementia showed for six months no activities were undertaken and no one to one time. The record showed this person had very little opportunity for meaningful occupation or stimulation. The deputy manager was aware of the need to provide one to one stimulation for some people who didn't appreciate group activities.

People living with dementia were not benefiting from activities based on current good practice guidance. For example the use of sensory items or rummage items. This would help to prompt conversations, social interactions and recollections for people.

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

On occasion the 'care manager' or senior care staff have organised outings for people. Special occasions were also celebrated, for example people's birthdays; Christmas; Easter, and Valentines day.

Prior to people moving to the service, the registered manager or deputy manager met with them to discuss their needs and preferences and talk about the services provided. This ensured people's needs and preferences could be met by the service.

Care plans contained details about people's specific needs and described how people would like their care to be delivered. Care plans are a tool used to inform and direct staff about people's health and social care needs. Staff said care records contained the information they needed to deliver the care people required. People's care records also contained information about their past family history; occupation, achievements and interests. This helped to prompt meaningful conversations and recollections for people. For example, one person liked sport, in particular rugby. Staff were aware of this and said they made sure the person could watch the rugby on TV. However, care plans

## Is the service responsive?

were not always up-dated to reflect changing needs or following incidents or accidents. We found two examples where people had experienced either a fall or a choking incident but the care plans were not reviewed to ensure the planned care was still relevant and safe. The service was in the process of introducing a new care planning format, which the registered manager described as "...much more person centred..." This meant all care plans would be reviewed and updated as part of that process. Staff training had been delivered by an external professional to help them with the change to the new format.

People were aware of how to raise concerns and complaints. A copy of the complaints procedure was on display on the notice board in the hallway. Most people

said they would be happy to speak with the registered manager or deputy should they need to. However, two people were hesitant to raise concerns. The registered manager explained the service had received three complaints in the past 12 months. The nature of the concern had been recorded; the registered manager had investigated people's concerns and where possible these had been resolved quickly. The registered manager was monitoring the approach of two staff following concerns raised by people using the service. The service had received several compliments and 'thank you' cards and messages. Several expressed relative's gratitude for the care their family had received.

# Is the service well-led?

## Our findings

Quality assurance and audit processes were in place, however improvements were needed as some of the shortfalls we found during this inspection had not been picked up prior to our visit. For example, the shortfalls relating to staff recruitment practices, medicines management, consent, the implementation of the MCA and the lack of person centred activities.

There was a system in place for reporting and recording accidents and incidents. The registered manager said they reviewed the reports weekly or monthly. However, the provider and registered manager had not analysed these events over time to see if there were patterns or themes which could be avoided. This may reduce risks for people or reduce the number of accidents or incidents. The registered manager was unaware of one significant event relating to a choking incident as this had not been reported to them. This meant there was a risk that lessons learned could be missed. Following the inspection the provider advised us a new system of auditing accidents and incidents had been implemented.

Not all records were accurate and up to date. Care plans had not been reviewed and up-dated following accidents or incidents to ensure they remained relevant and staff had the necessary information to provide safe care. The registered manager said they spent three days each week at the service. However, the staffing rota did not show when they were on duty.

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

The provider had a variety of audits and systems in place to enable them to monitor the quality of the service provided. Regular quality monitoring visits were carried out by the provider's representative. We reviewed the audits from August to November 2015. These focused on a monthly theme. For example the management of medicines; maintenance and repairs; and care planning. From the audits we could see that some actions had been taken in relation to these issues, for example maintenance issues had been addressed.

The majority of people using the service and relatives said they felt able to approach the registered manager or deputy manager. The deputy manager was named by

several people as the person who would sort things out for them. People using the service explained that she called the doctor or made hospital appointments and arrangements for them. One said, "You can talk to (the deputy manager). She is lovely..." Relatives said the deputy manager kept them informed of any concerns or changes. One relative said, "The staff and management are very approachable and I would recommend this place, and I do, without a shadow of a doubt... I have had a questionnaire in the past but I feel close enough to staff that I could say what I like." A visiting health professional said the service was 'open to suggestions' and always carried out their recommendations. This showed the service worked in partnership with other professionals to ensure people received appropriate support to meet their health needs.

People using the service and their relatives were encouraged to complete an annual satisfaction questionnaire. This covered areas relating to care and support; choices, meals and housekeeping. The latest questionnaire had been sent to people in September 2015. The provider had received only two responses from people using the service. Both responses were positive about people's experiences overall. A 'food survey' had been completed in June and December 2015 following concerns about the quality of food served; the provider had received five and six responses respectively. The majority of responses were positive, with one person rating the food as 'poor'. Other people rated the food as 'satisfactory' or 'good'. Where people had made suggestions for improvement, for example salmon to be on the menu and various snacks to be offered at bedtime, these had been actioned by the provider. This showed the service took account of people's views and suggestions. Relative and visitor questionnaires had been returned by five people in April 2015. Overall the feedback was positive. Relatives confirmed they felt welcome at the service and were happy with the overall care and environment.

The last staff survey had been completed in June 2014. Where staff had made suggestions for improvement, for example, redecoration of communal areas, this had been achieved. The last staff meeting had been held in April 2015. Minutes showed staff had been asked for their ideas and suggestions about any improvements. Staff said they could approach the registered manager or deputy manager to discuss any concerns or suggestions. They felt there was good communication between the staff team. We attended



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a staff handover meeting, which ensured staff were well informed about any changes to people's needs and ensured staff were clear about their roles and responsibilities for the shift.

There were systems in place for managing health and safety at the home. For example regular fire safety checks and tests had been carried out. Records showed some fire doors had not closed during the testing of the alarm on a number of occasions. This had been reported to the provider by staff. Action had been taken to address this and the records showed all fire doors were closing appropriately during weekly tests in December 2015.

Equipment, such as hoists, and heating and electrical systems had been serviced and maintained. The provider had undertaken several improvements to the environment since the last inspection, including the redecoration of bedrooms and communal areas and the laundry and kitchen had been refurbished.

The service was inspected by Environmental Health in March 2014 in relation to food hygiene and safety. The service scored a rating of 4, confirming good standards and record keeping in relation to food hygiene had been maintained.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**How the regulation was not being met:**

The provider had not ensured that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**How the regulation was not being met:**

The provider did not have suitable arrangements in place to obtain and act in accordance with the consent of people who used the service in relation to the care and treatment provided for them.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**How the regulation was not being met:**

The provider did not have suitable arrangements in place to ensure people's social needs were met.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:**

This section is primarily information for the provider

## Action we have told the provider to take

The registered person failed to establish and operate systems or processes to effectively: assess, monitor and improve the quality and safety of the service provided; assess and monitor the risks relating to the safety of service users, and keep accurate records in respect of each service user and the management of the regulated activity.