

Speciality Care (Addison Court) Limited

Addison Court

Inspection report

Addison Street
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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?

Good



Overall summary

We carried out an unannounced inspection of Addison Court on 14 and 17 August 2015.

Addison Court is registered to provide accommodation and nursing and personal care for up to 50 people, including a separate unit for 13 people who are living with dementia. At the time of the inspection there were 48 people accommodated in the home. The service is purpose built over three floors and is located close to Accrington town centre.

The registration requirements for the provider state the home should have a registered manager in place. There was no registered manager in post on the day of our

inspection as the previous registered manager had left in March 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

A new manager had been recruited and had been in post for seven weeks. The manager would be making an application to be registered with CQC.

Summary of findings

At the previous inspection on 16 December 2014 we found the service had failed to notify CQC of abuse or allegations of abuse in relation to a service user. The registered provider was asked to take action to make improvements and this action had been completed.

Prior to this inspection visit there had been concerns raised regarding the delivery of people's care, the numbers of staff, the standard of the environment and the recording of people's care and support. We brought our planned inspection forward.

During this inspection visit we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to failure to provide sufficient numbers of staff and failure to maintain an accurate record of care and treatment given.

People told us they did not have any concerns about the way they were cared for. They said, "Staff are very good with us; staff are kind" and "I'm happy here; I'm cared for." Relatives also spoken with expressed satisfaction with the service. They said, "Staff are very kind; I'm thankful for everything they do." During the inspection we did not observe anything to give us cause for concern about how people were treated.

During our inspection visit we were told the service had been short staffed and that short notice sickness/ absenteeism had created additional problems. We found a variance in the number of available staff on a day to day basis and observed that people were left unattended for periods of time. We were told, "Staffing is an issue. Sometimes people don't turn up." People's opinions about staffing levels varied. One person said, "There are enough staff; always someone around." Visitors said, "There have been staff changes resulting in lack of continuity" and "There are enough staff." The manager told us she had recently recruited a number of nursing and care staff who were awaiting completion of employment checks. You can see what action we told the provider to take at the back of the full version of the report.

Prior to the inspection we were told there were concerns about the lack of detail in people's care records. We found the detail in the care plan did not reflect the care and support that was being given, the care people needed or how their care would be delivered by staff. In addition the care plans had not been updated regularly

by staff and people had not been involved in the reviews of their care. However people told us they were kept up to date with any changes and decisions about care and support. You can see what action we told the provider to take at the back of the full version of the report.

We looked at the arrangements for keeping the service clean and hygienic. We found the home was clean although there were odours in some areas of the home. We discussed this with the manager who was aware of improvements that needed to be made. We made a recommendation about the need to follow guidance in this area.

We saw there were not always strategies recorded to guide staff with dealing with behaviours that challenged the service. However, staff had received training in this area which would help to keep themselves and others safe. They told us they were able to respond appropriately to behaviours that challenged the service. We made a recommendation about seeking advice with regards to the appropriate recording of strategies to support people with behaviours that challenged the service.

Staff had an understanding of safeguarding vulnerable adults from harm and had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted appropriate DoLS applications had been made to ensure people were safe and their best interests were considered.

The complaints procedure was displayed and advised people how to make a complaint and how and when they would be responded to. People were encouraged to discuss any concerns during meetings, during day to day discussions with staff and management and also as part of the annual survey. People told us they could raise any concerns with the staff or managers. One person said, "I would certainly speak up if I wasn't happy with something". Visitors said, "I have raised concerns but they keep happening due to staff changes" and "There is a new manager and I would speak to her; I'm sure she would get things sorted."

Summary of findings

Employment checks were completed before new staff started work to make sure they were suitable to work in the home. Staff had been provided with induction, training and support to help them look after people properly.

People told us they enjoyed the meals. They told us, “The food is alright; the cook knows what I like”, “The meals are very good and very tasty; there is always a choice”, “I can have a supper; there is always something” and “If I don’t like the meal they will make me something else or even go to the shop for me.” We saw people being sensitively supported and encouraged to eat their meals. The menus and records of meals served indicated people were offered alternatives to the menu.

People were able to participate in a range of suitable activities both inside and outside the home. People living in the home said, “There’s always plenty going on” and “I’m not bored. I have made some new friends to talk to. There is always something to read or do.” A visitor said, “It’s difficult to suit everyone but they try to keep people interested.” Activities provided included games, exercise, shopping, chit chat club, movie afternoons, gardening, church services, hand and nail care, one to one sessions, arts and crafts.

Improvements had been made to the way people’s medicines were managed. There were safe and appropriate processes in place for the ordering, receipt, administration and disposal of medicines.

We looked around the home and found areas were well maintained. People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. Appropriate signage was in place throughout the home although the top floor corridors were not very interesting or stimulating for people who were living with dementia. Safe and secure gardens could be accessed from the ground floor. Aids and adaptations had been provided to help maintain people’s safety, independence and comfort. We made a recommendation about the need for a dementia friendly environment.

We found systems were in place to assess and monitor the quality of the service although we found some gaps in the auditing systems. The manager had already identified this shortfall and action had been taken to re introduce the quality monitoring systems.

People’s views and opinions were sought about the running of the home. People had completed a customer satisfaction survey to help monitor their satisfaction and happiness with the service provided. The results had been analysed and displayed on the notice boards and showed 50% of people were overall happy with the service and 80% were overall satisfied with the service. This information was being used to improve the service.

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.

People received their medicines on time and accurate processes were in place for the ordering, receipt, storage and disposal of medicines.

The provider had not always ensured sufficient numbers of staff were available to meet people's needs in a timely way.

Staff had received appropriate safeguarding training, had an understanding of safeguarding vulnerable adults and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

Requires improvement



Is the service effective?

The service was not consistently effective.

All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly.

The home was well maintained. People lived in a comfortable environment. However, the corridors on the dementia unit were uninteresting and not homely or stimulating for people.

People told us they enjoyed their meals. People were given the support and encouragement they needed and were offered choices of meals.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Requires improvement



Is the service caring?

The service was caring.

People told us they were happy with the approach taken by staff and we observed staff responding to people in a friendly, caring and considerate manner.

We observed good relationships between people living in the home and staff. We observed staff taking time to chat with and listen to people. People using the service told us they were able to make decisions and choices.

People's dignity and privacy was respected and they were supported to be as independent as possible. Staff were knowledgeable about people's individual needs.

Good



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

People received care and support which was responsive to their needs. However people's care plans did not include sufficient information about the care and support they needed.

People were supported to take part in a range of suitable activities, both inside and outside the home. People were able to keep in contact with families and friends.

People knew who to speak to if they were unhappy. Processes were in place to manage and respond to complaints and concerns.

Is the service well-led?

The service was well led.

An experienced manager had been recruited and was in day to day charge of the home. The registered provider had taken reasonable steps to recruit a manager to be registered with the commission.

Quality assurance systems to monitor the standards of the service were being improved.

There were effective systems in place to seek people's views and opinions about the running of the home.

Good



Addison Court

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 unannounced inspection of Addison Court took place on 14 and 17 August 2015. The inspection was carried out by an adult social care inspector and a specialist advisor. The specialist advisor had experience of caring for people living with dementia.

At the previous inspection on 16 December 2014 we found the provider had failed to notify the Care Quality Commission (CQC) of incidents involving abuse or allegations of abuse in relation to a service user. Since this inspection we have received notifications of incidents in a timely way.

Prior to this inspection visit the local authority safeguarding team told us they had received concerning information about the delivery of people's care. We therefore brought our planned inspection forward.

Before the inspection we reviewed the information we held about the service such as notifications, complaint, whistle blowing and safeguarding information. We also spoke with local commissioners.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with eight people living in the home and with five visitors. We spoke with two care staff, the domestic, the activities coordinator, the deputy manager, the manager and the regional manager. We also spoke with the organisations' dementia care advisor who was visiting the home and planning training for staff.

We observed care and support being delivered by staff. We looked at a sample of records including four people's care plans and other associated documentation, two staff recruitment and induction records, training and supervision records, maintenance and servicing records, minutes from meetings, complaints and compliments records, people's medication records, policies and procedures and audits. Following the inspection we asked the manager to provide further information about staffing numbers.

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for. They said, “I like it here”, “I feel safe enough”, “Staff are very good with us; staff are kind” and “I’m happy here; I’m cared for.” Visitors said, “My relative has thrived here; she is well looked after and I don’t have to worry” and “Staff are very kind; I’m thankful for everything they do.” During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was caring and patient.

Prior to the inspection we were told there were concerns about staffing numbers and on the day of the inspection we received a ‘Share your experience’ form with anonymous concerns about staffing levels. We discussed the concerns with the manager. The manager told us there would normally be two nurses and eight care staff throughout the day and one nurse with five care staff at night. The manager told us the service had been short staffed and that short notice sickness and absenteeism had created additional problems. The manager had recently recruited a number of nursing and care staff. Some were waiting for their employment checks to be completed before they could commence work at the home. The manager was monitoring staff sickness and absence and action was being taken when needed.

Staff spoken with told us there were problems with short notice sickness which made it difficult to find cover. They told us planned leave or long term sickness would normally be covered by existing staff or agency staff. We were told, where possible, the same agency nurses were used to provide consistency. Confirmation that they were fit and safe to work in the home had been received from the agency. One member of staff said, “Staffing is an issue. Sometimes people don’t turn up.” One person living in the home said, “There are enough staff; always someone around.” Visitors said, “There have been staff changes resulting in lack of continuity” and “There are enough staff.”

On the first and second floor we noted people were left unattended for periods when staff were providing care and support in other areas of the home or behind closed doors. One person wanted to go out for a cigarette but staff were

unable to do this as they were busy in a bedroom, another person was shouting for assistance from their bedroom but staff were in another area of the home. We noted a female resident in a nightdress coming out of a male resident’s bedroom whilst staff were in another room and another person sat with breakfast plates on the table in front of them for an hour. We noted the call alarm was constantly sounding which is an indication of inappropriate staffing levels. One member of staff told us, “You become immune to the noise.”

We looked at the staffing rotas. We found a variance in the number of available staff. For example on the day of inspection we found two nurses and seven care staff; we were told this was due to short notice sickness and that a carer had agreed to cover later that day. Earlier in the week there had been two nurses and nine care staff. Over the weekend, following the first day of our inspection, there had been only one nurse and six care staff. The manager had not been notified of the staff shortages although there was an on call system for this purpose.

This was a breach of Regulation 18(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide sufficient numbers of staff to meet all the needs of people living at the home. You can see what action we asked the provider to take at the end of this report.

Following the inspection we contacted the manager to discuss the current weeks staffing levels. We were told there were a total of seven staff rostered for the night shifts and a total of nine staff on the day shift. The numbers had been increased to ten day staff for the following week. The manager had also spoken with the human resources department (who would deal with the recruitment process) to discuss the length of time taken to complete recruitment checks for the new staff. One member of staff told us the skill mix of staff had improved recently.

A cook, kitchen assistant, cleaning staff and laundry staff were available every day. The activities person and the maintenance person worked five days each week. Any shortfalls due to leave or sickness were covered by existing care and ancillary staff which ensured people were cared for by staff who knew them. We were told staffing numbers were being monitored using a staffing analysis tool.

We looked at the recruitment records of two members of staff. We found a number of checks had been completed

Is the service safe?

before staff began working for the service. These included the receipt of a full employment history, written references, an identification check, checks on nursing qualifications and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

At our last inspection we found the registered provider had failed to notify us of incidents or allegations of abuse. During this inspection we found the management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was available for staff to refer to. Staff spoken with told us they had received safeguarding vulnerable adults training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Records confirmed this. Staff also told us any safeguarding incidents were discussed as a team to help improve care.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. Individual risks had been identified in people's care plans and kept under review although we found information was not always reflective of the support and care that people were being given. Risk assessments were in place in relation to pressure ulcers, nutrition, falls and moving and handling but had not been kept up to date.

We saw there were not always strategies recorded to guide staff with dealing with behaviours that challenge. However staff had received training in this area which would help to keep themselves and others safe. Staff told us they were able to respond appropriately to behaviours that challenged the service and would refer to the person's GP for advice. However, we noted there was limited

involvement with the mental health team; staff told us people's fluctuating mental health would be managed by giving prescribed PRN (as needed) medicines and increasing observations.

During our visit we observed staff responding to people with care and compassion. We observed staff talking gently and calmly to people to try to resolve difficult situations. A visitor said, "Some people can become upset. Staff respond very quickly. I find them very good." Another visitor said, "People can be unsettled. Staff know the triggers and deal with the situation patiently and calmly."

We looked at how the service managed people's medicines. Prior to our inspection we had been notified of three medicine errors. During this inspection visit we found action had been taken to ensure people's medicines were managed safely.

We found the home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Policies and procedures were available for staff to refer to. Nursing and care staff who were responsible for the safe management of people's medicines had received appropriate update training and regular checks on their practice had been completed to ensure they were competent and safe.

We found accurate records and appropriate processes were in place for the ordering, receipt, administration and disposal of medicines. Medication was stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. Appropriate arrangements were in place for the management of controlled drugs which are medicines which may be at risk of misuse. Controlled drugs were stored appropriately and recorded in a separate register. We checked one person's medicines and found it corresponded accurately with the register.

People were identified by a photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. There were clear instructions on the MARs. Medicines were clearly labelled and codes had been used for non-administration of regular medicines. There were records to support 'carried forward' amounts from the

Is the service safe?

previous month which would help to monitor whether medicines were being given properly and boxed medicines were dated on opening to help make sure they were appropriate to use. Where medicines were prescribed 'when required', guidance was recorded to make sure these medicines were offered consistently by staff.

We observed the morning and lunchtime medicine rounds were completed in a timely way. Reviews of people's medicines were undertaken by their GP which would help to ensure they were receiving the appropriate medicines. We saw checks on the medication system had been introduced on a daily, weekly and monthly basis; there was evidence action had been taken when shortfalls had been noted.

Care records showed some people had consented to their medication being managed by the service on admission. Best interest decisions and assessments of capacity had been recorded when people needed their medicines to be given 'covertly' such as hidden in food or drinks. There were clear instructions for staff about how people preferred their medicines to be administered.

We looked at the arrangements for keeping the service clean and hygienic. We did not look at all areas. We found the home was clean although there were odours in some areas of the home. We discussed this with the manager who was aware of improvements that needed to be made. Infection control policies and procedures were available. Records showed most of the staff team had received infection control training. An infection control lead had been identified. This person would take responsibility for conducting checks on staff infection control practice and keeping staff up to date.

We noted staff hand washing facilities, such as liquid soap and paper towels were available in bedrooms and waste bins had been provided in most areas with additional bins on order. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were available. There were contractual arrangements for the safe disposal of waste.

There were domestic and laundry staff available each day. We observed basic cleaning schedules were in place although had not been audited. The manager was aware this needed to be reviewed. During our inspection we were provided with anonymous information. We were told sufficient cleaning products were not available. We spoke with the domestic and with the manager. We were told sufficient cleaning products were available at all times. There were audit systems in place to support good practice and to help maintain good standards of cleanliness. The manager told us they would be more closely monitored and that she would contact the local authority infection control lead for advice. One person told us, "My room is very clean and fresh."

We saw equipment was safe and had been serviced. We saw evidence training had also been given to staff to deal with emergencies such as fire evacuation and moving people safely. There was key pad entry to the home and visitors were asked to sign in and out which would help keep people secure and safe.

We recommend the service follows appropriate guidance with regards to the recording of strategies to support people with behaviours that challenge and developing links with local mental health teams.

Is the service effective?

Our findings

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, “The food is alright; the cook knows what I like”, “The meals are very good and very tasty; there is always a choice”, “I can have a supper; there is always something” and “If I don’t like the meal they will make me something else or even go to the shop for me.”

At our last inspection we were concerned about the lack of supervision people received during meal times. During this inspection we saw people being sensitively supported and encouraged to eat their meals. The menus and records of meals served indicated people were offered alternatives to the menu. We observed breakfast being served when people were ready to eat. We also observed lunch being served. The dining tables were appropriately set and condiments and drinks were made available. People were able to dine in other areas of the home if they preferred and equipment was provided to maintain dignity and independence. The meals looked appetising and hot and the portions were ample. We heard lots of chatter between people living in the home and staff throughout the mealtimes.

Care records included information about people’s dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people’s dietary and fluid intake where necessary. People’s weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. We observed people being offered drinks and snacks throughout the day.

We looked at how the service trained and supported their staff. From looking at records and from our discussions we found staff had been provided with a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding vulnerable adults, medicines management, moving and handling, fire safety, infection control, dementia, first aid, food safety, health and safety, equality and diversity and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Following recent concerns raised by visiting healthcare

professionals all nursing staff had been provided with training to support them with the management and care of catheters. We found there were effective systems to ensure training was completed in a timely manner.

Records showed there was an induction and training programme for new staff which would help make sure they were confident, safe and competent. Staff told us all new staff were provided with induction and training and worked with more experienced staff until they were competent to work as a team member. We also looked at the records of agency staff who were worked in the home and found they had been provided with an induction and introduction to the home.

Records showed staff had recently received an appraisal of their work performance. This would help identify any shortfalls in staff practice and identify the need for any additional training and support. One member of staff said, “I get good peer support” and “We get plenty of training.” The manager told us she would be introducing checks on staff competence in areas such as moving and handling and hand hygiene techniques.

Staff told us handover meetings, handover records, allocation records and a communication diary helped them keep up to date about people’s changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people’s needs. We were told communication between staff and visiting healthcare professionals had been a concern but had improved recently. However we noted the daily reports about how people had spent their day were brief and not very informative. The manager was aware and gave assurances this would be actioned.

Addison Court is a purpose built three storey building with a lift to access all floors. There were lounges, dining areas, kitchenettes and suitably equipped toilets and bathrooms on each floor. The top floor was where people living with a dementia lived. This area could be accessed with a key pad entry. We noted appropriate signage was in place throughout the home although the top floor corridors were not very interesting or stimulating for people who were living with dementia. The main kitchen and laundry areas were located on the ground floor. Safe and secure gardens could be accessed from the ground floor.

Is the service effective?

People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. Bedrooms were single occupancy with either en suites or bathrooms and toilets located within easy access or commodes provided where necessary. Aids and adaptations had been provided to help maintain people's safety, independence and comfort.

We looked around the home and found areas were well maintained. We did not enter all areas of the home. There was a maintenance person and a system of reporting required repairs and maintenance was in place.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS.

The manager expressed a good understanding of the processes relating to MCA and DoLS and staff had received training in this subject. At the time of the inspection a number of applications had been made to be considered by the DoLS team. This would help to ensure people were safe and their best interests were considered.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people's capacity to make choices and decisions about their lives although this was not always clearly recorded in the care plans. People's consent or wishes had not been obtained in areas such as information sharing, gender preferences and medicine management. The manager gave assurances this would be reviewed as part of the care plan audit. This would help make sure people received the help and support they needed and wanted.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses, speech and language therapist and the chiropodist. We were told links with other health care professionals had improved and would help make sure people received prompt, co-ordinated and effective care. We looked at two people's care records in relation to positional changes, diet and fluid intake and continence monitoring and found they had generally been completed properly although we discussed a number of gaps with the manager.

During the inspection we were told there had been a shortage of incontinence products. We discussed this with the manager who was already aware of the situation. We found appropriate action was being taken to ensure people had sufficient products available.

We recommend the service seeks best practice guidance and advice regarding providing a suitable environment for people living with a dementia.

Is the service caring?

Our findings

People who we spoke with told us they were happy with the home and with the approach taken by staff. People said, “Everyone is very nice; I have made some new friends”, “The staff are very caring” and “Staff are friendly.” A visitor commented, “My relative is always nicely dressed, her hair is done how she likes it and she is always nice and clean.”

We observed staff responding to people in a friendly, caring and considerate manner and there were good relationships between people living in the home and staff. We observed staff taking time to chat with and listen to people. On the dementia unit we saw people were smiling and appeared happy whilst engaging with staff. From our observations and from our discussions with people, we found staff had a good understanding of people’s needs. There was a keyworker and primary nurse system in place. This meant members of nursing and care staff were linked to people and took responsibility to oversee their care and support.

From our discussions, observations and from looking at records we found people were able to make choices and were involved in decisions about their day and about the day to day running of the home. Examples included decisions and choices about how they spent their day, the meals they ate, activities and clothing choices. However we found records did not always include the information that

would help staff to support people who were not always able to make their own choices. The manager told us she was aware of the information shortfalls in the care plans and they would be reviewed.

People told us, “I can do what I like, move around as I wish. I’m asked what I think and about what I want”, “I get up when I like and prefer a late breakfast; it isn’t a problem for anyone”, “I can get up and go to bed when I want” and “I think I know what’s going on here; they let us know one way or another.”

Useful information was displayed on various notice boards and a newsletter was available in lounge areas for people to read which helped keep them up to date. One person said, “I enjoy a good read; its good to know what is going on.” Information about advocacy services was displayed. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

The service had policies in place in relation to privacy, dignity, independence, choice and rights. Training had been provided for staff. Staff were seen to knock on people’s doors before entering and doors were closed when personal care was being delivered. We heard staff speaking to people in a respectful way and saw people were dressed smartly and appropriately in suitable clothing of their choice. People who were being nursed in bed looked comfortable and cared for. We observed people were supported to be as independent as possible, in accordance with their needs, abilities and preferences.

Is the service responsive?

Our findings

People who used the service and their relatives were encouraged to discuss any concerns during meetings, during day to day discussions with staff and management and also as part of the annual survey. People told us they could raise any concerns with the staff or managers. One person said, “I would certainly speak up if I wasn’t happy with something”. Visitors said, “I have raised concerns but they keep happening due to staff changes” and “There is a new manager and I would speak to her; I’m sure she would get things sorted.”

Each person had a care plan. Prior to the inspection the local authority told us the care plans did not include sufficient information and had not been reviewed regularly. We looked at four people’s care plans and found they did not always reflect the care and support that was being given, the care people needed or how their care would be delivered by staff. For example one person with diabetes did not have a plan of care to guide staff as to the care interventions needed and another person with a Do Not Attempt Resuscitation (DNAR) order in place did not have an end of life care plan to support how this decision had been reached and to demonstrate whether or not the decision had been kept under review.

There was also insufficient information about people’s likes, dislikes and preferences and routines. This information was needed to help staff provide each person with a personal service and in particular to help them support and make decisions for people who were unable to make decisions for themselves. It was not clear from the records whether people’s preferences in respect of receiving personal care from male or female staff had been sought. Daily records were lacking in detail about how each person had spent their day.

Processes were in place to monitor and respond to changes in people’s health and well-being. However the care plans and associated risk assessments had not been regularly reviewed by staff and there were no signatures to support people living in the home or their relatives had been involved in the reviews. This could result in people not receiving the care they wanted and needed. However visitors told us they were kept up to date with any changes and decisions about care and support. They said, “They

keep me up to date and will call if there is anything urgent” and “I am very much involved.” A person living in the home said, “I am involved in discussions about what I want and need.”

This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to maintain an accurate record of care and treatment given. You can see what action we told the provider to take at the back of the full version of the report.

We looked at pre admission assessments and noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information was gathered from a variety of sources and covered all aspects of the person’s needs, including personal care, likes and dislikes, mobility, daily routines, social and leisure interests and relationships. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

The complaints procedure was displayed which advised people how to make a complaint and how and when they would be responded to. The complaints record showed there had been six complaints or concerns raised since our last inspection. People told us any minor issues were responded to immediately. Clear records had been maintained of people’s concerns and records showed the service had responded in line with procedures. People’s concerns and complaints were monitored. We also saw letters of appreciation. Comments included, “I will never forget your kindness and care shown to our family” and “Thank you for the love and care shown.”

The service had an activities organiser who was responsible for the provision of daily activities and excursions. People living in the home said, “There’s always plenty going on” and “I’m not bored. I have made some new friends to talk to. There is always something to read or do.” A visitor said, “It’s difficult to suit everyone but they try to keep people interested.” Activities provided included games, exercise, shopping, chit chat club, gardening, church services, hand and nail care, one to one sessions, arts and crafts. We observed there were puzzles and newsletters available on various tables in the home; we saw people doing crosswords and playing bingo. We were told items of interest were borrowed from the local

Is the service responsive?

museums to help with discussion and reminiscence. A luncheon club was held every two weeks and there were trips out in the minibus each month. One person said, "We have a really good time out and about." There was good interaction with laughter and chatter from staff and the people involved. One person living in the home told us they had been asked to maintain the activities programme whilst the activity person was on leave the following week. They were happy to do this.

People told us they were able to keep in contact with families and friends. Visiting arrangements were flexible. One person said, "My visitors are made to feel welcome." A visitor said, "Staff are welcoming; I often get offered a cup of tea." We observed staff welcoming visitors to the home.

Is the service well-led?

Our findings

The registered manager for this service left in March 2015. A new manager had been recruited and had been in post for seven weeks and an application to register with Care Quality Commission (CQC) was in progress. The registered provider had taken reasonable steps to recruit a manager to be registered with the commission.

An interim manager had been responsible for the day to day management of the home prior to the appointment of the new manager. Staff made positive comments about the new manager. They said, “The manager is good”, “She is making very positive changes” and “The manager is very approachable.” A visitor said, “Things need to improve.” The new manager was working with other agencies to ensure improvements were being made.

During this inspection visit we found systems were in place to assess and monitor the quality of the service. We found some recent gaps in the checks on systems however the manager was aware of this and was re introducing the quality monitoring systems. We found effective checks had been completed on medicine management following a number of reported errors. There was evidence shortfalls had been identified and improvements had been made.

There was a development plan for the home which was monitored by senior management. Areas for improvement and clear timescales for action had been noted. The development plan had been reviewed and updated during

August 2015. The manager had recently commenced meetings with heads of departments and staff. This would help to improve communication and give staff the chance to have their say about the operation of the home.

There were effective systems in place to seek people’s views and opinions about the running of the home. People living in the home and their relatives had completed a customer satisfaction survey to help monitor their satisfaction and happiness with the service provided. The results had been analysed and displayed on the notice boards and showed 50% of people were overall happy with the service and 80% were overall satisfied with the service. This information was being used to improve and develop the service.

Meetings had been held for people living in the home and their families and regular newsletters were provided. This would help ensure people were kept up to date with the day to day occurrences in the home.

Staff told us they were able to raise their views at regular staff meetings. They told us they were able to raise any concerns with the manager or regional manager. They were confident their concerns would be listened to. Staff told us they received good peer support and that it was a nice environment to work in.

The registered provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider’s commitment to good business and excellence in people management.

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to maintain an accurate record in respect of people's care and support needs and had failed to keep their needs and associated risks under regular review. Regulation 17(2)(b)(c)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed to deploy sufficient numbers of staff to meet the needs of people living at the home. Regulation 18 (1)