

Marshmead Limited

# Turfcote Care Home with Nursing

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was carried out on the 27, 28 and 29 June 2017 and was unannounced. At our previous inspection on 19 April 2016 we found two breaches of legal requirements. The system for the management of staff was not safe and meant that some people were left unattended. Staff were not always available to respond to people's requests for assistance. We also noted that the service's quality monitoring systems were not effective and had not picked up on the issues found at the inspection.

There were also issues with the recording of and responses to minor concerns raised by people and their relatives. There were concerns around a failure to ensure that people were offered a range of suitable activities and it was noted that mealtimes were not used as an opportunity for people to interact with a subdued atmosphere. We recommended that the service looked at ways of improving these areas of concern so that people were effectively supported.

We asked the provider to make improvements in all of these areas and they kept CQC informed of the changes that had been made.

At this inspection we found that improvements had been made in some of these areas. We found that people were not left waiting for assistance and minor concerns were being recorded and responded to appropriately. Mealtimes were a positive experience with staff interacting with people and the atmosphere was light with staff encouraging people and offering choices.

However, at this inspection we still had concerns about the unavailability of suitable activities for people and that the service's checks and audits were still not picking up on issues. This has resulted in breaches of legal requirements.

We also established that records in care plans were incomplete and there was poor recording of support and care reviews. This has resulted in a breach of legal requirements.

You can see what action we told the provider to take at the back of the full version of the report

Turfcote Care Home with Nursing is a nursing home in Rossendale in the county of Lancashire. The home is registered to provide accommodation and support for up to 76 people and cares for people, including those living with dementia and general nursing and personal care. At the time of our inspection 56 people were using the service.

There was a registered manager in place who had been registered since 1 October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People using the service said they felt safe and that staff treated them well. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work.

We found that people and their relatives, where appropriate, had been involved in planning for their care needs. Care plans and risk assessments provided information and guidance for staff on how to support people using the service with their needs. People and their relatives knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider took into account the views of people using the service, their relatives and staff through meetings and surveys. The results were analysed and action was taken to make improvements at the home. Staff said they enjoyed working at the home and received appropriate training and good support from the registered manager.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Some records of essential care were incomplete and reviews of care plans were not effective at reducing risk. Other risks to people were assessed and managed.

Medicines were safely stored, administered and recorded.

There were arrangements in place to deal with foreseeable emergencies.

People were protected from the risk of abuse.

There were enough staff deployed within the service and appropriate staff recruitment procedures were in place.

### Is the service effective?

**Good** ●

The service was effective.

Staff had completed an induction and supervision when they started work and received training relevant to the needs of the people using the service.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People told us they enjoyed the food and that there was a good choice available.

We saw that people's fluid and food intake was monitored and staff encouraged people to eat and drink with appropriate action taken if people lost weight.

People had access to a wide range of healthcare services to ensure their day to day health needs were met.

### Is the service caring?

**Good** ●

The service was caring.

Staff were caring and spoke with people in a respectful and dignified manner.

People's privacy and dignity was respected.

Staff knew people well and were aware of their preferences and routines.

People and their relatives were involved in making decisions about their day to day care.

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

The service was not consistently responsive.

There was a failure to provide adequate activities and entertainment for people to participate in.

People's needs were assessed and care files included information and guidance for staff about how their needs should be met.

People knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

**Requires Improvement**



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

The service was not consistently well-led.

Audits and checks were not effective in ensuring that people were protected against errors in care files.

There were other arrangements in place for monitoring the quality and safety of the service that people received.

Staff said they enjoyed working at the home and they received good support from the registered manager.

There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

**Requires Improvement**



# Turfcote Care Home with Nursing

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

This unannounced inspection was carried out on the 27, 28 and 29 June 2017. The inspection team on the first day consisted of two adult social care inspectors, a specialist advisor who was a senior nurse and an expert by experience. There were two inspectors on the second day and a single inspector on the third day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 this information together with other information we held about the home including notifications they had sent us. A notification is information about important events that the service is required to send us by law. We also received feedback from health care professionals that we used to help inform our inspection planning.

We spent time observing the care and support being provided to people, spoke with nine people who used the service and five relatives. We also spoke with six members of staff, the provider, the registered manager and health care professionals. We looked at eight people's care records and seven staff recruitment files (who had been recruited since the inspection on 19 April 2016) and seven staff training files. We also looked at records relating to the management of the service including audits, incident logs, staff rotas and minutes from meetings. In addition, we looked at all areas of the building including bedrooms, communal areas, the kitchen, the main office and outside grounds.

# Is the service safe?

## Our findings

At our comprehensive inspection on 19 April 2016 we found that people were kept waiting for support and assistance and staff were not always available.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in this area. Throughout the three days of the inspection we saw that there were enough staff on duty to meet people's needs and observed good staff presence. We saw that staff were attentive to people's needs and when people required assistance they responded quickly to provide support. People using the service and staff told us there were always enough staff around to meet people's needs. One person using the service said, "There is always someone around to help me if I need them."

Although the service had made improvements in areas of concern we saw at the last inspection, at this inspection on 27 June 2017 we established concerns around care plans not reflecting people's current care and support position.

We considered eight people's care files and five of them had issues. Two files had incomplete weight and temperature checks after concerns had been raised with health care professionals. Another showed that there had been no change in the person's support and social needs after they had become bedbound following deterioration of their health. Another, who had been admitted from hospital, failed to show that a person's next of kin had provided advice in relation to the person's sleeping and movement habits. Another should have contained a body map to advise staff of the location of the application of a prescribed cream.

At the front of one care plan there was a hand written note from a relative that suggested that the staff should not contact the ambulance in the event of a medical emergency. If followed this could have prevented the person receiving urgent medical treatment. On this point, the registered manager said that she accepted the note may have confused care staff and should have been kept separate from the care plan. They assured the inspection team that management and staff would never follow a relative's wishes if it was not in the person's best interests.

Feedback from health care professionals was mixed with one saying, "The monitoring of patients' observations is often poorly managed with a lack of understanding of the reasoning." Another said, "When asked for observations to be monitored this is seldom done without prompting and their records are vague." And, "They have a good understanding of what specific people's needs are through assessment and care planning and implement what is documented in the care plan."

Of the files that we considered where issues were seen, we noted that nurses or senior care staff had completed monthly reviews. None of these reviews had established the concerns we saw and as a result some of the issues had been allowed to remain for many weeks.

These concerns are a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection the registered manager advised they had taken action to ensure that the care plans affected by these issues were reviewed and corrected and staff involved had been spoken with and if appropriate re-trained.

People told us that they felt safe and were well treated. One person said, "I am looked after and they are geared up to looking after my needs." A person's relative said, "My relative is happy here and I know they are safe." A health care professional said, "In my view the staff take good care of the people who live there and people are safe."

We looked at the way the service supported people with their medicines. During the inspection we observed people being sensitively and safely supported. However, we found there was a lack of information in the care records we reviewed in relation to the medicines people were prescribed. People's ability and preferences to manage or be involved with their medicines had not been routinely assessed. This meant there was a lack of information to demonstrate how decisions that people could not self-administer their medicines had been made. Additionally there were no specific person centred care plans to provide guidance to staff on safely supporting people with their medicines.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The processes included staff checking repeat prescriptions prior to them being sent to the pharmacist.

We looked at the arrangements for the safe storage of medicines. There was a monitored dosage system (MDS) for medicines. This is a storage device provided and packed by the pharmacy, which places medicines in separate compartments according to the time of day. We found medicines were being stored safely and securely. Room and fridge temperatures were monitored in order to maintain the appropriate storage conditions. Arrangements were in place for the safe management and storage of controlled drugs, which are medicines that may be at risk of misuse. We checked three people's controlled drugs and found they corresponded accurately with the register.

The medicines administration records (MAR) included a photograph of the person to assist with identification. The printed details on the MARs provided clear information on the name and strength of the medicines and dosage instructions. It also included any known allergies. However we noted examples of hand written entries, which had not been counter-signed by two staff to verify the instructions were correct. We also noted examples where 'key codes' had not been appropriately used to explain and clarify the administration process, for example when medicines were not required.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols are important to ensure staff were aware of the individual circumstances when this type of medicine needed to be administered or offered. The protocols we reviewed included some appropriate information. We were told one person would always ask for their pain relief medicine, but this was not included in the protocol. Furthermore one 'when required' protocol stated, 'to relieve anxiety or agitation'. This was lacking in person centred detail, to ensure the medicine was administered safely and effectively in response to the person's specific needs.

Processes were in place for care staff to sign in confirmation of the application of people's external medicines, such as topical creams. There were recording charts with 'body map' diagrams for care staff to refer to and complete. Staff had access to a range of medicines policies, procedures and nationally

recognised guidance which were available for reference. Information leaflets were available for each of the prescribed items. The service had a stock of 'homely remedies', this meant people would benefit from access to 'over the counter medicines' in a timely way.

We noted arrangements were in place to check some aspects of medicine administration on a weekly basis. However we found comprehensive audits of the medicines management processes had not recently been completed.

We recommend that the provider consider current recognised guidance on medicines management and take action to review and update their practice accordingly.

Although we saw issues with some people's care files, they included a wide range of risk assessments in areas including moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. People also had individualised risk assessments on behaviours that may challenge the service and their medical conditions. These provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at risk of malnutrition, it was noted that there were plans in place to support them with eating and drinking.

There were arrangements in place to deal with foreseeable emergencies. People had personal emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely. Staff we spoke with knew what to do in the event of a fire. They told us there were regular fire drills so they were reminded about their roles in such an event. Records confirmed that staff received regular training on fire safety. The home had a fire inspection conducted by the Lancashire Fire and Rescue Service in June 2014 that advised that there were no significant issues found. We saw records confirming that the fire alarm was tested on a weekly basis and regular fire drills had been carried out.

Records of accidents and incidents were maintained that contained information about each incident and any action that had been taken. For example, a review of a person's risk assessment, or the making of a GP referral. This helped reduce the risks of similar incidents occurring in future.

There were policies and procedures in place to protect people using the service from the risks of abuse and avoidable harm. The registered manager and staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for. They were also aware of the action to take if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Records confirmed that the registered manager and all staff had received training on safeguarding adults from abuse. We also observed staff gathering for periodic 'huddle meetings' which were convened to review and check people in the home were safe, well and receiving the care they needed. A member of staff said, "I know what to do and we are all encouraged to challenge things we see that we don't like. I wouldn't hesitate in reporting any concerns."

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of five members of staff that worked at the home. The files contained completed application forms that included references to their previous health and social care experience, their qualifications and their full employment history. Each file included two employment references, health declarations, proof of identification and evidence that criminal record checks had been obtained for all staff to ensure their suitability for their roles.

Records showed equipment was safe and had been serviced. Environmental risk assessments and health and safety checks had been completed. These included electrical installation, gas safety and legionella

testing and water temperature monitoring.

# Is the service effective?

## Our findings

At the last inspection on 19 April 2016 we had concerns about interaction at mealtimes and staff acting in a task oriented way. This led to a subdued atmosphere. We made a recommendation that the service look at ways of improving this situation.

At this inspection we noted improvements in these areas. We observed mealtimes during the inspection and saw that staff were engaging with people and not just asking what they wanted to eat and drink. People were being encouraged to make choices and there was a positive atmosphere. We saw examples of people responding well to staff contact and were often involved in light-hearted conversation.

We looked at how the service supported people with their nutritional needs. On the first day of the inspection we observed some people being assisted to have their breakfast. One staff member had been allocated this task and we observed people's choices and support needs were responded to in a sensitive and unhurried way. One relative said, "I've seen a massive improvement in my relative since coming to the home and they are putting on weight."

We also observed lunch time in the dining areas. We noted the dining tables were pleasantly set with cutlery, drinks and table mats. Food was served from a heated trolley and there were two options available and people were encouraged to make their choice. We observed examples of people being sensitively supported and encouraged by staff with their meals and suitable equipment was available to help promote independence. People's satisfaction with their meal was sought and further portions offered.

We spoke with the chef who told us new menus were in the process of being introduced. People had been asked for their suggestions and consideration would be given to providing a nutritionally balanced diet. The three week rotating menus we looked at showed a variety of meals were offered with specific diets catered for. Pureed meals were blended in separate portions to look palatable and appealing. Information had been shared with kitchen staff on people's individual dietary needs, likes and dislikes. The chef said people could have whatever they wanted and that every effort was made to provide for people's specific requests.

We noted various cold drinks were accessible in lounges and hot and cold drinks were offered to people throughout the day. Care records we reviewed included information about people's individual dietary requirements and any risks associated with their nutritional needs. Health care professionals, including GP's, speech and language therapists and dieticians were liaised with as necessary.

People using the service said staff and the registered manager knew them well and how best to support them. Relatives and visitors told us that staff were skilled at meeting the needs of people at the service, and were competent in supporting them with their complex conditions. They spoke highly about the care and support at the home. One relative told us, "We are really happy our relative is here. Their condition has improved since admission." However, feedback from healthcare professionals was mixed with one saying, "It is apparent that staff need training so that they can deal with people with specialist needs." And another said, "Staff seem to be competent and well trained."

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated a clear understanding of the MCA and the DoLS. Staff we spoke with were aware of the importance of seeking consent from people when offering support. They demonstrated an understanding of the MCA and how it applied to their roles. They said that some people using the service had capacity to make some decisions about their own care and treatment and others had varying levels of capacity. When there was a concern about capacity they said they would refer to the care plan. In the plans we saw mental capacity assessments had been completed for specific decisions such as the use of bed rails at night time. Where a person had been assessed as not having capacity, records showed that relatives and health care professionals, where appropriate, had been involved in making the decision in their best interests.

The registered manager told us that the home had made 28 applications to the local authority to deprive people of their liberty. At the time of our inspection the local authority had granted 12 of the applications and were processing the rest. We noted that any conditions attached to the applications that had been granted were being followed. We saw four of the applications that had been made since the last inspection and were satisfied that the home had raised them appropriately and in a timely manner.

Staff training records confirmed that all staff had completed training in areas the provider considered mandatory. Mandatory training included safeguarding adults, the MCA and DoLS, dementia awareness, health and safety, moving and handling, infection control, first aid and fire safety. Some staff had also completed training on other topics such as administering medicines, end of life care, and nutrition and hydration. Mandatory training was recorded and the records indicated when staff required training updates. Most staff had completed accredited qualifications relevant to their roles within the home. For example, care staff had completed qualifications in health and social care, and kitchen staff had qualifications relating to food and hygiene. Nursing staff had also completed training relevant to their roles.

Staff told us they had completed an induction, which was confirmed by the records we reviewed. All newly recruited staff who were new to a caring role were required to complete the Care Certificate. The Care Certificate is a nationally recognised qualification and aims to equip health and social care workers with the knowledge and skills that they need to provide safe, compassionate care. One member of staff said, "My induction was involved and I wasn't allowed to work on my own until I had passed tests. The training is quite regular and in depth."

Staff told us, and records confirmed, that they received a supervision session with the registered manager every two months and an annual appraisal of their work performance. They said this helped them in providing the care and support to people using the service, and that they felt well supported by the registered manager. One member of staff told us, "Senior staff, nurses and the manager are available if we come across an issue or a situation we have not seen before."

We found that people were supported to maintain good health. Records showed that people had access to

a range of healthcare professionals including a GP, optician, chiropodist, and dentist. Staff also supported people to attend hospital appointments. In one case we found that a referral had been made to a specialist wound expert following identification that an injury was not healing and that the person and their relatives had been kept informed of the process throughout. Records and advice to staff about the process of referring matters to nursing staff at the home and thereafter to external professionals was documented in the care records and on the person's care plan.

# Is the service caring?

## Our findings

People said that staff were caring. One person told us, "I love my carers. I know they care for us all." A relative said, "The care and support they provide is first rate." Another said, "All the staff seem to be caring, they all seem to be concerned about people." A visiting health care professional told us, "They care about their residents' emotional well-being as well as their physical health needs." Another said, "I have seen staff treat people with respect and courtesy. They have a very caring and professional attitude."

People were involved in their care and support plans and where this was not possible it was noted that relatives were actively involved. For example a number of relatives also told us they were consulted about their relatives' care and support needs especially when things changed. One relative said, "I have seen my relative's care plan and staff took time out to discuss with us all the doctor's new plan and the revised support package."

If people could not express their view the service ensured that the person's relative was involved. We noted that on the occasions when relatives or other supporters were unavailable, people had access to a professional representative who acted as an advocate. An advocate is a specially trained person who can help support people if they do not have capacity to make particular decisions.

All of the care files we looked at included a section on personal histories. This recorded the person's hobbies and interests, details of significant events and favourite places, and the jobs they used to do. A health care professional said, "Staff are cheerful and are interested in their residents and their life and interests."

When looking at the care plans we saw that end of life care plans and consent forms requiring the person's agreement regarding their care and treatment were in place.

During the inspection we noted that staff knew people well and understood their needs. We saw examples of good care and saw that people were treated with understanding, compassion and dignity. Staff actively listened to people and encouraged them to communicate their needs. We also saw staff responding to people's needs in a calm effective manner, supporting them with everyday tasks and responding to requests for drinks and snacks.

Staff knocked on people's doors requesting permission to enter when they were present. One person said, "Staff always knock and call my name when I'm in my room." Where people needed support with personal care, staff ensured their privacy by drawing curtains and shutting doors. Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They said that they explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One member of staff said, "I always I treat people as I'd like to be treated and take my time with people."

People were provided with appropriate information about the home in the form of a service user guide. This

guide ensured people were aware of the standard of care to expect, details of access to health care professionals, the service's complaints procedure and information about the service and facilities provided at the home.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away in the main office and this meant that only authorised staff accessed people's records.

## Is the service responsive?

### Our findings

At the last inspection on 19 April 2016 we recommended that the service seek guidance about the way people's minor concerns were dealt with and provide suitable activities for people to participate in. At this inspection we found improvements in the way concerns were dealt with. They were being recorded, considered and the person raising the issue received a response. However, further improvements were required in the area of activities for people to engage in.

During the inspection we saw that some 'one on one' activities were being conducted by staff in one of the lounges of the home but in other areas of the home there was an absence of meaningful activity. We noted people were unoccupied for large parts of the day and staff engagement only at times of the need for support for care reasons or at mealtimes. We noted that there were no designated members of staff assigned to assist with activities and no daily activity programme. Members of staff remarked about the lack of an activities coordinator with one saying, "We really could do with staff who are separate from the care side who can deal with activities. Very often we just don't have time." And another, "We have been asking for support with activities but this area of improvement hasn't progressed."

A person who used the service said, "We could do with more things to do. It's a bit boring just watching TV." A health care professional said, "There isn't time given for staff to spend with patients on social activities which leads to isolation."

These concerns are a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people's health care and support needs were assessed before they moved into the home and this assessment continued and was regularly reviewed. The assessment included people's hydration and nutritional requirements. A health care professional said, "On my observation the assessments are thorough and always conducted by qualified staff."

Although we saw issues that are identified in the safe section of this report, people's weight was reviewed and where appropriate, referrals were made to health care professionals. We saw examples of how the MUST risk assessment tool was completed in order to identify a person's risk of malnutrition. MUST is a Malnutrition Universal Screening Tool and is a five step screening tool used to identify adults who are malnourished or at risk of being undernourished. One person's risk assessment score placed them at risk of malnutrition and we saw steps had been taken to refer the person to a health care professional. A health care professional said, "The staff are good at recognising issues quickly and make good referrals."

People's care files were well-organised, easy to read, accessible to staff and we saw that personal assessments covered areas including, moving and handling, mobility, communication, sleeping, emotional and spiritual needs, medicines, continence and, where appropriate, end of life care. The registered manager told us that care plans were developed using the assessment information and kept under review but accepted that recently the reviews had not been as regular or as thorough as they would have wished. We

did note that one person's care plan included information about how a person's susceptibility to falls had increased because of a change in their condition. It documented the use of technical equipment to reduce risk such as motion sensors that would alert staff when the person was alone in their room and may have forgotten to use their walking aid. This meant that the service provided individualised care that was up to date.

Care plans also included information such as how people liked to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests. For example, one person's care plan advised staff to call the person by their preferred and not their given name at birth. Another instructed staff to speak clearly and slowly as the person was hard of hearing.

Records we saw showed that people and their relatives were also involved in an annual review of care planning. Views from people and relatives were recorded and confirmed their agreement to the care plan. We also noted daily notes within the plans that recorded the care and support delivered to people.

People's care files also included risk assessments and other documentation, for example, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards assessments and records of best interests decisions. We also saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms, where appropriate, in the care files. A DNACPR decision form in itself is not legally binding. The form should be regarded as an advance clinical assessment and decision, recorded to guide immediate clinical decision-making in the event of a patient's cardiorespiratory arrest or death. However the process for completion must be correct otherwise the form can be deemed invalid. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. These had been fully completed, involving people using the service and their relatives, where appropriate, and signed by their GP.

Although all of the care plans and risk assessments we looked at had been reviewed on a monthly basis or more frequently to try to ensure that they were reflective of people's current needs, it was noted that some of these reviews were ineffective. This has been covered in detail earlier in the 'safe' section of this report.

We looked at how the service managed complaints. The service had policies and procedures for dealing with any complaints or concerns. These made reference to responding to and managing complaints and concerns. The complaints procedure was in the guide to the service and a copy was also on display in the main entrance hallway. The procedure provided directions on making a complaint, who should be contacted and how the process would be managed, including timescales for responses.

Prior to the inspection, we were made aware of a specific situation where a relative had expressed concerns that amounted to a complaint. However, there was no record of this complaint available. We were also made aware of other concerning information that had been brought to the attention of the registered manager and provider. We were told the matters had been investigated by the service but we found these concerns had not been responded to as a complaint. Therefore, there was no information to demonstrate how the concerns were investigated and what action was taken to rectify matters.

We noted that records were kept of the complaints raised and responses to complainants. However there was no information to demonstrate how the complaints had been investigated, or details of the action taken to rectify matters and mitigate the risk of reoccurrence. This meant the provider's complaints policies and procedures had not always been appropriately followed.

We recommend that the provider consider current recognised guidance on managing health and social care

complaints and take action to review and update their practice accordingly.

# Is the service well-led?

## Our findings

At the last inspection on 19 April 2016 we found that the service was not completing effective audits that picked up on the issues that were found during the inspection.

This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we did not find improvements in these areas. Although the provider and registered manager were completing audits they were not always effective in picking up issues. For example we found that audits of care plans were not establishing that peoples' needs had changed and accordingly plans needed to be amended. Additionally, the checks had not found that recordings of observations such as temperature and weight were being missed.

We noted from typed minutes from a staff meeting in September 2016 that some of the issues we had established at this inspection were raised with staff. These involved issues with care plans and concerns similar to those raised by health care professionals at this inspection in relation to recording of observations. Despite this, the failings had continued and there was no evidence thereafter of any action on the part of the registered manager or provider in making additional checks to establish whether the issues continued.

The registered manager said, "Recently my deputy has been away from the service on a long term basis. This has meant that I've had to be far more hands on and I accept that some of the checks we usually make have slipped."

This was a continuing breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other audits had established issues that had led to remedial action to improve the home. For example a kitchen audit had found that equipment required replacement and an audit of medicine's records had established that drugs received at the home had been recorded wrongly. The matter was raised at a staff meeting and used as a training occasion. Maintenance checks were also in place that were conducted by the provider that included monitoring the home's water temperatures and cleanliness together with the suitability and condition of fire fighting equipment.

Staff told us they liked working at the home and praised the support they received from the registered manager and provider. We saw minutes from a staff meeting in June 2017 that showed that staff were able to raise issues with the provider and management. Matters discussed at the meeting included the need for further assessments on people who were at risk of falling and staff concerns around insufficiently detailed handovers when staff change shifts.

There was an out of hours on call system in operation that ensured that management support and advice

was always available to staff when they needed it. One staff member told us, "I am happy with the support and am happy raising any issue either at formal meetings or by speaking to the manager."

The provider took into account the views of people using the service and their relatives about the quality of care provided at the home through resident meetings and annual surveys. We saw the results of a survey of residents from September 2016 where people raised their meal preferences. One person said, "Very happy. Comfortable, good food and the staff are marvellous." The registered manager said, "We get feedback from residents on a daily basis and we also provide a questionnaire at the end of their stay. The formal surveys are used to see what we need to do to improve the service."

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	There was a failure to provide adequate activities and entertainment for people to participate in.
Treatment of disease, disorder or injury	

### The enforcement action we took:

Issued warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Records of essential care were incomplete and reviews of care plans were not effective in reducing risk.
Treatment of disease, disorder or injury	

### The enforcement action we took:

Issued warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Audits and checks were not effective in ensuring that people were protected against errors in care files.
Treatment of disease, disorder or injury	

### The enforcement action we took:

Issued warning notice