

Eastfield Farm Residential Home Limited

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## 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 13 and 21 December 2017 and was unannounced.

The service was last inspected in June 2017, when we found a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider was in breach of Regulation 9, 12, 14 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us with an action plan with details on how they proposed to improve and meet with the breaches of regulation for Person centred care; Safe care and treatment; Need for consent; Meeting nutritional and hydration needs; Staffing and Good governance and management.

This inspection was to check that the provider was now meeting legal requirements we had identified at the inspection in June 2017. We found that the provider had taken action and implemented sufficient improvements to their systems, processes and practice which meant they had met the breaches of regulation imposed at the previous inspection.

The provider was compliant with the Mental Capacity Act 2005. Where the provider had concerns about people's capacity, assessments were completed. People were encouraged with their independence and best interest decisions were made where people were unable to consent, to protect them against the associated risks of providing care and support that they were unable to agree to.

The provider had reviewed systems and processes in place to monitor and improve the quality and safety of the service provided in the carrying out of the regulated activity. Risk assessments were in place for activities of care and support, and around the home to ensure the service and environment remained safe for everybody.

Staff had access to information reflective of people's individual needs. We found some instances where information had not been updated and where records were not completed. The provider acknowledged there was further work to do and was responsive, implementing corrective actions to the concerns we raised.

People received their medicines safely as prescribed. The provider had reviewed and improved their practice to record medicines administered from transdermal pain relief patches. Body maps were used to record the application of creams prescribed for use, 'as and when required'. The provider was working with an external health organisation to further improve medicines management and administration.

The home was clean and free from unpleasant odours. Infection control practices had been reviewed and improved. Deep cleaning of people's rooms was completed on a rotating basis. New equipment had been purchased for bathroom and toilet areas and access to and from the kitchen improved to ensure the risks from trips was reduced.

The laundry room had been refurbished to include new storage boxes for people's clothes and a dedicated office was used by the housekeeper to maintain associated paperwork and cleaning schedules. Drying equipment had been purchased and installed in the laundry to prevent clothes being dried on radiators outside people's rooms. This reduced the risks from contamination and air borne viruses.

The provider had reviewed and implemented a staff dependency tool which helped evaluate people's individual needs against the support they required and this had resulted in increased staffing. The registered manager confirmed the tool would be used to ensure they could continue to meet the changing needs of people and when an increase in people living at the home became apparent.

People were supported with their health and wellbeing. Drinks were provided throughout the day and a menu was provided with a choice of food for people. People received additional support from dietary and nutritional specialists where this was required.

People's personal preferences and wishes were recorded and staff were aware of any diverse needs. Where people had religious needs these were supported and people confirmed they attended Holy Communion. Preferences for male or female staff to support people with personal care needs were not recorded but where people had preferences this was provided.

Improvements had been made to the way that care and treatment of people who used the service was provided. We saw staff were more attentive and people received appropriate care and support in accordance with their wishes. Calls for assistance were answered in a timely manner and staff were visible on the units and seen attending to people's needs.

The provider had reviewed and improved activities that were on offer to people. Staff were available to support people with their individual interests and hobbies. The provider was completing further discussions with people and their relatives to improve the way they provided support to ensure people led fulfilling lives.

There was a manager in post who was registered with the CQC. The registered manager understood their responsibilities including the submission of notifications to the CQC of certain important events.

The provider completed appropriate checks to determine whether staff were suitable to work with vulnerable people. Staff received training and support to ensure they had the appropriate skills and knowledge to perform their role. The provider was improving the supervision process further with annual appraisals planned.

Relatives told us there were no restrictions on the times they could visit people living at the home and that they were always welcomed by staff on arrival.

Improvements had been made to the way staff communicated with each other, with people who lived at the service and their relatives. People felt more included in decisions about their care and we saw that appropriate care and support was being offered to people who used the service. We were told by people and relatives that oral hygiene care, pressure care and contact with external health care professionals had improved.

Improvements to staff practice had been made to ensure that people were treated with respect and dignity by the staff. There was a formal complaints system in place to manage complaints if or when they were received.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. While improvements had been made we have not revised the overall rating for this key question to 'Good' as this requires a longer term track record of consistent good practice.

## 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 safe.

Staffing levels and skill mix were continuously reviewed and adapted to respond to the individual needs and circumstances of people using the service.

Improvements were made to the control and prevention of infections systems within the service and we found the service to be clean and hygienic.

While improvements had been made we have not revised the rating for this key question to 'Good' as this requires a longer term track record of consistent good practice.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported to eat and drink and had a choice of food at meal times.

Staff received training and supervision to ensure they had the relevant skills and were supported to carry out their role. Further improvement was planned to include annual appraisals.

While improvements had been made we have not revised the rating for this key question to 'Good' as this requires a longer term track record of consistent good practice.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

An increase in staffing meant that care and support of people who used the service was responsive to their individual needs and preferences.

Improvements to staff practice had been made to ensure that people were treated with respect and dignity by the staff.

While improvements had been made we have not revised the

**Requires Improvement** ●

rating for this key question to 'Good' as this requires a longer term track record of consistent good practice.

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

The service was responsive.

Improvements to the recording and documentation of care had been made and further improvements were planned.

People were supported to enjoy their interests, activities and live fulfilled lives.

While improvements had been made we have not revised the rating for this key question to 'Good' as this requires a longer term track record of consistent good practice

**Requires Improvement** ●

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

The service was well-led.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns.

We received positive feedback from people who used the service, visitors, relatives and staff about the changes taking place in the service.

While improvements had been made we have not revised the rating for this key question to 'Good' as this requires a longer term track record of consistent good practice.

**Requires Improvement** ●

# Eastfield Farm Residential Home Limited

## **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 13 and 21 December 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and one expert-by-experience on the first day of the inspection and one adult social care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert had experience of older people and dementia care.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the provider and information we had received from the local authorities that commissioned services with them. Notifications are when providers send us information about certain changes, events or incidents that occur. We contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the service.

We asked the provider to submit a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven members of staff, the registered manager, and the provider's nominated individual, the activities co-ordinator, the chef and the head of housekeeping. We spoke with five people who used the service and four relatives. We also spoke with a visiting GP, a district nurse and a podiatrist.

We spent time observing the interaction between people who lived at the service, the staff and visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate directly with us. We looked around the home, which included people's bedrooms where they provided us with permission to do so.

We spent time looking at records involved with the management of the home and running of the service, which included the care records for four people, their medication records, handover sheets. We looked at recruitment, supervision and training records for four members of staff.



# Is the service safe?

## Our findings

At our previous inspection completed in June 2017 we found the provider failed to ensure systems and processes were in place to mitigate the risks associated with peoples care and support and the use of equipment used in the home. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we checked and found that the provider had taken action to improve practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 12. This meant the service had met the breach of this regulation.

Systems and processes ensured people were protected from avoidable harm and abuse. Staff had received recent safeguarding training and when asked, they were able to confirm the types of abuse they would look out for and what they would do if they had concerns. A staff member said, "Information regarding safeguarding people is displayed around the home; we have a policy and procedure which is very effective to follow to make sure any concerns can be fully investigated." People told us they felt safe living at the home and with the staff who worked there. Comments from people included, "Yes, I feel safe, there is always someone about." "I get on well with everyone; that makes me feel safe."

The registered manager showed us a safeguarding file which included an updated monitoring sheet that logged any concerns. Information included details of any concerns that had been escalated for further investigation by the local authority safeguarding team and recorded any actions taken. The registered manager told us, "We have improved our recording of any safeguarding concerns including accidents and incidents. We ensure any recurring accidents are also recorded and if more than one a month for a person then we escalate to safeguarding."

Risks to people's health and well-being had been identified and recorded. These included for example, weight loss, behaviours that may challenge, medicines, finance, emotional trauma and activities in the community. Associated support plans were in place to mitigate the risks and to help staff deliver safe care and support. However, we still had some minor concerns that where some associated risks to people's health had changed, for example, pressure care needs, we found information was not always updated at the point of reference for staff. We discussed this with the registered manager at the time of the inspection who updated the records without further delay.

The provider had implemented systems and processes to assess and reduce the known risks associated with the use of equipment and from the home environment. For example the provider now completed monthly safety checks where people had bedrails fitted and staff had been trained in their safe use. Assessments on windows had been completed and where appropriate restrictors were fitted to prevent people falling from height. At our previous inspection the provider had failed to assess associated risks with regards to a step into the kitchen over which a hot drinks trolley was manoeuvred. At this inspection the provider had fitted hazard warning tape and signage to highlight the danger and was looking at additional safety measures.

We saw documentation and certificates to show that relevant checks had been carried out on the electrical

circuits, gas supplies, water temperatures, electrical items and all lifting equipment including hoists and the stair lift. We saw that a suitable fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure they were in safe working order. Regular fire drills took place to ensure that staff knew how to respond in the event of an emergency.

At our previous inspection in June 2017 the provider had failed to mitigate risks associated with the system and process in place to assess, manage, prevent, detect and control the spread of infections, including those that were health care associated were not robustly followed or reviewed for their effectiveness. At this inspection the home was found to be clean and free from any unpleasant odours.

We observed the provider had improved measures to control and maintain good infection control practices around the home. New equipment had been purchased including new pedal bins to replace the ones we found previously without lids. The laundry room had received an upgrade and thorough clean; old rusty equipment had been removed and replaced with stainless steel and plastic containers. These were named for people and were used to transport laundry to and from their rooms. An office area had been overhauled and provided a dedicated room for housekeeping paperwork. The housekeeper said, "We have some good infection control procedures which include a daily cleaning schedule. Once a month we complete a deep clean of an individual persons room; we pull out the bed, clean the windows and polish the furniture. It is all recorded and the team leaders check everything as part of their daily checks." Associated records we looked at confirmed the checks were completed.

During our previous inspection in June 2017 the provider failed to record the placement of transdermal pain relief patches applied to people following the manufacturer's guidance. We made a recommendation for the provider to review their practice to record the application of patches. During this inspection we checked and found the provider had researched and implemented body maps. This meant people received this medicine safely as prescribed.

People who had been assessed as requiring help with their medicines received assistance from trained staff who followed up to date guidance and best practice to ensure they were provided as prescribed. We observed the responsible staff checked the Medication Administration Record (MAR), administered the medication and waited until the person had taken the medicine, assisting where necessary before completing the MAR. There was a system and process in place for the ordering, storage, handling and disposal of medicines and this was in line with best practice. Protocols for administering medicines that were prescribed, 'as and when required' for people were in place. Records were up to date and audits were completed to maintain safe practice.

At our previous inspection in June 2017 the provider had failed to ensure staffing levels and skill mix were continuously reviewed and adapted to respond to the changing needs and circumstances of people using the service. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 18: Staffing. The provider submitted an action plan and at this inspection we checked and found the provider had completed the actions and was compliant with this regulation.

The provider had implemented an 'assessment and recording of individual dependency needs' form. Once completed the information from the form was transferred onto a 'dependency needs summary' which helped to ensure the provider was able to meet everybody's needs all of the time. Staffing had increased and as a result staff provided positive feedback. Comments included, "Staffing has improved; we have time to spend with people on a one to one basis and provide activities." "The number of staff is just right at the moment but we have vacancies for people at the home. I hope it [staffing] will increase when new people come to live here." "It is how it should be, people need us to spend time with them and we couldn't do that

before, I hope it remains like this."

The provider had completed pre-employment checks that helped to ensure care workers were of suitable character to work with vulnerable people. This included checks with previous employers, that references had been obtained and recorded, and checks with the Disclosure and Barring Service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands and can help employers make safer recruitment decisions.

The provider had contingency plans in place to ensure people's safety was maintained and service continuity was planned for in the event of an emergency situation. Personal Emergency Evacuation Plans (PEEPs) were in place documenting individual evacuation plans for people who would need assistance to leave the home, for example in the event of a fire.

## Is the service effective?

### Our findings

At our previous inspection completed in June 2017 we found the provider failed to ensure consent to care and treatment was consistently sought in line with relevant legislation and guidance on best practice. This was a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 11: Need for consent. During this inspection we checked and found that the provider had taken action to improve practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 11. This meant the service had met the breach of this regulation.

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 so that they can 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).

During this inspection, we checked and found the provider had sought guidance and feedback and was working within the principles of the MCA. Records confirmed where people had been assessed by the provider as having a lack of capacity and, where required applications had been made to the local authority for further assessment and approval for DoLS. The provider had implemented new paperwork to record where people had consented to their care and support or where they were unable to consent to record decisions made in their best interests.

The provider had changed the wording on forms to reflect that where relatives had been involved in a best interest meeting, that they were signing as part of the consultation process and not providing their consent. However, where one person was unable to consent to their care, the care plan had been signed as consented to by their relative. We checked and the relative did not have a lasting power of attorney (LPOA) to make that decision. A LPOA is a legally appointed responsibility that can enable decisions on behalf of a person in respect of their finances and care. We raised this with the registered manager who told us, "The relative doesn't have LPOA but the form hasn't been updated. I will amend the paperwork straight away and will ask the relative to sign again, 'as consulted'." The provider had completed further checks with the office of Public Guardianship (OPG) to ensure relatives with LPOA were authorised to make both health and welfare decisions on behalf of their loved one.

Where people had been identified as having a lack of capacity and had restrictions in place with regard to bed safety rails the provider had submitted an application to the local authority in respect of the deprivation of their liberty. Best interest decisions were recorded that ensured the bed rails were the least restrictive option to maintain the person's safety. People confirmed they were supported to maintain their independence. Comments included, "I can pretty much do what I want within reason." and, "Yes, staff encourage me to do things on my own; they are very supportive in that regard."

Do not attempt cardio-pulmonary resuscitation (DNACPR) documents were in most people's files we looked at. These recorded decisions regarding the agreement to provide or not provide resuscitation to a person at times of medical emergency. At our previous inspection in June 2017 we found that where these had accompanied the person on a hospital discharge the provider had not arranged for them to be reviewed as part of the handover of medical responsibility as advised as best practice on the form. However, at this inspection the provider had reviewed the paperwork. They had contacted the person's GP and where appropriate, new paperwork had been issued. This meant the decisions in place were legal and respected the person's wishes or those made in their best interest.

At our previous inspection completed in June 2017 we found inconsistent records and information available for staff to ensure people were always supported to eat and drink which was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 14: Meeting nutritional and hydration needs. Improvements were noted as this inspection and this meant the provider was not in breach of this regulation.

The provider had implemented changes to the way information was recorded on daily monitoring charts that made it clear to staff. The provider had allocated responsibilities for named individuals for whom they completed all relevant charts and monitoring records. Monthly audits were completed by team leaders to verify the information was completed correctly. The provider was reviewing the benefits of implementing electronic monitoring which would ensure staff updated records before moving on to the next task. This meant the provider maintained up to date records for staff to follow.

People's records included provision to support them to maintain their health and wellbeing. The provider used a malnutrition screening tool (MUST) to identify people, who are malnourished, at risk of malnutrition (undernutrition), or obese. The information recorded was then used to develop a care plan. Records were completed daily. However, we found some concerns where daily weights had not been completed. This meant accurate information may not be available to provide appropriate care and support. We spoke with the registered manager about this and they told us they were aware not all staff were completing records as required. They told us this was often due to the staff member being distracted from their duties but that the monthly audits by team leaders would identify and address these areas.

People were supported to access other health professionals when this was required. Care plans contained information about their medical needs and how care workers were required to support the person to maintain their health. Previous and current health issues were recorded and healthcare professionals were contacted where further support was needed. We saw evidence recorded of involvement from other health professionals that included their GP, community nurse, chiropodists and community mental health workers. The provider had identified a need for an Oral Health Champion, to promote an awareness of Oral Health and improve the oral health care offered within the home.

District nurses visited the home when their support was requested to provide nursing care to people. One district nurse we spoke with said, "The call outs are very appropriate and staff are responsive to, and act on our advice. We had concerns that when we advise people need turning every hour or two hours that this was not being completed so we asked for turn records. Staff showed us the information, there were a few gaps. The manager is brilliant and has been responsive to this and this is an area of improvement." We checked the turn records for one person and found the information to be complete. Notes confirmed the person's skin condition had improved with clear input from other health professionals.

People were supported with their nutritional and dietary requirements. The provider had introduced a 'nutritional champion.' This was a member of staff who received additional training in this area and had

oversight to ensure people's associated needs were met. They told us, "One person had suffered several falls and as a result they were losing weight. We pushed for support from the GP and increased monitoring of their bloods, diet and weight. As a result of these interventions the outcome is now positive for the individual with reduced falls and stabilised weight."

Information on any specific needs was recorded in people's care plans and the chef confirmed they discussed people's dietary requirements with people, and offered a choice of food. Where the provider had concerns regarding people's nutritional intake or swallowing we saw they had made referrals for those people to the Speech and Language Therapist (SALT). Associated guidance was available in care plans for staff to follow to ensure people were appropriately supported.

We observed the lunchtime period. People were invited into the dining room, and where required assistance was provided. On the wall was a white board with a daily menu with two choices available. Each resident was asked by name which option they would prefer. Staff understood and were attentive to people's needs where this was required. Food was cut up for two people whilst others were left to eat independently. One person appeared uncomfortable and agitated in the dining room. A member of staff provided the person with gentle reassurance which had a positive impact as the person then relaxed and ate their lunch. Everybody we spoke with made positive comments about the food. They said, "I have no complaints." "It must be good as I always clear my plate."

People and their relatives told us they thought staff had the appropriate skills and knowledge to carry out their role. A relative told us, "Yes if people need help to move staff help them and ensure they are in the right position." One person said, "They are mostly okay; some have more patience than others."

The provider ensured all staff received an induction to their role, the service provided and the people who lived there. This included an oversight of policies and procedures, housekeeping and an introduction to peoples' records. The registered manager told us new employees completed the care certificate and were encouraged to complete higher level vocational qualifications in health and social care. Records confirmed this. The care certificate is a set of basic standards in providing care and support for care workers to adhere to in their daily role.

Systems and processes were in place to ensure staff received support and appraisal to complete their role in line with the provider's policy and procedure. Staff told us they felt supported in their role and confirmed they received regular supervisions. One staff member said, "I have had two supervisions but I haven't completed an annual appraisal." Staff records we looked at confirmed that not all staff had received an annual appraisal. The registered manager told us these had been allocated for team leaders to complete. They said, "Everybody has had regular supervision's. Staff competencies are being completed to identify areas of concern and training needs following the Care Certificate Observations." The registered manager showed us a 'supervision rota' which included scheduled supervision's and appraisals for staff.

## Is the service caring?

### Our findings

At our previous inspection completed in June 2017 we found limited evidence to demonstrate that people had been involved in discussions or decisions regarding their care. There was limited evidence to demonstrate that people were encouraged to be autonomous. Where people had been assessed as having a lack of capacity there was no evidence available to demonstrate how the person had been involved in their own care planning and making decisions for example with regards to their end of life care. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent. During this inspection we checked and found that the provider had taken action to improve practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 11. This meant the service had met the breach of this regulation.

Care plans had been reviewed and updated to provide evidence of consultation with either the individual or where they lacked capacity, provision was now available to record consultees as part of best interest meetings and legal representatives where the person had nominated a LPOA. Relatives we spoke with confirmed they had been involved with the planning of their loved ones care. Comments included, "Yes at every stage." "Yes all the way through actually." One relative told us, "They are very good at communicating with us and discussing [person's name] needs; the slightest thing and we get a phone call." Care plans included where appropriate, records of communications completed with people's relatives.

Staff understood the importance of treating people in a dignified manner and respecting their wishes and preferences. During our walk around the home we observed staff knocking on doors to people's rooms and waited for a response before entering. Where a person was assisted to the bathroom the care worker ensured they were comfortable and then waited outside to allow them privacy before assisting them safely back into the living area. A care worker said, "When providing personal care I make sure there is lots of discussion about what we are doing, encourage the person to wash areas they can and make sure they have warm towels available and that they are covered up." Another care worker said, "I treat people how I would want to be treated and make sure people have a positive experience."

We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. During the SOFI, we observed some positive, caring and kind interactions where staff provided proactive care and support that was responsive to people's individual needs. We observed a member of staff walking through the living area who stopped and adjusted the blanket on one person's knee. They said, "We need to keep you warm, it's a cold day." The person was pleased with the intervention and responded with a satisfied smile. Another staff member brought a person's walking frame. They walked with them with their hand gently behind their back to guide the person from sitting at a table to another chair. One person observed this and asked if they could be helped to sit with the person and another member of staff assisted.

People were never left without care and support for long when they required assistance. People in their rooms had access to a call bell system which they could press to alert staff when they required support. Staffing had been increased since our previous inspection and it was clear the ones on duty had time to be



attentive to people. This resulted in a calmer atmosphere around the home. One person said, "I am very grateful to the staff. I can't look after myself and I wouldn't be happy anywhere else because of my health." A relative told us, "[Person's name] gets very anxious because they live with Alzheimer's. The staff are very kind and patient; they sit and talk, and provide [person's name] with reassurance until they become calmer."

The provider ensured people's personal beliefs and personal preferences were supported. People we spoke with confirmed they could take part in spiritual activities if they so wished. The registered manager discussed how specific care plans were developed. They said, "[Person's name] has no specific wishes or faith needs so we don't have a plan in place for them. However, [person's name] is a catholic but due to their health are in bed most of the time; we have a plan in place to make sure they are out of bed and can attend whenever they choose to, which is quite often. There are two other people who attend with them." One person said they received Holy Communion once a week when their vicar was around.

A member of staff told us the provider did not routinely offer a specific gender of care worker to attend to people's personal needs. However, they confirmed they respected people's wishes. They said, "A relative with LPOA told us their relative would not want a male carer and this was respected with only female staff providing the person with personal care." People were provided with choice wherever possible. A care worker said, "People have a choice of when to go to bed, when to get up. One person likes to have their porridge in bed in the morning and then they get up and come down for lunch. If I lived here I would want the same choices."

The provider recognised the importance of treating everyone at the home equally. This commitment was demonstrated from discussions with staff and evidenced in care plans. People who we spoke with told us they were able to participate in daily life without undue restrictions in place. A relative confirmed, "[Person's name] health has deteriorated but the staff have ensured that they still have as good a quality of life as is possible. Staff ensure they are not left out of anything and take time to keep them involved with things they enjoy." This was re-enforced further with a range of procedures enforcing clear equality, diversity and inclusion policies.

People told us and our observations confirmed people were able to receive visitors without any restrictions. Visitors said that they were able to visit any time. A relative confirmed, "I'm here most days, I can visit at any time; and I do."



## Is the service responsive?

### Our findings

At our previous inspection completed in June 2017 the provider had failed to ensure there were sufficient staff on duty to meet and respond to people's individual needs all of the time. This meant people were not attended to in a timely manner when this was required leaving people showing signs of distress. Care records were disorganised and did not always include up to date information at the point of reference for staff which meant people might not receive care and support appropriate to their current needs. There was insufficient staff to support people to enjoy activities and pastimes of their choosing. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care.

During this inspection we checked and found that the provider had taken action to improve practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 9. This meant the service had met the breach of this regulation.

During this inspection we looked at four people's care records which we selected at random. Initial assessments had been completed with people to ensure the service was appropriate for them prior to being accepted into the home. This information formed the basis of the support plans. The provider filed the information in a separate wallet to ensure only relevant up to date information was used as a point of reference for staff.

Each person's care plan included a one page profile at the front which included their photograph, details of other health professionals involved in their care and further details of any religious beliefs. People confirmed that where they had religious preferences these were supported.

Information was available should the person be transferred to other services for example, a hospital, and ensured they would receive continuation of care and support without unnecessary disruption. A transfer form recorded a summary of the key information required. This included their wishes should they require resuscitation, any allergies, medical history, religious beliefs, next of kin and a summary of their care needs. Other key information was recorded. For example, if a person required assistance using equipment to mobilise and the number of staff required to support them. Summary information regarding the person's capacity was included which ensured best interest decisions could be taken where required without delay.

A person's preferred methods of communication was recorded. This meant staff were able to discuss any care and support needs with the person. One person was recorded as having Dysphagia which is a medical term for when people have difficulty swallowing. The care plan provided staff with guidance to ensure they had an awareness and information to support the person in the most appropriate way for their needs. The care plan recorded, '[Person's name] can get frustrated with verbal communication but can communicate in writing. Staff to offer a pen and paper and they will write it down'. Staff we spoke with confirmed their awareness of this information and told us they followed the guidance.

Assessments had been completed to provide people with emotional support and to improve their

wellbeing. This included information that recorded people's behaviours and any triggers which staff should avoid. Further guidance ensured staff had the relevant information to support people who showed signs of challenging behaviour and how to keep both themselves and the person safe from harm. A relative said, "The care has improved now there are more staff on duty; they have time to attend to people before situations escalate."

Information was also recorded that ensured the person's abilities, wishes and preferences were recorded for daily activities. Examples included washing and dressing, hair care, foot care, sight, tissue viability, history of falls and continence. Information recorded the type of support and how much the person could do on their own. A care worker said, "The care plans have improved. We have been allocated key areas of responsibility to ensure information is up to date and better recorded." The registered manager told us, "We have reviewed and audited all the care plans. We have changed the way we record some information and we complete monthly audits to ensure people's records are complete and accurate."

Records showed care plans were evaluated for their effectiveness with monthly reviews evident. This included monthly reviews of risk assessments for preventing falls and reviews of people's cognition that included their behaviour and capacity to make informed decisions about their care and support. Records were amended where people's needs had changed. However, we had some concerns where we found information was recorded as a person's needs had changed but had not been updated in the key information on the 'all about me' form. This meant staff may not have access to the relevant information at point of reference to support the person with their current needs. The registered manager told us they would update the information without further delay; acknowledging the importance of records containing up to date, relevant information for staff to follow.

Where people had agreed to discuss their end of life this was recorded in their care plans and was included as part of initial assessments with people before they moved into the home. The registered manager told us, "We need to complete further work around end of life care. I am looking for staff volunteers to become champions in this area so that we can provide them with further training to better discuss and record this information."

People had been consulted about their areas of interest and this was recorded. An increase in the number of staff at the home had resulted in the implementation of an activities programme. A member of staff said, "The rotas have been amended to ensure at least one of the team is available to do fun things with people throughout the day." Participation in activities offered was recorded with outcomes regarding people's participation and enjoyment of the event.

The provider showed us an action plan they had in place to ensure people were supported to enjoy their interests, activities and live fulfilled lives. The action plan recorded, 'We have recruited an activities team who between them are gathering detailed background information from service users and their families. This will enable us to gain valuable information to develop the individuals care plan further, but also to allow us to plan meaningful person-centred activities. As part of this work, we are making arrangements for a shed in the secure garden for residents to be able to be outside in all weathers. We hope to revamp the quiet room into a dual use 'quiet room' and sensory room.'

One person spoke with excitement regarding the shed that was in place during our inspection. They said, "I am looking forward to spending time doing some gardening; as long as they don't expect me to garden all that [pointing at grass paddocks surrounding the home.]" Throughout the inspection we observed staff attending to people's needs and encouraging them to participate in a range of activities, as much or as little as they choose to. An indoor skittles match took place. People engaged regardless of their ability. One

person who had very limited mobility was supported by staff to throw the ball showing clear satisfaction and enjoyment at the outcome.

A staff member said, "We have people coming from outside the home to entertain; we have singers and dancers, a man with a ukulele, and a man with a saxophone comes once a month. We have a husband and wife singing duo who get the residents involved and they sing along." They continued, "One person likes their own company and chooses to remain in their own room, we pop in and see her throughout the day but recently she has enjoyed coming down for the entertainers and then going back to her room; it really has improved."

People and their relatives we spoke with told us they would be very happy to share their views with the registered manager and care workers if they needed to. There was also a record of compliments and thank you cards from people and relatives expressing gratitude for the care provided by the service. The provider had a policy in place that provided guidance on how people could raise concerns and how the provider would respond to any complaints. These meant actions could be implemented to mitigate re-occurrence of those concerns.

# Is the service well-led?

## Our findings

At our previous inspection completed in June 2017 the provider had failed to ensure where applications for DoLS had been submitted by the provider they had failed to notify the CQC of the outcome of the applications. This was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There was a manager in post who was registered with the CQC. During this inspection we checked and found the provider had sought further guidance and understood the legal requirements of their registration. The provider had notified the CQC of certain events as they are required to do so. This meant the provider had met the breach of this regulation.

At our previous inspection completed in June 2017 the provider had failed to ensure systems and process in place to review, maintain and improve the service were effective to ensure actions were implemented to respond to risks, improve their rating and be compliant with Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended). The provider had failed to maintain an accurate and complete record of each service user. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

During this inspection we checked and found that the provider had taken action to improve practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 17. This meant the service had met the breach of this regulation.

The provider was responsive to the breaches of regulation and concerns identified in our previous report from the previous inspection completed in June 2017. Oversight and support was evident at provider level to help drive the required improvements. The registered manager had completed an action plan to address the concerns. This was reviewed monthly for progress and outcomes to meet with the breaches of regulation and improve the service and rating. The provider had engaged the assistance of external consultants including the local authority who had provided support to ensure systems and processes were appropriate and fit for the purpose.

The provider had completed quality assurance checks to maintain and identify any areas for improvement. This included recorded 'daily room checks' and daily 'walk around checks' covering the premises and home environment. Records of these checks included actions for improvement which were signed once completed. Because of these checks we found infection control practices had improved and the home was clean, tidy and free from any unpleasant odours.

Monthly 'service user checks' were completed and were used to ensure records of care, contacts with other health professionals, daily health records and charts were completed. Other checks ensured people's accommodation was clean and tidy and any equipment was safe to use. Whilst we found some areas where information in care plans was not updated due to recent changes in people's needs, the registered manager was responsive to the information we shared and updated records without undue delay. The registered

manager acknowledged further improvements were still required. They said, "We have plans to implement electronic care recording to ensure people's information is updated immediately as any changes became apparent." "At the moment we are concentrating on paper records and can't move forward until we are happy that the existing processes are suitable and complete."

Care plans had been reviewed and evaluated for their effectiveness in maintaining people's health and wellbeing. Monthly audits had been completed for people's weight, safety, medication, falls, accidents and incidents, skin condition, moving and handling, environments and complaints. Information was collated and had oversight from the registered manager that ensured any actions were implemented in a timely manner and, where trends became evident further evaluation and preventative actions could be implemented.

Weekly audit checks were completed to check staff were storing, and documenting people's medicines following manufacturers and national guidance and administering as prescribed. The provider told us they had been approached by and had agreed to work with City Health Care Partnership (CHCP) to ensure best practice with people's medicines. CHCP is commissioned to support care homes on medicines management issues, involving auditing medication policies and procedures within the care home, liaising with senior staff to agree action plans, offering advice and support regarding procurement, receipt, storage, administration and the safe disposal of medication in accordance with the standards of the CQC. The process can result in a reduction in the amount of waste medicines in the care homes.

Everybody we spoke with told us they were happy with the management in place and found them to be open, approachable and transparent. A staff member said, "There has been a massive improvement over the last six months; the staff team are on board with the changes and improvements and this is ongoing." Another staff member said, "The increase in staffing and allocation of areas of responsibility is just what we needed; you can see residents are benefiting from this." The registered manager told us, "The staff are working better as a team; we have recruited additional staff and will continue to review this as we accept more people into the home."

The registered manager showed us a newsletter produced to share information about the home. This included details of a planned residents meeting that encouraged relatives to attend. The newsletter was informative and included details of staff members and other health professionals, lessons learnt, forthcoming and past events and activities and a family suggestion form. The registered manager said, "It is another way to share information and obtain feedback."

The provider had completed consultations with people living at the home and their relatives. Information returned had been evaluated and where suggestions had been made actions had been taken and recorded on a 'You said / We did' poster. Feedback recorded, 'Improvements needed to keep people busy'. The provider had responded and recorded, 'Activities program being revamped to have a dedicated activities person on each day.' Other feedback on the quality of the service had been rated between poor and excellent. Nobody had returned a response for poor. However, three people had returned a response of excellent for the care their relative received and the satisfaction of the home, grounds and communal areas. Outcomes were on display and evidenced the provider was actively seeking support to improve the service provided.

Staff told us they had been consulted with, and we saw minutes of monthly staff meetings and manager meetings recorded. Discussions included the previous CQC inspection with discussions around service improvement, safeguarding, rotas, accidents and incidents, privacy and dignity, and daily record keeping. Staff told us they felt the meetings were a useful opportunity to participate in discussions about the home

and the service and to raise any ideas and feedback towards further improvement.