

Sholden Hall Residential Home







Sholden Hall Residential Retreat

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

The inspection visit was carried out on 11 and 16 June 2015 and was unannounced.

Sholden Hall provides care for up to 27 older people some of whom may be living with dementia. On the days of the inspection there were 24 people living at the service. Sholden Hall offers residential accommodation

over two floors and has two communal areas together with a small conservatory on the ground floor. It is located in the village of Sholden. There is a secure garden at the rear of the premises.

There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers they are 'registered persons'.

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

Although people told us they felt safe, risk assessments to support people with their mobility were not detailed enough to show how the risks should be managed safely. The assessments also lacked guidance for staff to support people with their behaviour, so that these risks could be minimised. This left people at risk of not receiving interventions they needed to keep them as safe as possible.

Accidents and incidents had been recorded and action had been taken to reduce the risks, however these were not analysed to identify any patterns or concerns to reduce the risk of them happening again.

Recruitment processes were in place to check that staff were of good character to work with people living at the service. However, not all the safety checks that needed to be carried out on staff, to make sure they were suitable to work with people had been completed.

Medicine was not always given to people safely and as prescribed.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection the registered manager had applied for a DoLS authorisation for one person who was at risk of having their liberty restricted. They were waiting for the outcome from the local authorities who paid for the people's care and support. Not all mental capacity assessments were in place to assess if other people needed to be considered for any restrictions to their freedom. All the people using the service needed to have their capacity assessed to make sure consideration was given to any possible restrictions to their freedom. This had not happened.

When people were unable to make important decisions for themselves, relatives, doctors and other specialists were involved in their care and treatment and decisions were made in people's best interest. However, information was not always recorded to confirm how people had given their consent or been involved in decisions that had been made, for example when bed rails were in place to prevent a person getting out of bed.

Care plans lacked detail to show how people's personalised care was being provided and it was not always clear when the care plans had been updated. Care plans did not record all the information needed to make sure staff had guidance and information to care and support people in a person centred way.

If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

People told us that they felt safe living at Sholden Hall. Staff had received safeguarding training and they were aware of how to recognise and protect people from the risk of abuse. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the manager or outside agencies if needed.

There were sufficient staff on duty to meet people's needs. Staff received induction training and there was an on-going training programme. Staff were receiving support from their manager through one to one meetings. Yearly appraisals were used to ensure staff had the opportunity to develop and identify their training needs. There were regular staff meetings so staff could discuss any issues and share new ideas with their colleagues to improve people's care and lives.

Although there were cleaning schedules in place including cleaning the carpets, there were areas in the service which were worn and in need of refurbishment. For example, the laundry room had cracked tiles, peeling paint on the walls and broken flooring that was uncovered so it would be difficult to clean this area effectively. There was a plan in place to address this.

Checks on the equipment and the environment were carried out and emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

People told us that they enjoyed their meals. The meal portions were plentiful and people had a choice of food and drinks they wanted. If people were not eating enough their food was monitored. If needed a referral was made to a dietician or their doctor and supplements were provided so that they maintained a healthy diet.

People and relatives told us the staff were kind and respected their privacy and dignity. Staff were familiar

Summary of findings

with people's likes and dislikes and supported people with their daily routines. Staff knew how people preferred to be cared for and supported and respected their wishes.

Staff were attentive and the atmosphere in the service was calm and people appeared comfortable in their surroundings. Staff encouraged and involved people in conversation as they went about their duties, smiling and chatting to people as they went by. Staff were caring and respected people's privacy and dignity. When people became anxious staff took time to sit and talk with them until they became settled.

Staff supported people to go where they wished within the service. The people and their relatives attended regular meetings to discuss the service and their care.

Although there were some planned activities, on the day of the inspection people were sitting around most of the time and not engaged in activities. Staff were familiar with people's likes and dislikes, such as if they liked to be in company or on their own and what food they preferred.

The complaints procedure was on display. People, their relatives and staff felt confident that if they did make a complaint they would be listened to and action would be taken.

There were quality assurance systems in place. Audits and health and safety checks were regularly carried out. The service had sought feedback from people, their relatives and other stakeholders. However, their opinions had not been analysed to promote and drive improvements within the service.

Staff told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within the service. They told us they were listened to and their opinions counted.

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

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?

The service was not always safe.

Risks to people were assessed but there was not always clear guidance in the care plans to make sure all staff knew what action to take to keep people as safe as possible.

There were sufficient staff on duty however, recruitment checks for new staff had not always been completed properly to ensure that new members of staff were safe to work at the service.

People's medicines were not always managed safely. Parts of the service were not as clean as they should be.

Staff knew the signs of abuse and had received training to ensure people were protected from harm.

Requires improvement



Is the service effective?

The service was not always effective.

Staff received induction training and on-going training in relation to their role but not all staff had completed specialised training such as training to support people with dementia.

Although best interest meetings had been held and deprivation of liberty authorisations had been applied for, there were other restrictions of people's liberty, which had not been actioned in line with the Mental Capacity Act 2005 and DoLS safeguards.

People were supported to ensure their health care needs were met.

The service provided a variety of food and drinks so that people received a nutritious diet.

Requires improvement



Is the service caring?

The service was caring.

People and relatives said people were treated with respect and dignity, and that staff were helpful and caring. Staff communicated with people in a caring, dignified and compassionate way.

People and their relatives were able to discuss any concerns regarding their care and support.

Staff knew people well and knew how they preferred to be supported to maintain their independence.

Good



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

Families supported their relatives to be involved in their care planning. However, care plans were not easy to follow and did not give staff clear guidelines to ensure person centred care was being delivered. The care plans had not been reviewed consistently and updated.

There were mixed views with regard to the activities in the service, some people were satisfied, while other people thought they could be improved.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

Is the service well-led?

The service was not always well led.

Quality monitoring systems were in place but did not always identify the shortfalls in the service and record how improvements would be made to improve the service.

Accidents and incidents were recorded and action taken, but these were not summarised to look for patterns or trends to reduce the risk of reoccurrence.

Records were not always accurate or completed.

Staff told us that they felt supported by the manager and that there was an open culture between staff and between staff and management.

Requires improvement



Sholden Hall Residential Retreat

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 11 and 16 June 2015 and was unannounced. It was carried out by two inspectors.

A Provider Information Return (PIR) was submitted by the service prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also looked at information received from social care professionals.

We looked around all areas of the service, and talked with ten people who lived at the service. Conversations took place with people in their own rooms, and in the lounge areas. We observed the lunch time meals and observed how staff spoke and interacted with people. Some people were not able to explain their experiences of living at the service to us due to their dementia. We therefore used the Short Observational Framework for Inspection which is a way of observing care to help us understand the experience of people who could not talk with us.

We talked with 5 relatives who were visiting people; ten care staff, kitchen staff, and the activity co-ordinator. We spoke with the registered manager, and also one of the partners of the service.

We spoke with two health care professionals.

The previous inspection was carried out in October 2013. No concerns were identified at this inspection.

Is the service safe?

Our findings

People felt safe living at the service. Each person had a 'safety and wellbeing' form in their care plan which detailed if they felt safe living at the service. If required, relatives supported people to complete this form so that staff had an indication of how people felt. One person told us, "I feel safe, I am quite happy here and well looked after".

Risks to people had been identified and assessed but guidelines to reduce risks were not always in place and were not clear. We observed that staff moved a person with the aid of a handling belt however, there was no care plan in place to confirm that this person had been assessed to use the belt. The belt was rather high on the person and was nearer their chest than round their middle. There was no guidance in the care plan to show how staff should be moving this person consistently and safely. Staff told us they had used the handling belt as the person's mobility had changed, but the moving and handling risk assessment had not been reviewed to reassess their care needs. Staff also used a handling belt for another person and there was no moving and handling risk assessments in their care plan to show how this equipment had been assessed as safe to use.

When staff were dispensing the medicines a chair was placed in front of a fire escape route door to prevent it from closing. Fire escape routes should be kept clear from obstructions at all times. The fire exit doors are self-closing, they should not be left open for any period of time. This could pose a risk to people in the event of a fire.

There was a fire risk assessment in place which showed that there were 'kick and flick' door latches on the fire doors leading to the fire escape. The risk assessment also included guidance for staff which stated 'latches are to be kept on the upstairs fire doors at all times so that any resident with dementia is not at risk of falling downstairs'. The registered manager was requested to contact the fire officer to further discuss this matter, as we had concerns that if a member of staff was not available to remove these latches people would not be able to access the fire escape.

The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving

people. The provider was not ensuring the fire exit doors were being managed safely. This is in breach of Regulation 12 (2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The bathrooms had lino on the floor which was peeling back from the skirting board making it difficult to clean and on the ground floor there was a soiled chair by the bath which would pose a risk of infection. Although there was a cleaning rota, which had been signed by staff who checked and cleaned the bathroom, it was in need of refurbishment to make it easier to keep clean and reduce the risk of infection. The registered manager told us that they were in the process of replacing the flooring and was also waiting for a quote to change one of the bathrooms into a wet room.

The laundry room was located outside of the main premises. There was no floor covering in the room it was just a concrete base. The provider told us that the floor had been sealed but it looked as though there were some cracks at the edges due to wear and tear. Flooring and surfaces should be made from wipe-clean, impermeable materials which cannot absorb fluids to reduce the risk of cross-contamination from soiled linen. There was also a cupboard which was in need of repair and seals round the sink needed attention.

The provider was not following the Code of Practice for health and adult social care on the prevention and control of infections and related guidance. This is in breach of Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Most of the people were receiving their medicines when they needed them. However, one person was not receiving their medication at the correct times. The medicine prescribed clearly stated it should be given thirty minutes to one hour prior to food. This instruction was clearly recorded on the medicine record but we observed this being given after breakfast.

The drug trolleys were kept in a place which had not been checked for appropriate storage. The temperature of the area had not been recorded to confirm that the storage was suitable and would not exceed 25 degrees in line with Royal Pharmaceutical Society guidelines for the handling of medicines in social care. There were also concerns that where the trolleys were stored needed to be reviewed in line with fire regulations.

Is the service safe?

Staff were taking two people's medicines to them at once, which was not good practice as there was a risk of the medicines being given to the wrong person. People were not offered a choice of drink and were being given diluted fruit squash to take their medicines and not water.

Hand written entries on the medication record sheets had not been countersigned to confirm the entries were correct to reduce the risk of errors. One person's paracetamol had been recorded incorrectly, as it had not been entered on the record when exactly the service had received the medicine.

People were not receiving their medicine in line with the prescribed instructions, medicine records were not accurate and the storage of medicines was not in line with current guidance. This is in breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Medicines such as eye drops were routinely dated on opening. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when these were going out of date. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. There were systems in place to make sure unused medicines were disposed of correctly. Staff were patient when they gave people their medicine and supported and encouraged them to take it. People were asked if they needed any pain relief and were listened to. For people who lacked capacity there were guidelines for staff to follow to show how they may exhibit pain.

The ground floor of the environment was looking worn and tired and was in need of refurbishment and re-decoration. The carpet in one of the lounges was stained. The paint work in lounges, the entrance hall and corridors was cracked and peeling. Some of the chairs looked soiled and the radiator covers also needed to be painted. Although there was a maintenance schedule in place, the plan did not include the areas mentioned above. People said that they could not remember when the lounge had last been painted and relatives told us that it was in need of re-decoration. The registered manager told us that they were in the process of arranging to have the carpets

industrially cleaned. Planned improvements to the cleanliness and upkeep of the home were discussed at the residents' and relatives' meeting on the same day as the inspection.

The provider had replaced fire doors, had a new path laid toward the laundry room, purchased new boilers, refurbished the kitchen, redecorated some bedrooms, painted the corridors upstairs and had new carpets fitted. There was a minor repairs book which the handy person would use to carry out the daily jobs in the service. People said, "My room is well decorated and I have all my personal possessions, books and magazines".

People were not fully protected by robust recruitment procedures. Recruitment records included an application form and evidence of a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people). One application form did not show a full employment history and gaps in employment had not been explored when staff were interviewed. One file did not contain references to establish their conduct at their previous employment. There was also no evidence to show how the management had discussed and recorded their decision to employ people who may need further monitoring to make sure they were safe to work with people living at Sholden Hall.

The provider did not take all the necessary steps to make sure all staff were safe to work with people. This is a breach of Regulation 19 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

People and relatives told us that there were enough staff on duty to meet their needs. At the time of the inspection there was the registered manager, one senior staff member and four care staff, the cook and handy person on duty. Each person had a dependency assessment in their care plan to show how many staff they needed to support them. The manager used the overall assessment as the basis for deciding the correct number of staff that needed to be on duty each day and night to meet the needs of the people. This was kept under review.

Discussions with staff and a review of records showed that staff had received training in how to safeguard people. Staff

Is the service safe?

were able to demonstrate their understanding of what abuse was and who to report concerns to if they had concerns about people's safety. They were aware of the whistle blowing policy and spoke confidently about

reporting any concerns they may have to their manager and other external agencies, such as the local authority. Each member of staff had signed the safeguarding policy to confirm they had read and understood the information.

Is the service effective?

Our findings

People and their relatives were happy with the care and support they received. Relatives told us that the staff were trained to meet their family member's needs.

Staff had received on line training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The Act protects people who lack mental capacity, and assesses their ability to make decisions or participate in decision-making. Staff were aware that some decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held. The manager had applied to the local authority for an assessment for one person that needed to be deprived of their liberty so that they remained safe. Not all of the people living in the home/service had a mental capacity assessment to assess their ability to make decisions. Some decisions had been made with family to make sure people were supported to receive the care they needed.

There was a lack of information to show how people had given their consent to care such as the use of bed rails. A risk assessment with regard to the use of bed rails was in place and had been reviewed. This was only signed by the manager and did not record or show how the person or their representative had agreed to this decision. Some information about the use of bed rails was not clear. One plan stated "bed rails are up, they are stable and in correct position", but the plan did not say what the 'correct' position was.

The service had taken action to reduce the risk of one person who had fallen several times by moving them from a first floor room to a ground floor room. There was no record of this move in their care plan and no record to show how this decision was made. The risk assessment in the care plan stated "I do not wish to go downstairs for any reason and this is my choice". The record was not dated and had not been reviewed, therefore the care plan did not reflect the person's current needs.

The provider had not made sure that care and treatment was provided with the consent of the person and had not acted in accordance with the Mental Capacity Act 2005. This is in breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

New staff told us they had received a good induction when they started work at the service. The induction was

completed over a number of weeks and was signed off by the registered manager. The service had introduced the new Care Certificate training which is the recommended training from the government for health and social care. Staff confirmed that they shadowed experienced members of staff to gain experience in the role they would be undertaking. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs.

Staff said they had recently completed an update in moving and handling training and there was always on-going training in place. Records confirmed that staff had received training in areas such as safeguarding, food hygiene, infection control and health and safety. Nineteen staff had completed adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard. The majority of staff had received dementia awareness training, eight staff had received training in pressure area care, four senior staff had received diabetes training, and two members of staff were attending diabetes training on the day of the inspection. The registered manager told us that further training was being provided to staff on care planning and signs and symptoms of pressure areas.

Staff regularly met with the manager for supervision and appraisals to discuss their personal development needs and any areas where they could benefit from further training. Staff meetings were also held to give them an opportunity to discuss the service. Staff told us they were supported well by the senior staff and registered manager.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People's skin was also monitored to ensure it remained as healthy as possible. Staff had referred people to the district nurse for treatment of pressure areas when required. Beds with air flow mattresses supported people to keep their skin healthy and special cushions were available for people to sit on. There were turning charts which had been completed properly detailing what side people were required to be turned onto, to reduce the risk of pressure sores.

Is the service effective?

Some people were living with diabetes and staff were able to describe their conditions and what to do if their sugar levels were incorrect and when they needed to boost their sugar levels. Staff were aware of what people's 'normal sugar level' should be and contacted the doctor or district nurse if they felt the person needed medical attention.

Nutritional risk assessments were completed for each person to make sure they were receiving the food they needed. People who had been assessed as not eating or drinking enough had charts in place to record what percentage of their meal they ate each time. This was used to provide information to health care professionals should the person require food supplements to boost their diet. When people had lost weight, action had been taken to inform their doctor.

We observed lunch and saw all the food was freshly cooked and people were given choices off the menu. The meal served looked appetising and people told us they enjoyed it. People were offered a choice of dessert and if they did not understand staff showed them the two alternatives so they could pick which one. Lunch was served and eaten and nobody was rushed, people enjoyed their meal.

We spoke to the cook regarding the menus and choices available. They were able to tell us details of people's preferences and dietary requirements. There were food charts to monitor people's choices and the amount of food they had eaten. Likes and dislikes were recorded in each person's care plan together with special dietary needs. One person said: "The cook has always been here, she is a very good cook".

Is the service caring?

Our findings

People and relatives told us the staff were kind and caring. The staff attended to people's needs promptly. We observed that staff took the time to listen and chat with people so that they received the care they needed. When the emergency alarm went off staff responded promptly and resolved the situation. People told us "The staff are lovely people, they look after me so well". Relatives were complimentary about the staff. They said, "The home is calm, lovely, very welcoming atmosphere". "The staff are really good and kind. "We are really lucky with the staff here". "The home could not do better, we are glad you came to the meeting so you can see how much we like it".

Staff listened to what people wanted. When they were offering drinks one person was asked if it was OK, they replied it was not strong enough, staff responded and brought the juice back to which the person replied "That's better" and had a laugh and joke with the staff.

Staff were observant and checked on people as they went about their duties. Every time they walked by people they spoke to them to see if they needed anything. During our observations we saw a staff member notice that one person was not eating their toast at breakfast time. They sat next to them speaking quietly and encouraging them to eat. Another member of staff bent down to the person's eye level to offer them a biscuit.

We observed one member of staff patiently speaking with a person in their room until they were able to understand the conversation. The member of staff spoke clearly and kindly to the person. It was clear they had a good rapport which resulted in the person smiling and relaxing.

People were involved in planning their care as much as they were able. One person told us how they were writing their life history. Other people were supported by their relatives to make sure their care plan was personalised to their needs. If people did not have anyone to support them to do this, advocacy services were available if needed.

People were supported to make choices. They told us that staff always offered them choices such as what they wanted to eat or wear. People chose where they wished to be in the service, either in their room or the communal lounges. People were also supported to go out into the garden.

Staff had knowledge of people's needs, likes and dislikes. People were called by their preferred names and the staff and people chatted together and with each other. People were treated with dignity and respect. Personal care was given to people in the privacy of their own rooms. Staff told us this included explaining to people, who lacked capacity, what they were doing before they carried out each personal care task. People said, "Oh yes, staff are very respectful, they always knock on my door before them come in". "Staff are very polite and respectful".

Staff supported people to make drinks in the kitchen so that they remained as independent as possible. Two people laid the table every day and told us that they enjoyed doing this. People were supported and encouraged to get up from their chairs and move around the service. One person started to move and was trying to say something, staff asked them if they would like to move to a comfortable chair. They waited for them to consent and then encouraged and supported them to move.

Visitors were welcome in the service. Some relatives visited the home on a daily basis.

Is the service responsive?

Our findings

People told us that they received the care they needed. One person said: “The staff are nice and helpful if you want something they always try to help and if they don’t know something they will go and find out”.

Care needs assessments were carried out when people came to live at the service. However, some of the information from the previous placements had not always been included in the care plan. A person was admitted to the service on 18 May 2015 and although the care plan had been started there were several documents such as the personal profile, life history, personal belongings, and waterlow assessment that had not been completed. Therefore the staff did not have the full guidance and information about how to care for this person.

The care plans varied in detail, they were not clear or easy to follow. Some plans had individual preferences recorded such as “ensure familiar objects, photos etc. remain where they are and please ensure my radio or TV are on”. “Please ensure that my left arm is raised by putting a pillow underneath”. Some information was recorded such as “if you use hand gestures and speak to me closely I may be able to co-operate with what you are saying” but there was no indication what the hand gestures were.

Details of people’s preferred daily routines, such as a step by step guides to supporting the person with their personal care was not in place. One person had a stoma bag and the care plan stated “requires assistance from staff to support me” but it did not detail what ‘assistance’ meant and how to support this person in their daily activities. The information was not joined up, for example, people’s assessed needs, such as information from a falls risk assessment, was not always linked with the information about their mobility needs so it may not be easy for staff to follow.

Some care plans had been reviewed, but it was not always clear what information had been updated. Staff told us that they were kept up to date at the handovers and with daily notes. However this information was not reflected in the care plan.

The provider was not ensuring that person centred care and treatment was meeting the needs of people and plans had not all been regularly reviewed or updated. This is in breach of Regulation 9(1)(a)(b)(c), 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There were mixed views with regard to the activities provided in the service. Some people were satisfied with the activities whilst others felt they could be improved. For example, some people remained in their rooms which was their preference, while others liked to sit in the communal lounges or walk around the garden. One person who remained in their room by choice said that they felt isolated as there were not many people who they could have a good conversation with. They said they would like some company from people who were ‘like minded’.

There was entertainment such as bingo, and singers came to the home on a regular basis. One person told us how they preferred to knit, watch television and read but would join in the entertainment when they wished. There were also exercise sessions on a two weekly basis. Some people had memory boxes which contained things that were important to them such as photographs and mementos of their past. One person said, “It is good here, the time goes so quickly”.

During our observations we saw there were periods of time when people who were less able only interacted with staff when they were being offered drinks or biscuits. They were not engaged with an activity and at times were falling asleep. Staff told us there was a plan to improve the activities and a senior member of staff was going to be responsible for this in the service.

Activities were discussed at the ‘residents meetings on 16 June 2015 and it was confirmed that entertainers were visiting the home on 4 July 2015 to present a ‘40’s event’, there would be a singer visiting monthly. A relative said that their relative was sometimes bored and needed motivating.

The service had a written complaints process that was not written in a way that people using the service could understand. There was no other format available for people to be supported to complain, such as a complaints procedure with key pictures and symbols. The complaints procedure was on display in the entrance hall with the visitor’s book so visitors could access this easily. There had been three complaints this year that had been investigated

Is the service responsive?

and resolved. One person told us they were confident that if they had a complaint they would speak with the manager who would sort thing out straight away. A relative said, "The care is very good here, we have no complaints."

Is the service well-led?

Our findings

People and relatives were satisfied with the service. People said, “I have lived here for a long time, I would not like to live anywhere else”. Relatives said, “This is a very good home”. “My relative is very happy here”. “This is a family home”. “I fought to get my relative here as there were no spaces when they first needed care”.

There were systems in place to regularly monitor the quality of service that was provided. The last audit had been completed on 16 March 2015. These were detailed and covered all aspects of the service for example safeguarding, falls management, infection control, and premises. Although the audit had recorded areas where things could be improved, there was no record of what action needed to take place, how this was to be achieved and who was responsible to make sure the work was completed. Areas such as the refurbishment of the ground floor had not been included, therefore there were no timescales of when this work would be started or completed. The audit had not identified the shortfalls in care planning, risk assessments, including mental capacity, consent and recruitment. Systems were not in place to analyse accidents and incidents to look for trends to reduce the risk of events re-occurring.

The service had signed up to the enriched model of care for people living with dementia. This model enhances people’s lives by making sure they feel included and involved in their daily lives in a meaningful way. It is designed to give people opportunities to be more active, and to improve their general wellbeing. Although the registered manager told us this was on-going there was a lapse to fully implementing the model as trained staff had left the service. Day to day activities that would help people to connect to their usual, familiar lifestyle were minimal. The service had recruited new staff and we were told that the deputy manager was responsible for providing this training but this had not been arranged at the time of the inspection.

There was information on display with regard to ‘The Social Care Commitment’, an initiative to develop and provide people with care and support with quality standards, but we did not see signs to show this was being followed or how this was being developed in the service.

Records were not always completed properly or accurately. Fluid intake/output charts had not been consistently

completed. Some sheets were not signed by staff or added up to indicate how much fluid people had taken. Some waterlow skin care charts had not been completed. Care plans did not always show they were updated and moving and handling risk assessments lacked detail to ensure people were moved consistently and safely.

The quality assurance audits were not effective to ensure that all shortfalls in the service were recorded and appropriate action was taken. The systems to identify and assess risks to the health and safety of welfare of people were not detailed to show what measures needed to be taken to mitigate risks. The provider had failed to ensure that records were accurate or fully completed. This is a breach of Regulation 17(2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff and residents told us that the culture of the service was open and transparent. Relatives felt confident to raise any issues with the staff or registered manager. Staff told us that they were well supported by the registered manager. They said they felt listened to and any concerns that they raised had been dealt with promptly. We observed the staff interacting with each other in a positive and supportive way to make sure people had their needs fully met.

A quality assurance survey had been sent to people, their relatives and staff. Surveys were also sent to health care professionals but they had received no responses. The last survey was May 2015. The outcomes of the surveys had been analysed. The results were very positive, with most people being very satisfied with the service such as their personal and health care needs, staffing levels, meals, activities and the management. The only areas that people had noted as not very satisfied was the maintenance and the need of refurbishment of the premises. The providers told us that they had already identified that this had been noted and was part of the annual development plan for the service. The outcome of the survey had been summarised but this was not in a format that everyone could understand.

There were regular staff and residents’ meetings where people were able to discuss the quality of the service and suggest any improvements. At the time of the inspection there was a ‘residents meeting’. We observed that the provider explained what work had been carried out in the service to maintain the premises. The owner discussed options they were considering to improve the lounges and dining room areas and told people in the meeting that they

Is the service well-led?

were planning to replace the carpets in the lounge. One person suggested that they would like to have a 'little shop' to sell chocolates and magazines. They said they would like to organise this and the staff were going to support this. Staff felt that their work was valued by the management team.

The registered manager told us how they had learnt lessons from previous events and investigations and how further training was being sought by health care professionals to improve practice.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered owner and manager understood their responsibilities and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people.</p> <p>The provider was not ensuring the fire exit doors were being managed safely.</p> <p>People were not receiving their medicine in line with the prescribed instructions, medicine records were not accurate and the storage of medicines was not in line with current guidance</p> <p>The provider was not following the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.</p> <p>Regulation 12 (2)(a)(b)(c)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider did not take all the necessary steps to make sure all staff were safe to work with people.</p> <p>Regulation 19 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p>

This section is primarily information for the provider

Action we have told the provider to take

The provider has not made sure that care and treatment of people was provided with the consent of the person and had not acted in accordance with the Mental Capacity Act.

Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The provider was not ensuring that person centred care and treatment was meeting the needs of people and plans had not all been regularly reviewed or updated.

Regulation 9(1)(a)(b)(c), 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The quality assurance audits were not effective to ensure that all shortfalls in the service were recorded and appropriate action was taken.

The systems to identify and assess risks to the health and safety of welfare of people were not detailed to show what measures needed to be taken to mitigate risks.

The provider had failed to ensure that records were accurate or fully completed.

Regulation 17(2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.