

# St Philips Care Limited

# The Grange

## 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?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 15 April 2015 and was unannounced. The last inspection took place on the 17 December 2013 and was a routine inspection; we had no concerns following that inspection. The service was meeting the regulations.

The Grange is registered to provide both personal and nursing care for up to 47 older people. The service comprises of a large detached house (which is currently not being used to accommodate anyone) and The Mews unit which is a thirty bedded unit across from the main house. The service is ten minutes' walk from the town centre with its main transport links. There is parking on site.

The service had a registered manager in post. 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.

The service had established their staffing levels based on information provided to head office, people told us they were well supported by staff but some relatives told us they did not feel there were enough staff on a weekend.

# Summary of findings

We saw staff were busy and not able to sit and spend time with people, however, we observed people to be well cared for. We have made a recommendation about reviewing current staffing levels.

The registered manager told us the home was due to undergo an extensive refurbishment programme, they were not able to provide us with the specific details for this. Although the home was clean, we saw areas of disrepair and in the communal bathrooms we saw places where germs could harbour.

The environment was not dementia friendly, the corridors had nothing which would engage people with dementia and some people spent most of their day walking up and down the corridor. It was not easy to identify people's bedrooms or communal bathroom facilities. The registered manager told us this would be addressed as part of the refurbishment programme. You can see the action we have told the provider to take at the back of the full version of this report.

People told us they felt safe and well cared for. The home had systems in place to record and report any safeguarding concerns and staff were able to tell us how they protected people from avoidable harm and had received safeguarding training.

People had detailed risk assessments in place and where a risk had been identified it was clear what action the home had taken to minimise this. As well as individual risk assessments, each person had a person emergency evacuation plan in place which was reviewed regularly. Accidents and incidents were reported and we could see what action had been taken.

Medicines were administered and stored safely.

Mental Capacity Assessments were completed, however, where people lacked the ability to make their own decisions it was difficult to see how the person completing the assessment had reached the decision.

Best Interest decisions were recorded within people's care plans and we could see all of the relevant people were involved in this. We have made a recommendation about the Mental Capacity Act.

Staff were well supported, they had access to supervision on a regular basis and all staff had received an annual appraisal. Staff told us they found the induction useful and then had access to on-going training.

People enjoyed the food served in the home; we saw lunch was a pleasant experience for people. All of the people we spoke to said they enjoyed the food the home provided. People had their weight recorded regularly and had access to healthcare professionals as needed.

People received good care from staff that they had a good rapport with. We saw people looked well cared for and their choices were respected. People's relatives were encouraged to visit and made to feel welcome.

People's care needs were assessed, and reviewed and care plans were easy to navigate.

We did not see any activity during the inspection and people and their relatives told us they would like more stimulation. The registered manager told us an activities coordinator was due to start the day after our inspection. Care staff told us they did not have time to support people to take part in activities.

Complaints were responded to and learning was shared, however, we noticed the home had the out of date complaints policy on display in the entrance.

We heard the registered manager was supportive and people felt improvements had been made since they had been in post. However, we did not think the registered manager was completing audits effectively, this was because they were scoring all audits as 100% however, we identified issues in relation to repairs required which had not been recorded.

Regular staff meetings took place as did 'relatives and residents meetings', so people had the opportunity to provide feedback on the home.

# 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 consistently safe.

Staffing levels were determined by the number of people who lived at the service, relatives told us they were concerned about staffing levels on the weekend. During our inspection despite staff being busy they were available to respond to call bells, and people were well cared for.

The service was due to be refurbished and although we found it to be clean, repairs were required to prevent the spread of infections.

People who lived at the home told us they felt safe. Staff understood how to safeguard people who used the service. Risk assessments were detailed and enabled staff to know what support a person needed to reduce and manage risk. Medicines were managed safely.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

Mental Capacity Assessments were completed; however they needed to contain more detailed evidence of how the person completing the assessment had reached the decision that the person lacked the capacity to make their own decision. DoLS had been appropriately sought.

Staff told us they were well supported, they had regular supervision and an annual appraisal. Staff were supported to access appropriate training.

People told us they enjoyed the food and we saw people's nutritional needs were met.

The environment was not dementia friendly; there was no memorabilia for people to engage with. It was difficult to identify people's bedrooms and some of the communal bathroom facilities.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff were kind and caring, and wherever possible, supported people to make their own choices. People had a good rapport with care staff.

Staff ensured people's privacy and dignity were respected.

Relatives were encouraged to visit and made to feel welcome.

**Good**



### Is the service responsive?

The service was responsive.

**Good**



# Summary of findings

Care plans were easy to follow and contained detailed information on people's care needs and preferences. We saw some life story information but this was limited.

There were no activities taking place during our inspection, people told us they would like more activity and stimulation. However, the registered manager told us they had employed an activities co-ordinator who was due to start that week.

People and their relatives were encouraged to give their views on the home.

## Is the service well-led?

The service was not consistently well-led.

There was a registered manager in post and people spoke positively about them, staff and people who used the service told us they were supportive. People told us the service was improving since the registered manager had been in post.

The registered manager completed a range of audits however, these were scored as 100%, therefore, they were not effective in identifying issues and how these needed to improve.

**Requires improvement**



# The Grange

## Detailed findings

### Background to this inspection

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

This inspection took place on 15 April 2015 and was unannounced. At the time of our inspection there were 24 people living at the home. The inspection team consisted of one inspector, a specialist advisor whose professional background was nursing older people and an expert by experience who had experience of older people and people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. This included previous inspection reports and any statutory notifications that had been sent to us. We contacted health professionals, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views

of the public about health and social care services in England. The provider had not been asked to complete a provider information return. This is a document that provides relevant and up to date information about the home that is provided by the registered manager or owner of the home to the Care Quality Commission.

During the inspection we spoke with 14 people who lived at the home, three relatives of people who lived there, and nine members of staff which included the registered manager, nurse, care assistants, maintenance person, housekeeper, chef, and a regional manager. They were not the regional manager for the home but came to provide support as the home's regional manager was on annual leave.

We observed how care and support was provided to people throughout the inspection and we observed lunch. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records for three members of staff, policies and procedures, and quality audits undertaken by the registered manager to evaluate service quality. We looked in detail at three care plans and reviewed five medication records.

# Is the service safe?

## Our findings

People who lived at the service said they felt safe and well looked after. One person told us, “I feel safe here; I am contented and would hate to have to leave.” Another person said, “I’m well looked after and no complaints” and “It’s clean, warm and tidy.”

On the day of our inspection there were three care staff and a nurse on duty. The registered manager told us this was the standard staffing level. We looked at the staff rota for the last four weeks and could see this corresponded to the amount of staff the registered manager told us were needed. We asked the registered manager how they assured themselves there was enough staff on duty to meet people’s needs. They told us the staffing ratio was established by a staff dependency tool completed by head office.

We observed staff to be very busy, however, people’s call bells were answered promptly, people had their care delivered in line with their care plans and looked well cared for. A number of people needed care from two care staff and we saw this was provided. One person spoke to us and told us they were ‘wet’ and wanted care staff to help them get up. We spoke to the registered manager about this and a member of staff went to support the person with their personal care. There were periods during the morning when care staff were not supervising people in the main lounge however the administrator spent some time in the lounge and helped to make drinks for people.

One relative who visited on a regular basis told us they were, “Concerned there are not enough staff.” Another relative said, “I think they need more staff at weekends but I feel [relative’s name] is safe.” Staff told us they did not have time to sit and talk to people who used the service or support them to take part in any activity.

**We recommend the provider review staffing levels to ensure they are confident they have sufficient staff to support people.**

There was an infection prevention policy which contained the relevant national guidance and legislation. The housekeeper had taken on the role of infection control lead for the home, they had attended specific training to support them undertake this role. They said they were happy to take on this responsibility as it was a subject they were very interested in. The housekeeper described their

schedule of work which included frequent checks of communal bathrooms, toilets and communal areas. We noted all areas of the home were clean, and had a pleasant odour. Although the home was clean we saw there were areas where maintenance work was required and these places could have harboured infection. We saw grouting in a communal bathroom which was coming away, and a towel rail which was loose with gaps in plaster. We discussed these concerns with the registered manager who told us they were aware of the issues which would be resolved once the refurbishment programme had been completed. The registered manager also informed us the maintenance person had been off work for a few weeks and that most repair jobs were waiting to be addressed. We spoke to the maintenance person who confirmed this to be the case and told us they were due to return to work the following week.

Staff showed a good understanding of how to support vulnerable adults and protect them from avoidable harm. They told us they were aware of how to detect the signs of abuse. Staff understood the reporting procedures and all of the staff we spoke with had received safeguarding training. Staff told us they would feel confident raising any concerns they had with the manager and felt these would be taken seriously. We saw the service had safeguarding and whistle blowing policies in place, which, provided staff with detailed guidance.

We reviewed a folder which contained copies of safeguarding referrals and minutes of safeguarding meetings. There were two safeguarding referrals made by the home in the past 12 months. The Care Quality Commission (CQC) had been notified of both of these incidents. There were no safeguarding investigations or concerns on-going at the time of the inspection. The folder contained a sample of the staff safeguarding training workbook. This contained relevant information for staff on their responsibilities for safeguarding the people who lived at the home.

There were effective recruitment and selection processes in place. Appropriate checks had been undertaken before staff began work, including checks through the Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

## Is the service safe?

Risks to people who used the service were appropriately assessed, managed and reviewed. There were risk assessments in place where areas of potential risk to people's general health, safety and welfare had been identified. Where risks were identified, care plans were put in place which provided information to staff on how to keep people safe. We saw one person had a risk assessment in place as a result of two falls out of bed, the person had bed rails and bumpers in place along with a pressure mat which would alert staff as soon as the person was out of bed. Care staff had completed the risk assessment in conjunction with the person, their family and their GP.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people who lived at the home required should the building need to be evacuated in an emergency. These were reviewed every three months or before if the person's needs changed.

Accidents and incidents had been recorded in line with the home's policy and procedures. We saw the accident report book which was used by staff to record any incidents that occurred whilst they were on duty. We saw the book contained reports of 13 falls between February 2015 and the day of our inspection. The registered manager showed

us the electronic 'General Management Tool' (GMT), and we were able to see the accidents had been logged on the system, with a clear record of the further action that had been taken.

We looked at the storage and handling of medicines as well as a sample of medication administration records (MARs), stocks and other records for five people. We found the arrangements for handling medicines were safe. All medicines were administered by qualified nurses. We observed part of the medication round and saw the nurse took time to sit with people and explain what the medication was. The nurse sought people's consent to take their medication.

We saw a copy of the medicines management policy. The medication trolley was locked and secured to the wall in a locked medication room. We saw medication was correctly stored in the fridge which was locked, as were the surplus stock cupboards. The home used a 'monitored dosage system' which is prefilled by the pharmacy, and we were able to find medication easily. We checked the medication in the 'monitored dosage system' along with medicines which were stored in the original prescribing boxes and found these corresponded with the recorded numbers on the MAR charts. The controlled drugs cupboard was secure and all of the medication was recorded correctly and signed in and out by two members of staff.



# Is the service effective?

## Our findings

The environment was not dementia friendly; corridors had no reminiscence information for people to look at, whilst there was some art work on the walls there was nothing for people with dementia to engage with. We saw three people spent most of their day walking up and down the corridor, the corridor got narrower towards the end and there was not enough room to have a seat should the person need a rest.

Some bedrooms had the person's name on the door, but these were small printed black and white labels which were hard to read, four people's rooms had nothing to identify them as someone's bedroom and we saw they just had a number. Only two bedrooms had any personal information on the door to support the person to know it was their bedroom. Although there were some signs on the toilet doors and one bathroom had a picture of a toilet it would have been difficult for people living with dementia to orientate them, this was of particular importance as only four bedrooms had en suite facilities. The handrails, doors, and walls were all painted in neutral colours making it difficult to differentiate for people.

We discussed this with the registered manager who told us the home was due to undergo a significant refurbishment, and had recently been redecorated, however the decoration had not taken into account the needs of people living with dementia, it was painted in neutral tones and was difficult to differentiate different areas of the home. The registered manager told us all of the pictures and memorabilia had been taken down for the decorating to take place. However, they agreed this was an area where work was required to ensure people who had Dementia were supported to be as independent as possible. The registered manager told us this was why they only had 24 people not 30 living there, but was unable to give us a specific timescale or plan of the work to be undertaken, or how this would be managed to ensure people's safety was maintained during the work. This was a breach of Regulation 15 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safety and suitability of premises.

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. The registered manager and care staff

demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent, we observed staff supported people to make choices throughout the day.

We saw mental capacity assessments in people's care plans, these assessments were made in relation to specific decisions. The assessments were a tick box record of whether the person had the capacity to make an informed decision or not, however, there was limited information recorded as to how the member of staff had reached the decision that the person lacked capacity. We discussed this with the registered manager who agreed to review these, whilst we were there the registered manager had started to discuss this issue and seek support from the regional manager. Where it was recorded a person lacked the capacity to make a specific decision we found a Best Interest decision had been recorded and appropriate people had been involved in making this.

**We recommend that the provider explores the guidance on the Mental Capacity Act 2005 looking at how a person's mental capacity is determined.**

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS.) These safeguards protect the rights of people by ensuring that if restrictions are in place they are appropriate and are the least restrictive option. The registered manager demonstrated a good awareness of DoLS and how to implement this to ensure people who lived at the home had their rights protected. The registered manager told us 10 people who lived at the home were subject to DoLS. We reviewed the documentation for three of these and found all of the relevant paperwork was in place, we saw for one person the DoLS had been authorised for six months, and it had not been renewed. We discussed this with the registered manager who was able to show us documentation from the local authority which gave permission for this period to be extended whilst the person was waiting to be reassessed. The registered manager had an effective system in place to monitor the DoLS authorisations; there was a record of when these needed to be reviewed to ensure they did not run out which could leave people at risk.

Staff told us they were well supported by the registered manager; they had received induction training and had regular one to one supervision and an annual appraisal.



## Is the service effective?

Staff said they found this useful and a good opportunity to discuss any individual concerns and their training needs. We looked at three staff files which confirmed this. All three files were presented in good order, and had a check list of contents which made the information easy to find. We saw staff files contained training certificates which provided evidence of attendance.

We reviewed the training chart which was used by the registered manager to keep a track of staff training and who might need updated training. All staff had received training in the following subjects: safeguarding, equality and diversity, health and safety, infection control, first aid and fire training. In addition to this we saw staff had undertaken training specific to their roles which included; dementia awareness, medication, Mental Capacity Act & DoLS (2005), and food safety training. One member of staff told us, “training is always on offer”, and that they were currently working towards NVQ level 2 in health and social care. Staff were supported to gain the necessary skills to ensure they provided a good service to people they supported.

We observed lunch to be a pleasant experience for people; people chose to sit in the lounge at an individual table or in the dining room. There were two hot options for lunch, and people were able to request alternatives if they wanted something else. In the morning we observed the chef asking each person who lived there what they would like to eat. The chef told us this is something they do every day. All of the people who used the service and the relatives we spoke to told us the food was good and they were able to

make choices, one person said, “The food is very good indeed, I’m always offered cooked breakfast or I can just have toast.” We observed people had a second helping and were given a choice of cold drink.

The chef told us they were aware of people’s dietary needs and likes and dislikes which included fortified and liquid diets. They told us they make fresh cakes, puddings, jellies and cheesecakes, which people enjoyed. We observed the chef served the meals from a hot trolley in the dining room and carers took covered plates on trays into the lounge where the majority of people ate.

People were weighed regularly and their weights were recorded on an electronic system which would automatically flag up if the person’s weight had increased or decreased by more than 2kg. The registered manager demonstrated how the system would indicate further action was needed, and would require the registered manager to provide an update on action taken. We reviewed two people’s records where the system had alerted the manager about weight loss, and we could see a record of discussions with the GP and changes to diet to fortify foods had been agreed. The registered manager explained the system was monitored by the services head office.

We saw in people’s care records they had access to the relevant health care professionals such as GP, dentists and opticians. One person had been seen by a district nurse on a regular basis.

# Is the service caring?

## Our findings

During this inspection we saw people looked well cared for and were clean and tidy in their appearance. We saw one person had details in their care plan about their preferences for the clothes they wore; we could see this had been respected by staff. The hairdresser visited on the day of our inspection and we saw people being supported to have their hair cut and styled.

We saw people were relaxed and at ease in the company of staff who cared for them, there appeared to be positive relationships between people who used the service and the care staff. During our inspection 14 people we spoke to who used the service told us staff were caring and kind.

People who used the service spoke positively about the staff who looked after them. One person said, "The staff are very nice, they couldn't do anything better, they love me and cuddle me now and again, I like cuddles." Another person who used the service spoke to us about the care staff and said, "They are all pretty good to me, there's nowt I want for."

We saw people were treated with kindness and compassion, and were encouraged by staff to make their own choices, people were asked where they wanted to sit in the lounge and some people were supported to stay in their bedrooms. One person had brought their pet into the home with them and they told us this was very important to them. Staff provided the support the pet needed.

We spoke with two relatives who said they felt they were involved in their relatives care and were confident things

would be discussed with them if necessary. One relative told us the home contacted them or their daughter if they needed to discuss their relatives care and gave us an example.

We observed that staff respected people's privacy knocked on people's bedroom doors before they entered. Staff spoke with us about the importance of making sure people's dignity and privacy was respected. We saw one person supported by staff to change their clothing, the member of staff approached the person in a gentle manner and guided them discreetly back to their room.

Relatives told us they were free to come and visit anytime and we saw two relatives spent most of the day there. One relative told us, "They give me my lunch" and, "A little hug now and again when I need it." Another relative said, "it's the staff that make it, it is improving but still needs to be more settled."

We observed members of care staff had a good rapport with people who lived there, we saw staff smiled at and talked to people whilst assisting them. We observed one person who used the service go out and spend time in the garden, and have a cigarette, they had to get a member of staff to let them out and then wait to be let back in. On one occasion we had to find a member of staff to let the person back inside. We spoke to the registered manager about what arrangements were in place to support this person to access the garden independently, they told us the person had previously left the door open and this meant other people may be put at risk. The registered manager said they would look into fitting a door bell so the person could summon the attention of staff more quickly.

# Is the service responsive?

## Our findings

We looked at three people's care plans which all contained a detailed pre admission assessment. These were completed with information about the individual's needs and this ensured the home was able to meet the needs of people they were planning to admit. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care.

We found care plans were easy to navigate and contained different sections related to people's care needs and how these should be met. They were person centred and provided staff with detailed information about how best to support the person. They had information about people's backgrounds, life experiences and their likes and dislikes. Although care plans contained some information about people's life stories the information was basic and we discussed with the registered manager the need to develop these further so that they could be used to support staff to have meaningful interaction with people who lived there.

Care plans were reviewed on a monthly basis and we could see these were updated if a person's needs changed before then. We saw updated care plans for one person whose skin was at risk of becoming sore, the care plan highlighted the current concerns with the person's skin, and this was recorded on a body map so nursing staff could monitor this. We looked back through the records and saw the care plan was altered dependent on the level of input required. There was a clear record of the equipment this person needed to help prevent their skin becoming sore, and we saw this was provided which meant the service were providing the support the person needed.

During the inspection we did not see any evidence of people being supported to engage in meaningful activity. We saw care plans contained information about people's interests, and activities they would like to be involved in. The registered manager explained to us that they had not had an activities co-ordinator in post for about a month, however, they had recruited someone who was due to start their induction the day after our inspection. A relative we spoke to said, "they had an activities co-ordinator but it only lasted a month, they could do with some activities"

and "it would be nice if someone could take them out occasionally." Staff told us they did not have time to spend with people, so there was no activity unless the home had an activity coordinator in post.

People were encouraged to give their views on the home. We saw 'resident and relative's meetings' took place on a regular basis. We reviewed the minutes of the last two meetings and saw the registered manager led these, there was a section which included an update on issues which affected the home and we saw an update was provided at the last meeting on the planned refurbishment work in the home. The discussions recorded indicated people who attended were happy with the level of care delivered and felt the staff provided, "A happy friendly atmosphere with a homely touch."

We saw 14 customer surveys had been completed over the past three months, these asked people for their views on the quality of the home and the care provided. Some of these had been completed by the people who used the service, some with support from staff and others had been completed by relatives on the person's behalf. All the responses were positive about the home, other than one comment which related to the grounds and the activities available.

We reviewed the home's complaints log. There had been one complaint in the past 12 months which related to staff attitude to a relative on the phone. This complaint had been handled well. We saw from staff meeting minutes that any feedback on concerns and complaints was discussed with staff in order to prevent re-occurrence of issues. The manager held a staff meeting to remind all staff to act professionally at all times; and held an individual supervision meeting with the staff member involved. The action taken was recorded clearly and there was a record of a positive outcome for the complainant.

None of the people we spoke to who lived at the home or their relatives had any complaints. One relative told us, "I've no complaints at all." People told us they felt confident to talk to the manager if they were worried about anything and had confidence the issues would be resolved.

We saw a complaints policy which included a leaflet which clearly described the complaints process in an easy to understand way. We looked around the home to find this leaflet but were unable to find it. There was a copy of a complaints policy on a notice board in the entrance way;

## Is the service responsive?

however this was under the name of a previous provider, and was not easy for people to read and to understand the complaints process. We spoke to the registered manager who agreed to resolve this issue immediately.

# Is the service well-led?

## Our findings

There was a registered manager in post who was supported by a nurse and a team of care staff. The registered manager explained to us that they were currently recruiting a deputy manager who would also provide a clinical lead role for people who needed nursing care. The registered manager told us that they had worked in the service for some time in a variety of care roles and had been registered as the manager with CQC since February 2015.

People who used the service, relatives and staff all spoke highly of the registered manager and told us the home was being well run. People told us there had been some uncertainty in the last year about the future of the home, but that the registered manager had worked hard and was improving the service provided. One relative said, “They have spent a quite bit of money in last few months on painting and new chairs.” They went on to say, “Things are improving.” We observed the registered manager had a good rapport with people who used the service, one person said to us, “[registered manager’s name] is lovely.”

Although people thought the service was being well managed we got a sense of concern from a number of people and their relatives about the renovation plans, people were unsure about the plans and one person told us they were worried they might have to move to the main house. They were worried about how they would manage the stairs. We spoke to the registered manager about this, they said this had been discussed at a ‘residents meeting’, we saw a record of the minutes, “The manager said she would speak to all concerned when final plans were ready to ensure people were happy with decisions.”

All of the staff we spoke to said they enjoyed working at the home and felt the registered manager listened to and supported them. One member of care staff told us, “I love working here”, another said, “You could approach [the registered manager’s name] with anything and it would be dealt with straight away.” A third member of staff told us, “It is like a family.”

Staff had been asked to give feedback about the home. We reviewed 17 questionnaires which staff had completed over the past three months. All gave positive responses in the following areas; home management, job satisfaction, and

the environment. Comments included; ‘[The manager] has made a massive difference to the home in all departments.’ And, ‘I very much enjoy my job and enjoy working in a family atmosphere.’

Staff meetings took place regularly and were well attended by staff; we reviewed the minutes for the last two meetings which were two months apart. We saw the registered manager had given information to staff which included a reminder about the safeguarding and whistleblowing policy, and ‘CQC inspection’. It read; “We are awaiting a visit from CQC. Just to remind staff not to worry, just be themselves and enjoy the visit.” The minutes went on to describe the five key questions and other relevant information to assist staff in understanding the inspection process.

We saw that notifications had been reported to the Care Quality Commission as required.

We found audits needed to be more effective, they were not picking up issues or areas for improvement. All the daily audits we saw scored positively with only a few recording issues noted and actions taken. Monthly audits were completed by the registered manager which looked at care documents, infection control, medicines, kitchen, mealtimes, personnel and health and safety. We reviewed the audits for the last three months and noted that all areas had 100% compliance. No issues or actions required or taken were recorded.

We discussed the audit process with the registered manager; they explained they corrected any issues they found as they were doing the audit to ensure the audit scored well. They did not record where issues had been identified and what action had been taken to resolve the issue. This meant there was no record of improvements which had been made. We found the infection control audit had not picked up on the risk of cross infection identified during the inspection due to the state of repair of the grouting in communal bathrooms. This meant the audit tool was not always being used effectively to ensure the safety and wellbeing of the people who used the service as areas that required action could be missed, and this could impact on people’s safety and wellbeing.

The registered manager was aware the system of audit and recording of action needed to improve. They said this had

## Is the service well-led?

been highlighted as an issue by the regional manager at their last supervision session and the registered manager was being supported to develop skills around quality assurance.

We asked the registered manager if they had any overarching service development plan to indicate what their current issues and risks were in the home, and actions being taken to resolve them. The registered manager and regional manager confirmed they did not have an overarching service development plan.

The registered manager confirmed that the regional manager continued to visit the home regularly; to review

and monitor the quality of the service. The regional manager for the home was on leave at the time of our visit and so the regional manager from another area came to support the home manager through the inspection during the afternoon.

We asked for a copy of the Statement of Purpose for the home. The copy we were given was out of date, it made reference to the main house which had not been lived in for some time. The regional manager told us she believed this had been updated by head office.

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	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
Diagnostic and screening procedures	Regulation 15 (1) (C) HSCA 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	The premises were not suitable for people living with dementia. There was no opportunity for people to interact with the environment. The doors, walls and handrails were all one colour and there was limited signage to help people be able to be as independent as possible. Parts of the service were in need of repair.



This section is primarily information for the provider

## Enforcement actions

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